

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.			
Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Saral Suraksha Bima, Raheja QBE General Insurance Company Limited	
2	Policy Number	XXXXXXXX	
3	Type of Insurance Product/ Policy	Benefit Product	
4	Sum Insured	Individual Sum Insured/Famil Floater Sum Insured	
5	Policy Coverage	Type of covers	
	Base Cover	Accidental Death The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.	Clause 4.1, 4.4 and 4.5

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	Base Cover	Permanent Total Disablement The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident: a) Total and irrecoverable loss of sight of both eyes or b) Physical separation or loss of use of both hands or feet or c) Physical separation or loss of use of one hand and one foot or d) loss of sight of one eye and Physical separation or loss of use of hand or foot e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.	Clause 4.1.b
		Permanent Partial Disablement The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident. Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.	Clause 4.1.c

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	Optional Cover	Temporary Total Disablement If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work, provided that: (i) The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement. (ii) the compensation payable under this benefit mentioned under Section 4.2(a) shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured. (iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident. (iv) The compensation shall be paid by the company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period (v) During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.	Clause 4.2.a
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	Optional Cover	(vi) The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid. Note: For the purpose of this benefit, “week” is a period of seven consecutive calendar days.	Clause 4.2.a
	Optional Cover	Hospitalisation Expenses due to Accident The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule. The hospitalisation expenses shall cover the following: i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home, ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital. iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses. (Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)	Clause 4.2.b

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	Optional Cover	iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits. The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section 4.2(b): i. Dental treatment. ii. Plastic surgery. iii. All the day care treatments. iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. Note: The expenses that are not covered under the section 4.2(b) are placed under List-I of Annexure-B. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-B respectively.	Clause 4.2.b
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6	Exclusions	The Company shall not be liable to make any payments under this policy in respect of: (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] d. arising or resulting from the Insured Person committing any breach of law with criminal intent.	Clause 6
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6	Exclusions	(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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.	Clause 6
		(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. B. Nuclear weapons material C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. D. Nuclear, chemical and biological terrorism	
		(v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.	
7	Waiting Period	Not applicable	
8	Financial Limits	As per policy wordings	

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9	Claims /Claims Procedure	For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723 Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf Download claim form https://www.rahejaqbe.com/frontend/images/health-qube-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf	Section 7
10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	Grievances /Complaints	The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday) E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com For Senior Citizen: Telephone : 022-69155050 Email: seniorcitizencare@rahejaqbe.com IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/ Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document or on below website: https://www.cioins.co.in/	Clause 10
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12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement or sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
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13	Your Obligations	Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy. Non-disclosure may affect the claim settlement.	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date

(Signature of the Policy Holder)

Note	1. You may find product related documents on https://www.rahejaqbe.com/health-insurance/saral-suraksha-bima
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail