

Saral Suraksha Bima, Raheja QBE General Insurance Company Limited
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.

If you need any clarification on coverage please call your nearest Raheja QBE office or your insurance adviser.

Scope of Cover

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|-----------------------------|--|
| Name | Saral Suraksha Bima, Raheja QBE General Insurance Company Limited |
| Product Type | Individual |
| Category of Cover | All the covers are benefit based except the optional cover "Hospitalization Expenses due to Accident" which is indemnity based. |
| Sum insured | 2.5 Lakhs to 1 Cr On Individual basis – SI shall apply to each individual family member |
| Policy Period | 1 year |
| Base covers | <ul style="list-style-type: none"> i. Death ii. Permanent total disablement iii. Permanent partial disablement |
| Optional covers | <ul style="list-style-type: none"> i. Temporary total disablement ii. Hospitalization Expenses due to Accident iii. Education grant |
| No Claim Bonus (NCB) | <p>Option 1- Increase in the sum insured by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured.</p> <p>Option 2- 5% Discount on renewal premium.</p> <p>In the event of claim the No discount in premium will be offered at renewal</p> |

Age Limit:

Minimum entry age shall be 18 years and maximum age at entry shall be at least 70 for the insured members including principal insured.

Dependent Child / children shall be covered from the age of 3 months to 25 years subject to the definition of 'Family'

Basic Coverage:

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

a) 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.

b) 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:

- i) Total and irrecoverable loss of sight of both eyes or
- ii) Physical separation or loss of use of both hands or feet or
- iii) Physical separation or loss of use of one hand and one foot or
- iv) loss of sight of one eye and Physical separation or loss of use of hand or foot
- v) 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.

c) 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.

| S. No | Loss Covered | Percentage of Sum Insured |
|-------|--|---------------------------|
| 1. | Loss of Use/ Physical Separation: | |
| | One entire hand | 50% |
| | One entire foot | 50% |
| | Loss of Sight of one eye | 50% |
| | Loss of toes – all Great both phalanges | 20% |
| | Great – one phalanx | 5% |
| | Other than great if more than one toe lost | 2% |
| | | 1% |

| | | |
|-----|---|---|
| 2. | Loss of Use of both ears | 50% |
| 3. | Loss of Use of one ear | 20% |
| 4. | Loss of four fingers and thumb of one hand | 40% |
| 5. | Loss of four fingers | 35% |
| 6. | Loss of thumb - both phalanges - one phalanx | 25% 10% |
| 7. | Loss of Index finger - three phalanges two phalanges one phalanx | 10% 8% 4% |
| 8. | Loss of middle finger – three phalanges two phalanges one phalanx | 6% 4% 2% |
| 9. | Loss of ring finger - three phalanges two phalanges one phalanx | 5% 4% 2% |
| 10. | Loss of little finger – three phalanges two phalanges one phalanx | 4% 3% 2% |
| 11. | Loss of metacarpus - first or second (additional) third, fourth or fifth (additional) | 3% 2% |
| 12. | Any other permanent partial disablement | % as assessed by the independent Medical Practitioner |

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

a) The base sum insured chosen and NCB (increased sum insured), if any, is applicable cumulatively for all the three covers specified under 4.1(a), 4.1(b) and 4.1(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.

b) If the accident occurs during the policy period, benefits covered under 4.1(a), 4.1(b) and 4.1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial

Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

Optional Covers:

The covers listed below are optional benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

a) 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.
- (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.

b) 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:

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- 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.)

- 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 Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance or any amendment thereof from time to time] 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.

c) Education Grant:

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured provided that:

- i. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.

- ii. Age of the child or children as the case shall not be more than 25 completed years.

Note:

- I. The benefits payable under each of the optional covers 4.2(a), 4.2(b) and 4.2(c) are independent and over and above the base sum insured.
- II. Claim admissibility under the optional covers “Temporary total disablement” and “hospitalization due to accident” is independent of claim admissibility under the base covers.

4. No Claim Bonus (NCB):

If no claim has been made under this Policy and the Policy is renewed with Us without any break, then insured is eligible for a No Claim Bonus which can be redeemed by choosing any one of the following options at the time of renewal:

Option 1: Increase in Sum insured

Base Sum insured shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the No claim bonus accrued may be reduced at the same rate at which it has accrued.

Option 2: Discount in renewal Premium

A discount of 5% shall be awarded on renewal premium in the schedule, shall be awarded in renewal premium.

In case a claim is made in any particular year, no discount in premium will be offered at the time of renewal. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any discount awarded shall be withdrawn and same needs to be paid to us before policy renewal or Grace period, for policy to be effective and in-force.

Notes:

- i. The cumulative bonus is applicable only in respect of base covers referred at Section 4.1(a), 4.1(b) and 4.1(c). Addition or reduction of cumulative bonus will be done only if claim made under base covers
- ii. The NCB shall be added and available individually to the insured persons under the policy, if no claim has been made. NCB shall reduce only in case of claim from the same Insured Person.
- iii. NCB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded NCB shall be withdraw

EXCLUSIONS (applicable to all sections of the policy)

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-defence 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.

(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.

(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 wilful participation in an illegal act or any violation or attempted violation of the law.

Exclusions specific to section 4.2(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

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- i. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. 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)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.
- vi. All expenses listed in Annexure-B (List I) of the Policy.

CLAIM PROCEDURE

Notification of claim:

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Documents to be submitted:

Basic documents required for All claims

- i. Duly completed claim form
- ii. Photo Identity Proof of the insured person
- iii. Copy of FIR/ Panchanama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- v. Any other relevant document required by the Company for assessment of the claim

Documents required in case of Death covered under Section 4.1(a)

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- i. Death certificate;
- ii. Post Mortem Report (if conducted);
- iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections 4.1(b) and 4.1(c)

- i. Original treating Medical Practitioner's certificate describing the disablement
- ii. Original Discharge summary from the Hospital
- iii. Disability certificate issued by treating Medical Practitioner
- iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.

Documents required in case of Temporary Total Disablement (TTD), covered under Section 4.2(a)

- i. Original treating Medical Practitioner's certificate confirming the disability
- ii. Original Discharge summary from the Hospital
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- iv. Leave/Absence Certificate from Employer (If Employed)
- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- vi. Fitness Certificate issued by the treating doctor.

Documents required for coverage under Section 4.2(b)- Hospitalisation Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions, and consultation papers of the treatment
- iv. Any other medical, investigation reports, as applicable

Documents required for coverage under Section 4.2(b)- Education Grant:

- i. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child
- iii. Age proof of Child
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

[Note: Insurer may specify the documents required in original and waive off any of above required as per their claim procedure]

Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: “Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

Services Offered by TPA(To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre- authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection;
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

Payment of Claim

All claims under the policy shall be payable in Indian currency only

List of TPA link - <https://www.rahejaqbe.com/claims/health-claims>

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

General Terms and Conditions**Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: “Material facts” for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

Material Change

Insured Person shall disclose to Us in writing of any material change in the health condition at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and conditions of the existing policy will not be altered.

Automatic Termination of Insurance

This policy shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

Territorial Limit

The coverage is worldwide except for the optional cover “Hospitalization expenses due to accident”.

The coverage of optional cover “Hospitalization expenses due to accident”, is limited to medical treatment taken in India only.

Sanctions Limitation And Exclusion

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or United States of America or any other applicable national economic or trade sanction law or regulations.

Multiple policies (Applicable to covers which offer fixed benefits)

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.

Multiple policies (Applicable for Section 4.2(b)- Hospitalisation Expenses due to Accident)

- I. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- II. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

III. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

IV. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only have indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy: —

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

The company shall not repudiate the policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

Cancellation

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) 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 prorated basis.
- 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.

Nomination:

The insured person 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.

Renewal of the Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

Possibility of revision of the premium rates:

The company, with prior approval of IRDAI, may revise or modify the premium rates.

Policy Disputes:

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- I. Grace Period fifteen days where premium payment mode is monthly and thirty days in all other cases would be given to pay the instalment premium due for the policy.
- II. No interest will be charged If the instalment premium is not paid on due date.
- III. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- IV. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

Free Look Period

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

Moratorium Period

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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

Withdrawal of Policy

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.

Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

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

E-mail: customercare@rahejaqbe.com

Telephone: 022 – 69155050

Courier :

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Address:

Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India.

Redressal of Grievance

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/>

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation

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 from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Dispute Resolution:

Raheja QBE will take all steps to meet your expectations from this policy. However it is possible, that there could be a complaint relating to any of the following:

- Any partial or total repudiation of claims by the insurance companies
- Dispute on the legal construction of the policy wordings in case such dispute relates to claims
- Delay in settlement of claims
- Non-issuance of any insurance document to customers after receipt of premium
- Dispute with regard to premium paid or payable in terms of the policy

For resolution of such complaints RQBE has developed a Grievance Redressal mechanism.

At your request, the Dispute will be considered afresh by the Grievance Redressal Committee of RQBE. If you are not satisfied with the decision of the Grievance Redressal Committee you may refer your case to the Insurance Ombudsman*. Please call RQBE offices to ascertain if you are eligible for such a reference.

* The insurance Ombudsman is empowered to receive and consider complaints in respect of personal lines of insurance from any person who has any grievance against an insurer

Product Information Statement:

This Product Information Statement is intended to facilitate an easier understanding of the policy terms, conditions and exclusions. It only gives a summary of the significant benefits and risks associated with this product. The policy represents the legal contract between yourself and Raheja QBE General Insurance Co. Ltd and should be seen for complete details.

If you need any clarification on coverage, please call your nearest RQBE office or your insurance advisor.

Important Note:

The details furnished above are only a summary of product features and do not describe the entire terms, conditions and exclusions of the Policy. For further details or clarifications on the Policy, contact RQBE officials or your insurance advisor. We shall be pleased to furnish further details.

Insurance is the subject matter of solicitation.

Category of Risk as per occupation:

| Category A | Category B | Category C |
|-----------------------|---------------|-------------------|
| Students | Paid drivers | Mine workers |
| Teachers / Professors | Manufacturing | Explosive workers |

| | | |
|--|---------------------------------------|---------------------------------|
| Housewives | Housekeeping | Media personnel |
| Financial institution | Motor driving Instructors | Electric installers |
| Consultants | Conductors / Cleaners of vehicle | Circus |
| Agents | Construction workers | Motor sports |
| Doctors | Geologist | Mountaineers |
| Architect | Surveyors of oil companies | Professional sportsmen andwomen |
| Engineers | Heavy vehicle and equipment operators | Adventure sports Personnel |
| Administrative Services / Secretarial and managerial functions | Security guards | Offshore activities |
| Shop keepers / Retailers | Forestry | Pilots |
| Commercial Travelers | Crew of aircraft | Defense personnel |
| Builders / Contractors andEngineers | Delivery boys | Film actors |
| IT/ BPO /KPO | Ward boys | Bodyguards |
| Lawyers | Waiters | Hunters |
| Pharma | | |
| Marketing non media | | |

Premium rates:

| Sr. No. | Cover | Risk Category A | Risk Category B | Risk Category C |
|---------|--|-----------------|-----------------|-----------------|
| 1 | Death | 0.31 | 0.63 | 0.94 |
| 2 | Permanent Total Disablement | 0.14 | 0.28 | 0.42 |
| 3 | Permanent Partial Disablement | 0.10 | 0.19 | 0.29 |
| 4 | Temporary Total Disablement | 0.010 | 0.019 | 0.029 |
| 5 | Hospitalization Expenses due to Accident | 0.10 | 0.19 | 0.29 |
| 6 | Education Grant | 0.06 | 0.12 | 0.18 |

Discounts/Loadings

- Modal Loadings:

The following are the loading assumed:

Monthly Loading: 8.00%

Quarterly Loading: 3.50%

Half Yearly Loading: 2.0%

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- Family Plan Discount

Following discount can be offered for family option:

| Family Size | Discount |
|----------------------------|----------|
| 2 Family Members | 5% |
| 3 Family Members | 10% |
| More than 3 Family Members | 15% |

- Online Discount

The company proposes to offer a discount of 15% on online policies due to savings in commissions

Premium Illustration:

| | | Member 1 | Member 2 | Member 3 |
|---|---|-----------------|-----------------|---------------|
| | Relationship | Self | Spouse | Child |
| | Age | 54 | 53 | 20 |
| | Base SI | 10,00,000 | 10,00,000 | 5,00,000 |
| | Modal Payment | Yearly | Yearly | Yearly |
| | Risk Category | B | B | B |
| | Office Rates (Per Mille of Base SI) | | | |
| 1 | Death | 0.63 | 0.63 | 0.63 |
| 2 | PTD | 0.28 | 0.28 | 0.28 |
| 3 | PPD | 0.19 | 0.19 | 0.19 |
| 4 | TTD | 0.019 | 0.019 | 0.019 |
| 5 | Hosp. Expenses | 0.19 | 0.19 | 0.19 |
| 6 | Education Grant | 0.12 | NA | NA |
| | Office Premium (Office Rate * Base SI / 1,000) | | | |
| 1 | Death | 630.00 | 630.00 | 315.00 |
| 2 | PTD | 280.00 | 280.00 | 140.00 |
| 3 | PPD | 190.00 | 190.00 | 95.00 |
| 4 | TTD | 19.00 | 19.00 | 9.50 |
| 5 | Hosp. Expenses | 190.00 | 190.00 | 95.00 |
| 6 | Education Grant | 120.00 | 0.00 | 0.00 |
| | Total Office Premium | 1,429.00 | 1,309.00 | 654.50 |
| | + Loading / - Discount | | | |
| 1 | Family Plan Discount (3 members) | -10% | -10% | -10% |
| 2 | Online Discount | -15% | -15% | -15% |
| | Total (+ Loading / - Discount) | -25% | -25% | -25% |
| | Office Premium after loading /discount | 1,071.75 | 981.75 | 490.88 |