

PRAVASI BHARTIYA BIMA YOJANA**Raheja QBE General Insurance Company Limited****1 Preamble**

This Policy is evidence of the contract between you and us. The Proposal along with any written statement(s), declaration(s) of yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/pay to You or Your legal representative to the Insured Person or his/her legal representatives, as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about the Insured Person including You pertaining to the risk insured under the Policy and the truth of this information shall be Condition Precedent to Your or the Insured Person's right to recover under this Policy.

2 Definitions

- 1 **Accident/ Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2 **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- 3 **Break in** Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
- 4 **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- 5 **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 6 **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
 - b) **External congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body
- 7 **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- 8 **Day** Means period of 24 consecutive hours.

- 9 **Day care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 10 **Day care treatment** refers to medical treatment, and/or surgical procedure which is:
- i. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs. because of technological advancement, and
 - ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 11 **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 12 **Disease** It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner. It does not mean any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.
- 13 **Emigrant** It means any citizen of India who intends to emigrate or emigrates or has emigrated but does not include
- i) a dependent of the Emigrant, whether such dependent accompanies that Emigrant or departs subsequently for the purpose of joining that Emigrant in the country to which that Emigrant has lawfully immigrated and
 - ii) any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years, or the spouse or child of that person.
- 14 **Emigrate/Emigration** it means the departure out of India of any person with a view to taking up employment with or without assistance of a recruitment agent or employer in any country or place outside India.
- 15 **Employer/Sponsor** It means any person or institution or concern providing or offering to provide employment in any country or place outside India.
- 16 **Family Member** means person(s) whose names are specifically appearing in the Schedule and are related to you as spouse, Dependent Children, *Dependent parents.
- 17 ***Dependent parents**- However, dependent parents cannot be covered and/or extended coverage under this policy.

18 Finalization of the Insurance Contract It means that

- a) The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance Policies that are taken after the commencement of the trip are deemed to be invalid.
- b) The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by you.

19 Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits pertaining to all the credits (Sum Insured, No claim bonus, Specific waiting periods and waiting period for pre-existing diseases, moratorium period, etc.) accrued under the policy. Coverage will not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided we shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

20 Hospitalization means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.**21 Hospital/Nursing Home** It means any institution within India or within the country of employment of Insured Person established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

22 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a) **Acute Condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.

b) **Chronic condition** - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.

- 23 **Insured Person** It means the person(s) proposed for insurance coverage with Us by You for whom the appropriate premium has been paid, on the condition that the permanent place of residence of such person(s) is in Republic of India and such persons are named in the Schedule lodged with Us by You.
- 24 **Injury** means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 25 **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 26 **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 27 **Maternity expenses** it shall include
- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. Expenses towards lawful medical termination of pregnancy during the Policy period.
- 28 **Medical Advice** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 29 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 30 **Medically Necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the Illness or Injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 31 **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and is not a member of Your Family.

- 32 **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 33 **Permanent Total Disablement** It means the bodily Injury, which as its direct consequence immediately and/or in the foreseeable future, will permanently; totally and absolutely prevent the Insured Person from engaging in any kind of occupation.
- 34 **Period of Insurance** It means the period from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:
- a) Commencement of the Insurance Cover: The Insurance Cover begins on the inception date as specified in the Policy Schedule, but not before finalization of the Insurance Contract and not before the Insured Person first boards the mode of transportation by which it is intended that he/she shall finally leave India for the overseas journey, so long as that is within 14 days of inception date as mentioned in the Schedule.
 - b) End of the Insurance Cover: The Insurance Cover terminates with the end of the expiry date as specified in the Policy Schedule.
- 35 **Pre-Existing Disease** means any condition, ailment, injury or disease
- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 36 **Policy** It means the Policy wording, the Schedule and any applicable Endorsement or memoranda. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the conditions on which the Policy is issued.
- 37 **Proposal** It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the medical history and Physician's Report and Certificate in addition thereto supplied to Us by You.
- 38 **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 39 **Reasonable and Customary Charges** Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 40 **Room Rent** Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- 41 **Schedule** It means the latest Schedule issued by Us as part of the Policy. It provides details of the Policy, of the Insured Person and the level of cover the Insured Person has.
- 42 **Specific Waiting Periods** means a period up to 36 months from the commencement of a Health Insurance Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 43 **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the Policy that may be recovered from any other source.
- 44 **Sum Insured** It means the monetary amount of coverage shown against the Insured Person.
- 45 **Surgical Procedure Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases,

relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

46 **We /Our /Us** It means RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

47 **You /Your** It means the Insured named in the Schedule as proposer of this cover.

3 COVERAGE

Sections		Coverage	Existing Benefits (In Rs.)
Section 1		Personal Accident covering Death and Permanent Total Disability	Rs 10,00,000/-
Section 2		Transportation and Airfare for Attendant	Actual economy class return airfare for attendant actual and transportation cost mortal of remains
Section 3	Part A	Hospitalization Expenses covering injuries/diseases	Rs. 100,000/- (upto Rs. 50,000 Per Hospitalization)
	Part B	Maternity Expenses	Rs 35,000/- for Normal, Rs. 50,000 for Caesarean
	Part C	Hospitalization Expenses of Insured's Family in India	Rs 50,000/-
Section 4	Part A	Employment Contingencies	Actual economy class airfare
	Part B	Repatriation Expenses on Medical Grounds	Actual economy class airfare
Section 5		Legal Cost	Rs 45,000/-

Section 1:

Personal Accident

What is Covered	What is not Covered
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<p>If following bodily Injury which solely and directly causes Insured Person's death or permanent total disablement leading to loss of employment abroad, We shall pay to You or Your legal representative the sum(s) set forth in the Schedule, provided that such bodily injury has been sustained during the period of Insured Person's employment abroad as emigrant. However, the Accident leading to injury may takeplace anywhere in the world.</p>	<p>We will not be liable for payment of compensation in respect of Injury as a consequence of:</p> <p>Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.</p> <p>Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports. Pregnancy or childbirth. Venereal disease or insanity.</p> <p>Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the accidental bodily Injury.</p>
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Section 2:

Transportation and Airfare for Attendant

What is Covered	What is not Covered (Exclusion)
<p>In the event of an accidental death of Insured Person whilst in employment outside India:</p> <p>1. We will reimburse the actual cost of transporting the mortal remains of the deceased back home to India.</p> <p>2. We will reimburse the additional cost of economy class return airfare for one attendant to accompany the mortal remains from the place of death abroad to back home in India. For both the above expenses, the journey has to be completed through the shortest direct route available.</p>	<p>We will not liable for:</p> <ol style="list-style-type: none"> 1. Any claim of reimbursement filed with Us after 90 days of completion of the journey or transportation. 2. Any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey 3. Any reimbursement claimed without proof of original tickets or receipts for means of transport and conveyance.

Section 3:

Hospitalization expenses and Maternity expenses

What is Covered	What is not Covered
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We will pay the Reasonable and Customary Charges of Hospitalization expenses actually incurred but upto the limits specified in the Policy Schedule for the following:

Part A Hospitalization expenses: - In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses in Nursing Home/Hospital in India or in the country of employment.

We will not be liable for:

1) Pre-Existing Disease: 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 us. 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 us.

<p>Part B Maternity expenses: In case a woman Insured Person incurs the Hospitalization expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section or abdominal surgery for extra uterine pregnancy.</p>	<p>2) First Thirty Days Waiting Period: 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.</p>
<p>Part C Hospitalization expenses of Insured's Family members: - In case a Family member of Insured Person comprising spouse upto age of 60 years and two children upto the age of 21 years sustains any injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalization expenses in a Nursing Home/Hospital in India. This benefit is payable provided that a claim has been paid or liability has been admitted by Us under Section 1 of this Policy. The Hospitalization expenses for the purpose of this Section will include the following expenses: - Room, Board and Nursing expenses as provided in any of the Hospital/Nursing Home. Medical Practitioner, Anesthetist, Consultant fees: Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses. Expenses on Vitamins and Tonics, only if forming part of treatment as certified by the attending Medical Practitioner. Note: The Hospitalization expenses incurred for treatment of Any One Illness under agreed package charges of the</p>	<p>3) Specific Waiting Period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.</p>

Hospital/Nursing Home will be restricted to 80% of the Sum Insured or actuals, whichever is less.

	List of Ailments: <ul style="list-style-type: none"> • Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma • Hernia, Hydrocele, Congenital Internal Disease. • Fistula in anus, Piles, Sinusitis • Cholelithiasis and Cholecystectomy
	4) Any expenses outside the period of actual Hospitalization as well as incurred outside the Hospital where treatment is taken.
	5) Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.
	6) Any Maternity Expenses incurred outside India unless the requisite documents are certified by Indian Mission/Post.
	7) Any Maternity Expenses in respect of more than 2 children

	<p>8) Cost of spectacles and contact lens or hearing aids.</p> <p>9) Dental treatment or surgery of any kind, unless requiring Hospitalization.</p> <p>10) Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease.</p> <p>11) Expenses on diagnostic, x-ray, or laboratory examinations, unless related to the treatment of Disease or Injury falling within ambit of Hospitalization expenses as certified by Medical Practitioner.</p>
	<p>12) Any expense on treatment of Insured Person as outpatient in a Hospital.</p> <p>13) Any expense on Naturopathy</p> <p>14) Any travel or transportation expenses.</p> <p>15) Any expense related to Disease/Injury suffered whilst engaged in 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, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</p> <p>16) External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p>



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CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

UIN: RQBTIOP20085V011920

**Your Kind
of Insurance**

Section 4:
Employment Contingencies & Repatriation Expenses

What is Covered	What is not Covered
<p>We will pay to You for actual one way economy class airfare to return back home in India by the shortest direct route available to the under noted circumstances: -</p> <p><u>Part A (Employment Contingencies)</u></p> <p>Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person.</p> <p>If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person.</p> <p>If the employment is prematurely terminated within first three months of Period of Insurance for no fault of the Emigrant (Insured Person)</p> <p><u>Part B (Repatriation Expenses on Medical Grounds)</u></p> <p>Emigrant (Insured Person) falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of commencement of cover under this Policy.</p> <p><u>Note:</u></p> <p>In such cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p>	<p>We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.</p>

Section 5: Legal Costs

What is Covered	What is not Covered
<p>We will pay to You upto limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>We will not liable for:</p> <p>1) Any claim unless the actual expenses incurred are certified by Indian Mission/Post abroad.</p>

	2) Any claim unless the necessity of filing such case is certified by appropriate Ministry of that country.
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5. SPECIAL PROVISIONS

1) Limit of liability: The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.

2) Shortest Direct Routes: The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.

6. GENERAL EXCLUSIONS (Applicable to All the Sections) We will not pay:

1) For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.

2) For any claim if the Insured Person –

a) Is travelling against the advice of a physician.

b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.

c) Has received terminal prognosis for a medical condition.

d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.

3) Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.

4) Any claim arising after expiry date of passport or visa for Insured Person.

5) For any claim arising out of illness or Accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.

6) For any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and /or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and /or any mutant derivative or variations thereof howsoever caused.

7) Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

8) For any claim arising from damage to any property or any loss or expense whatsoever 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

b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.

9) For any claim relating to any consequential loss

10) For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions, or against whom it may impose such restrictions or any country which has imposed or may impose subsequently such restrictions against travel by a citizen of India to such country.

11) For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.

12) War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.

13) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

14) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

15) Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.

16) Participation in any kind of motor speed contest (including trial, training and qualifying heats)

17) This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of

a) Biological or chemical contamination

b) Missiles, bombs, grenades, explosives due to any act of terrorism

7. GENERAL CONDITION (Applicable to the whole policy)

1) Eligibility: The Policy covers only those Emigrants who have availed this Policy before leaving India and whose passport is endorsed as —Emigration Check Required|. The benefits under the Policy are available after finalization of the Insurance Contract but only during the Period of Insurance.

2) Reasonable Precautions: You/Insured Person shall take all reasonable precautions to prevent Injury, Illness, disease and damage in order to minimize claims. Failure to do so will prejudice the Insured Person's claim under this Policy.

3) Validity: The Policy will be valid only if the Insured Person commences the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.

4) Mis-description: The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.

5) Notice: You will give every notice and communication in writing to Our office through which this insurance is affected.

6) Changes in Circumstances: You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about the Insured Person and/or his/her job, country of employment and/or employer which may affect the insurance cover provided.

7) Waiver of conditions: No waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

8) We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You prior the date when such modification or revision or withdrawal comes into effect. We also promise You that,

i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.

ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You/ Insured Person with an option to migrate to a substitute product offered by Us, subject to portability conditions. 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.

9) Fraud: If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

10) Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder 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 if chosen by the policy holder 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.

2. Policyholder 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(s) shall independently settle the claim subject to the terms and conditions of this policy.

3. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

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

11) Subrogation:

a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;

b) You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;

c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

12) We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.

13) Disclaimer Clause: If We shall disclaim Our liability for any claim under this Policy and such claim shall not have been made the subject matter of suit in a Court of Law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14) All claims shall be payable in Indian currency.

15) The provisions of this Policy shall be governed by laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the Courts of India.

8. Claims Procedure

A. Procedure in the event of an Accident or Illness: In the event of an Accident or sudden illness, You or the Insured Person shall immediately contact Our office stating the details given on the Policy, but not later than 14 days from date of Accident in case of Accident claims and/or within 7 days from the date of Hospitalization in case of Hospitalization claims.

i) Hospitalization Claims:

A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

You/Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/ Hospital/ Chemist/ Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease or Maternity situation requiring Hospitalization if and when We may reasonably require.

ii) Accident Claims:

An event, which might become a claim under the Policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/cremation and in the event of Permanent Disability, written notice thereof must also be given

within one calendar month after such disability. A written statement of the claim will be required and a Claim Form will be provided for completion.

