

RQBE POORNA SURAKSHA BIMA PROSPECTUS

The Prospectus is intended to facilitate an easier understanding of the Policy terms, conditions and exclusions. It only gives a summary of the significant benefits and exclusions associated with this product. When issued the Policy attached with this statement represents the legal contract between yourself and Raheja QBE and should be seen for complete details.

SCOPE OF COVER:

Insured can select any one or a combination of more than one as a base cover.

BASE COVER: Home Suraksha

This Policy shall indemnify the Reasonable and Customary accidentally physically lost destroyed or damaged other than by an excluded cause during upto a maximum amount payable in the event the Home Building is a Total Loss is ₹1,00,00,000/- (Rupees One Crore). The period of insurance or any subsequent period in respect of which the insured shall have paid and the Company shall have accepted the premium required for the renewal of this policy.

SCOPE OF COVER:

- 1) Fire
- 2) Explosion / Implosion
- 3) Lightning
- 4) Earthquake, volcanic eruption, or other convulsions of nature
- 5) Storm, Tempest, Cyclone, Typhoon, Hurricane, Tornado, flood, inundation (STFI)
- 6) Subsidence, Landslide and Rock slide
- 7) Bush fire, Forest fire and Jungle fire
- 8) Impact damage of any kind, i.e., damage caused by impact of, or collision caused by, any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.),
- 9) Missile testing operations
- 10) Riot, Strikes, Malicious Damages
- 11) Bursting or overflowing of water tanks, apparatus and pipes,
- 12) Leakage from installations. automatic sprinkler
- 13) Theft within 7 days from the occurrence of and proximately caused by any of the above Insured Events
- 14) up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer
- 15) up to 2 % of the claim amount for reasonable costs of removing debris from the site.

Policy Period: 1 year.

Additional Covers:

- 1) Acts of terrorism (Coverage as per Terrorism Clause attached.)

Exclusions:

The Company shall not be liable to make any payment under the policy towards any claim in connection with or in respect of:

- 1) Loss or damage, or destruction caused to the Insured Property by burning of Insured Property by order of any Public Authority
- 2) a. normal cracking, settlement or bedding down of new structures,

- b. the settlement or movement of made up ground, c. coastal or river erosion,
- d. defective design or workmanship or use of defective materials,
- or
- e. demolition, construction, structural alterations or repair of any property,
- or
- ground works or excavations.
- 3) Loss or damage, or destruction caused to the Insured Property by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
- 4) Temporary or permanent dispossession, confiscation, commandeering,
- 5) requisition or destruction by order of the government or any lawful authority,
- OR
- Temporary or permanent dispossession of any Building by unlawful occupation
- 6) Exclusions and Excess as per Terrorism Clause.
- 7) a. repairs or alterations in the Building in which Your Business is located,
- b. repairs, removal or extension of any sprinkler installation, or
- c. defects in the construction known to You.
- 8) Events if it is
- a. of any article or thing outside Your Premises,
- or
- b. of any article or thing attached from the outside of the outer walls or the roof of Your Premises, unless securely mounted.
- 9) Damage due to Terrorism risk

SCOPE OF COVER: Shopkeeper Suraksha

This Policy shall indemnify the Reasonable and Customary accidentally physically lost destroyed or damaged other than by an excluded cause upto actuals subject to a maximum of Rs.50,00,000/- during the period of insurance or any subsequent period in respect of which the insured shall have paid and the Company shall have accepted the premium required for the renewal of this policy.

SCOPE OF COVER:

- 1) Fire
- 2) Explosion / Implosion
- 3) Lightning
- 4) Earthquake, volcanic eruption, or other convulsions of nature
- 5) Storm, Tempest, Cyclone, Typhoon, Hurricane, Tornado, flood, inundation (STFI)
- 6) Subsidence, Landslide and Rock slide
- 7) Bush fire, Forest fire and Jungle fire
- 8) Impact damage of any kind, i.e., damage caused by impact of, or collision caused by, any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.),
- 9) Missile testing operations
- 10) Riot, Strikes, Malicious Damages
- 11) Bursting or overflowing of water tanks, apparatus and pipes,
- 12) Acts of terrorism (Coverage as per Terrorism Clause attached.)
- 13) Theft within 7 days from the occurrence of and proximately caused by any of the above Insured Events
- 14) Up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer
- 15) Up to 2 % of the claim amount for reasonable costs of removing debris from the site.
- 16) Additions, alterations or extensions: maximum limit under this cover is 15% (excluding stocks)
- 17) Temporary removal of stocks : maximum cover will be 10% of the Sum Insured of Stock

18) Cover for Specific Contents: We cover the following, as applicable:

- i. Money for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- ii. Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind, but only for the cost of the materials and clerical labour expended in reproducing such records for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- iii. Computer programmes, information and data but only for the cost of the materials and clerical labour expended in reproducing such records for an amount not exceeding ₹ 5 Lakh (Rupees Five Lakh) during the policy period.
- iv. Employees', Directors', visitors' personal effects of every description (other than motor vehicles) for an amount not exceeding ₹15,000 (Rupees Fifteen Thousand) per person for a maximum of 20 (twenty) persons during the policy period.

19) Start-Up Expenses : not exceeding ₹ 5 Lakh (Rupees Five Lakhs) during the policy period.**20) Professional fees: upto a maximum of 5 % of the claim amount****21) Costs compelled by Municipal Regulations****Policy Period: 1 year.****Additional Covers:****Exclusions:**

The Company shall not be liable to make any payment under the policy towards any claim in connection with or in respect of:

1) Loss or damage, or destruction caused to the Insured Property by

- a. its undergoing any heating or drying process, or
- b. burning of Insured Property by order of any Public Authority.

2) Loss or damage, or destruction caused to the Insured Property by

- a. caused to boilers, economizers or other vessels, machinery or apparatus in which steam is generated, or their contents, resulting from their own explosion or implosion, or
- b. caused by centrifugal forces

3) Loss or damage, or destruction caused to the Insured Property by

- a. normal cracking, settlement or bedding down of new structures,
- b. the settlement or movement of made up ground,
- c. coastal or river erosion,
- d. defective design or workmanship or use of defective materials, or
- e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.

4) Loss or damage, or destruction caused to the Insured Property by

- a. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind,
- b. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or
- c. temporary or permanent dispossession of any Building by unlawful occupation by any person.

5) Exclusions as per Terrorism Clause**6) Loss or damage, or destruction caused to the Insured Property by**

- a. repairs or alterations in the Building in which Your Business is located,
- b. repairs, removal or extension of any sprinkler installation, or
- c. defects in the construction known to You.

7) Loss or damage, or destruction caused to the Insured Property

- a. of any article or thing outside Your Premises, or
- b. of any article or thing attached from

8) Loss or damage, or destruction caused to the Insured Property by the outside of the outer walls or the roof of your Premises, unless securely mounted.

SCOPE OF COVER: Daily Hospital Cash

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness or Accidental injury that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

A deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable. Our maximum liability shall be restricted to the daily allowance till the opted length of stay and Waiting Period mentioned in the Policy Schedule/Certificate of Insurance.

Policy Period: 1 year.

Age Limit: 18 yrs to 65 years for Adults and 91 Days to 25 Years for Children

Daily Hospital Cash Limit	Rs. 500 /750/1000 per day
Number of days	7/10/15 days

Additional Covers:**i. ICU Double Cash Benefit**

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

Coverage under this benefit is limited to a maximum of 7 days per Policy Year. A deductible of 1 day will be applicable.

ii. Accident Hospital Cash Double Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to an accidental injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

Coverage under this benefit is limited to a maximum of 7 days per Policy Year. A deductible of 1 day will be applicable.

Exclusions:**i. Waiting Period**

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

ii. Pre-Existing Diseases (Code- Excl01)

Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

List of applicable diseases for 36 months waiting period are:

- Pre-Existing Diseases
- Age-related Osteoarthritis & Osteoporosis
- Schizophrenia (ICD code: F20 to F29)
- Psychosis (IDC code: F29)
- Dissociative and conversion disorder (ICD Code: F44.9)

iii. Specific Waiting Period: (Code- Excl02)

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of applicable disease for 24 months waiting period are:

- Pancreatitis and stones in biliary and urinary system

- Cataract, glaucoma and other disorders of lens, disorders of retina
- Hyperplasia of prostate, hydrocele and spermatocele
- Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- Hernia of all sites,
- Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
- Chronic kidney disease and failure
- Varicose veins of lower extremities
- All internal or external benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass or lump
- Ulcer, erosion and varices of gastrointestinal tract
- Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
- Internal Congenital Anomaly
- Surgery of Genito-urinary system unless necessitated by malignancy
- Spinal disorders

iv. First Thirty Days Waiting Period (Code- Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

v. Maternity Expenses (Code-Excl 18):

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

vi. Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

vii. Rest Cure, rehabilitation and respite care (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

viii. Obesity/ Weight Control(Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

ix. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

x. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

xi. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

xii. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

xiii. Excluded Providers:(Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)

xiv. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

xv. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

xvi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

xvii. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

xviii. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

xix. Birth control, Sterility and Infertility: (Code- Excl17)

Expenses related to Birth Control, sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

Personal Accident:

Raheja QBE General Insurance Company offers Personal Accident which is a comprehensive personal accident cover which gives you complete flexibility to design a cover suited to the requirements to the proposer.

- Composite Coverage in a single Policy.
- No medicals / health check-up required.

Policy Period: 1 year**Sum insured :** 50,000/1,00,000/2,00,000/5,00,000**Age Limit:** Min entry age is 5 years for children and 18 years for adults**Coverages:**

Accidental Death: If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in death of the Insured Person within 365 days from the date of the Accident, We will pay the Accident Sum Insured as specified in the Policy Schedule to the Nominee.

Permanent Total Disability Cover:

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule to the Insured Person.

For the purpose of Permanent Total Disability

- Limb means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.
- Type of Permanent Total Disablement
 - i. Total and irrecoverable loss of sight of both eyes
 - ii. Loss by physical separation or total and permanent loss of use of both hands or both feet
 - iii. Loss by physical separation or total and permanent loss of use of one hand and one foot
 - iv. Total and irrecoverable loss of sight of one eye and loss of a Limb
 - v. Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
 - vi. Total and irrecoverable loss of hearing of both ears and loss of speech
 - vii. Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
 - viii. Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

The benefits as specified above will be payable provided that:

- a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and
- b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is medically no reasonable scope of improvement.
- c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, it will be payable under Accidental Death and will be payable as per the coverage opted provided such intimation of death has been made to Us.
- d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.
- e. Once a claim has been accepted and paid under this Benefit then cover under this Section of the Policy shall immediately and automatically cease in respect of that Insured Person. In case the Claim is in respect of Accidental Death, full coverage under the Policy will cease.

f. If a claim arises under Accidental Death & Permanent Total Disability under this Policy and the Insured Person has changed his occupation without Us being notified in writing, then Our maximum liability under this Benefit will be limited to the amount of Sum Insured that would have been available for the actual premium paid as per the new occupation.

Permanent Partial Disability Cover:

If the Insured Person suffers any Injury due to an Accident that occurs during the Policy Period and within twelve calendar months of its occurrence, be the sole and direct cause of the total and/ or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Sum Insured as indicated below shall be payable.

Table of Benefits			% of Sum Insured
i)	Loss of toes	all	20
	Great	both phalanges	5
	Great	one phalanx	2
	Other than Great, if more than one toe	for each toe	1
ii)	Loss of hearing	both ears	75
		one ear	30
iii)	Loss of four fingers and thumb of one hand		40
iv)	Loss of four fingers		35
v)	Loss of thumb	both phalanges	25
		one phalanx	10
vi)	Loss of index finger	one or more phalanges	10
vii)	Loss of middle finger	one or more phalanges	6
viii)	Loss of ring finger	one or more phalanges	5
ix)	Loss of little finger	one or more phalanges	4
x)	Loss of metacarpals	first or second (addl)	3
		third, fourth or fifth (addl)	
xi)	Any other permanent partial disablement		Percentage as assessed by Our Medical Practitioner

Road ambulance Cover:

In the event of We making payment for a claim for Accidental Death or Permanent Total Disablement, We will also make payment towards ambulance charges for transfer of the Insured Person to a Hospital from the location of Accident or Injury or from one Hospital to other Hospital or from hospital to place of residence in case of death or PTD.

Loss or damage to clothing:

In the event of We making payment for a claim for Accidental Death or Permanent Total Disablement, We will also make payment towards loss or damage to the Insured Person's clothing in the Accident subject to the maximum limit as stated in the Schedule.

Transportation of mortal remains and Funeral Expenses:

If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident. In the event of We making payment for a claim for Accidental Death, We will pay one-time payment towards Transportation of Insured Person's Mortal Remains to a Hospital, cremation ground or burial ground or to the Insured Person's residence and funeral expenses. The benefit payable will be the Actual costs incurred on transporting the Insured Person's mortal remains and for funeral expenses subject to the maximum limit of the lower of 1% of the Sum Insured or the amount as stated in the Schedule.

Exclusions:

The following exclusions shall be applicable in respect of the Benefit specified under Accidental Death & Permanent Total Disability Section.

This Policy does not provide benefits for any death, disablement, expenses or loss incurred as a result of any Injury attributable to the following:

- i. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured stated in the relevant section of the Schedule. However, in the event of death claim, the sum payable shall be the Sum Insured Under the relevant section of the schedule after deducting the amount already paid for the earlier disablement, if any.
- ii. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
- iii. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- iv. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- v. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- vi. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
- vii. Pollution or contamination, unless
 - 1) the pollution or contamination itself has resulted from an Insured Event, or
 - 2) an Insured Event itself results from pollution or contamination.
- viii. Benefit under Accidental Death, Permanent Total Disablement arising from
- ix. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound due to Accident).
- x. Benefit under Accidental Death, Permanent Total Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- xi. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
- xii. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal Intent.

- xiii. Death or disablement arising from or caused due to or as a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- xiv. Death or disablement resulting, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
- xv. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xvi. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation unless specifically declared and accepted under the Policy.
- xvii. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities unless specifically declared and accepted under the Policy.
- xviii. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- xix. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- xx. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

General Terms and Clauses

1. CONDITION PRECEDENT TO THE CONTRACT

1.1 Condition precedent - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium and disclosure of information norm at all times by You or anyone acting on Your behalf. This is a precondition to any liability under the Policy.

1.2 Disclosure to Information Norm - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact.

1.3 Electronic Transactions - The Policyholder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that we may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all

transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and conditions shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholders' interests.

1.4 No Constructive Notice - Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

2. CONDITION APPLICABLE DURING THE CONTRACT

2.1 Free Look Period (Applicable for Health & Personal Accident section)- The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2.2 Alterations to the Policy - The Proposal Form, Declaration, Certificate and Policy constitute the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

2.3 Migration (Applicable for Health & Personal Accident section) - The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link:

https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf

2.4 Fraud - If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the

Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy, but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true.
- the active concealment of a fact by the Insured Person having knowledge or belief of the fact.
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

2.5 Nomination - The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

2.6 Cancellation of Policy –

- The policyholder may cancel this policy by giving 7 days written notice.
- In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorata basis (Applicable for Health, Personal Accident & Home Suraksha).
- For Shopkeeper Suraksha Section, the refund of premium will be as per grid below:

Time for which Policy in force	Refund of premium
	Balance premium after charging the premium as per short period scales mentioned below
Up to 15 days	Pro-rata premium for 15 days + loading of 10%
Not exceeding 1 month	Pro-rata premium for 1 month + loading of 10%
Not exceeding 2 months	Pro-rata premium for 2 months +loading of 15%
Not exceeding 3 months	Pro-rata premium for 3 months + loading of 20%
Not exceeding 4 months	Pro-rata premium for 4 months + loading of 20%
Not exceeding 5 months	Pro-rata premium for 5 months + loading of 20%
Not exceeding 6 months	Pro-rata premium for 6 months + loading of 20%

Not exceeding 7 months	Pro-rata premium for 7 months + loading of 20%
Not exceeding 8 months	Pro-rata premium for 8 months + loading of 20%
Not exceeding 9 months	Pro-rata premium for 9 months + loading of 10%
Not exceeding 10 months	Pro-rata premium for 10 months + loading of 10%
Not exceeding 11 months	Pro-rata premium for 11 months + loading of 5%
Exceeding 11 months	Nil refund

c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.

d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

2.7 Communication & Notices –

- 1) Any notice, direction or instruction under this Policy shall be in writing and if it is:
 - a. To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
 - b. To Us, it shall be delivered to Our address specified in the Schedule.
- 2) No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- 3) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
- 4) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- 5) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analyzing the risk of such a change, if necessary, accordingly.

Note: Please include Your Policy number for any communication with Us.

2.8 Your Obligations

1) Make true and full disclosure in the proposal and related documents

- a) You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b) We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our

promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2) Obligation to take care : You must:

- a) keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b) take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c) ensure that unauthorized persons do not occupy Your Home Building.

3) Inform change in circumstances: You must inform Us immediately if

- a) You change Your address,
- b) You make any addition, alteration, extension to the structure of Your Home Building,
- c) You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d) You change the use of Your Home Building

4) Make true and full disclosure in the proposal and related documents

i. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declarations given by anyone else on Your behalf

ii. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents.

5) Allow inspection and investigation of claim: You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorize, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

6) Follow claim procedure When You suffer any loss or damage to any Insured Property, and wish to make a claim, You must follow all steps stated in this Policy about immediate reporting to Us and to the appropriate Legal Authorities as per Clause G (IV) of this Policy.

2.9 Geography –

This Policy covers for events within the territorial limits of India except for cover Accidental Death Benefit. However, all payments under this Policy will only be made in Indian Rupees.

2.10 Territorial Limits and Law

- a. This cover is offered to Resident of India and persons of Indian Nationality
- b. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- c. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Policy Schedule

2.11 Protection of Policy Holders Interest - This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof

2.12 Policy Dispute

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

2.13 Records to be maintained - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

2.14 Revision & Modification of Product - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium.

2.15 Termination of Policy - This Policy terminates on earliest of the following events-

- a) Cancellation of Policy as per the cancellation provision.
- b) On the policy expiry date.

2.16 Withdrawal of Product - The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

2.17 Moratorium Period (Applicable for Health & Personal Accident Section)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the Sum Insured is enhanced, the completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.

2.18 Entire Contract

The Policy and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, for which approval shall be evidenced by an endorsement on the Policy Schedule

2.19 Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense.

2.20 Automatic Termination

This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule.

Upon the demise of the Insured, in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.

Upon exhaustion of the Sum Insured.

2.21 Due Care

The Insured Person shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

3. CONDITIONS FOR RENEWAL OF CONTRACT

3.1 Renewal of Policy:

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person provided that the policy is not withdrawn and also subject to conditions stated under clause 2.15. The renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

i. End of Policy: This Policy will expire at the end of the Policy Period.

- ii. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- iii. Renewal is not automatic, We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- iv. Application for renewal: If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.
- v. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- vi. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- vii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break-in Policy. Coverage is not available during the grace period.
- viii. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- ix. No loading shall apply on renewals based on individual claims experience.

4. CONDITIONS WHEN A CLAIM ARISES(FOR HOSPITAL DAILY CASH AND PERSONAL ACCIDENT)

1. **Complete Discharge** - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.
2. **Disclaimer of Claim** - If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date of receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the policy.
3. **Physical Examination** - Any Medical Practitioner authorized by the Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

5 Claims Process & Management

In the event of any claim under the Policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.

1. Policyholder's / Insured Person's duties at the time of Claim On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder / Insured Person shall:
 - a) Forthwith intimate the Claim in accordance with claim intimation section of this Policy.

- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

Reference link:

List of Blacklisted hospitals - <https://www.rahejaqbe.com/hospital-locator>

6 Claim Intimation:

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call Centre or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Certificate Number
- Name of the Primary Insured
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Hospitalization period
- Details of report to the police that You made
- Details of report to any Authority that You made,
- Details of the Insured Event,
- A brief statement of the loss,
- Particulars of any other insurance of Your Home Building or any of Your Home Contents,
- Details of loss or damage under any Optional Cover or Add-ons,
- Submit photographs of loss or physical damage, wherever possible.
- Any other information as requested by Us

7. Claims Documents

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of event, to avail the Claim.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. The requirement of all or any of the following documents will depend on the nature of claim.

Documents required for Claims processing:

1. Claim Form Duly Filled and Signed (Original)
2. Copy of attested Hospital summary / Discharge Summary / Death Summary wherever applicable.
3. Final Hospital Bill with Bill break up and receipt (photocopy)
4. Copy of attested Death Certificate issued by Hospital and Local Authority, if applicable.
5. MLC/FIR Report/Postmortem Report (if applicable and conducted) duly attested by concern authority.
6. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
7. Cancelled cheque for NEFT payment
8. Proof of loss of income (Applicable for Loss of income cover, if opted). Salary Slip for Salaried person and proof of occupation for self-employed person.
9. Chemical analysis report / viscera report
10. Legal Heir Certificate/ Succession Certificate where nomination has not been made
11. Disability certificate from local municipal body confirming the extent and nature of disability

a. Scrutiny of Claim Documents

- a) We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b) If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
- c) We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

8. Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

9. Settlement & Repudiation of a Claim

We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document / information.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

10. Payment Terms

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance). In case where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.

11. Multiple Policies

If two or more policies are taken by You from one or more insurers during the period for which You are covered under this Policy, the contribution clause shall not be applicable and We will make the claim payments independent of payments received under other similar policies in respect of the covered event.

12. Grievances Redressal Procedure

In case of any grievance the Insured Person may contact the company through

Website: www.rahejaqbe.com

Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: customercare@rahejaqbe.com

Telephone: 022 – 69155050

For Senior Citizen: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: seniorcitizencare@rahejaqbe.com

Courier: Any branch office or the correspondence address, during normal business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Fulcrum, 501 & 502, A Wing, 5th Floor, IA Project Road, Sahar

Andheri East, Mumbai 400059, India

Tel: 022 – 69155050 Website: www.rahejaqbe.com

Email: complaintsofficer@rahejaqbe.com

Grievance may also be lodged at IRDAI Integrated Grievance Management System
<https://bimabharosa.irdai.gov.in>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Damanand Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: oio.bengaluru@cioins.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600018. Tel. 044 – 24333668/ 24333678. Email: oio.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel: 011 - 46013992/ 23213504/23232481 Email: oio.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in

Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel: 0484 – 2358759 Email: oio.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in
<u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in

State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: pio.pune@cioins.co.in
Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: pio.thane@cioins.co.in

The details of Insurance Ombudsman are available on Website: <https://www.cioins.co.in/Ombudsman>; on the website of General Insurance Council: www.gicouncil.in and our website www.rahejaqbe.com or from any of the Our offices.