All certificates, information and evidence from a Medical Practitioner as required by Us shall be furnished by You, Your personal representative/ assignee in the manner and form as We may prescribe. In such claims, Your legal representative, nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death, get the post mortem examination done in respect of body of Insured Person. In the event of claim in respect of Permanent Disability, the Insured Person shall undergo at his/her expense such operations or treatment as We may reasonably deem desirable.

B. The following documents are required to be submitted in support of claims under different Sections of the Policy:

i) Hospitalization Expense claims: The requirements have already been mentioned above under the item Claim procedure (A)(i) (as mentioned).

ii) Personal Accident claims:

a) Death: Police Report, Post Mortem Report, Death Certificate and the Report from Indian Mission/Post abroad.

b) Permanent Total Disability: Medical Reports of the treatment undergone and disability certificate from the Medical Practitioner.

iii) Transportation claims: All necessary proofs, substantiating the reason, along with supporting documents. The documents must include the transportation cost receipt and other related documents. The claim for reimbursement shall be filed with the Insurance Company within 90 days of completion of journey.

iv) Airfare for Attendant claims: Original air ticket along with other ticket receipts and copy of passport. The claim for reimbursement shall be filed with the Insurance Company within 90 days of completion of journey.

v) Employment Contingencies & Repatriation claims: Certificate from Indian Mission/Post abroad mentioning the grounds of termination/repatriation. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.

vi) Legal Cost claims: Certificate from Indian Mission/Post abroad in respect of litigation cost incurred along with Lawyer's Certificate and a Certificate from the appropriate Ministry of the country abroad in respect of necessity of filing such case.

C. Cashless Claims Process:

Cashless Claim facility will not be provided for Personal Accidental claims; Intimation related to Personal Accident is to be provided directly to the Insurance Company shall be focused directly by the company subject to completion of formalities detailed in point ii(Personal Accidental Claims)We provide the following cashless claim service in case of Hospitalization:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalization or within 24 hours after the treatment or Hospitalization in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if you want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

D. Claims Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document.

2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

* For all claims Policy document (Original Bond) are required for claim settlement.

E. Position after claim:

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid.

Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy

F. Our Obligations:

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document. Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of

such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

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

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

G. Claim Disclaimer

In the unfortunate event of any medical contingency resulting into a claim on this Policy, please intimate the mishap IMMEDIATELY to Toll Free No.1800 102 7723 or email at claims@rahejaqbe.com. Please note that no delay should be allowed to occur in notifying a claim on the Policy as the same may prejudice.

9. Conditions:

9.1 Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

9.2 Geography

This Policy only covers medical treatment taken within India and Abroad. All payments under this Policy will only be made in Indian Rupees within India.

9.3 Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to Our liability under the Policy.

9.4 Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a claim.

9.5 Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, at Our discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

9.6 Records to be maintained

The Policyholder/Insured Person/claimant shall keep an accurate record in relation to claims made under the Policy including all relevant medical records and shall allow Us and Our representatives to inspect such records. The Policyholder/Insured Person/claimant shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all claims under this Policy.

9.7 Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis/medical condition and an overall risk loading of over 150% per person. These loadings are applied from inception of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured. We will inform You about the applicable risk loading or exclusion or both as the case may be through a counter offer letter/email/phone. You shall revert to Us with your acceptance and additional premium (if any), within 15 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall refund the premium paid within the next 15 days as per Policy terms and conditions. We would issue the policy only, once we have your acceptance and additional premium(if any) for the loading and/or any exclusions proposed by us.

9.8 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of Us other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

9.9 Complete discharge

Payment made by Us to the Policyholder or Insured Person or the claimant or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.

9.10 Contribution

(a) In case any Insured Person is covered under more than one indemnity insurance policies, with Us or with other insurers, the Policyholder shall have the right to settle the claim with any of Us, provided that the claim amount payable is up to Sum Insured of such Policy.

(b) In case the claim amount exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the claim is to be settled. In such cases, the settlement shall be done as under :

(i) If at the time when any claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same claim (in whole or in part), then We will not be liable to pay or contribute more than its rateable proportion of any claim.

(c) This clause shall not apply to any benefit offered under the Policy on a fixed benefit basis.

9.11 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

9.12 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

9.13 Renewal Terms

(a) This Policy will automatically terminate on the Policy Period End Date specified in the Policy Schedule. All Renewal applications should reach Us on or before the Policy Period End Date.

(b) The renewal premium may be revised upon the approval of the same by the IRDAI as per guidelines issued from time to time.. The premium payable on Renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

(c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which premium is not received by Us and We will not be liable for any claims incurred during such period. The provisions of Section 64VB of the Insurance Act shall be applicable.

(d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person/Policyholder or their representatives.

(e) We reserve the right to carry out underwriting in relation to any request for increase of the Sum Insured at the time of Renewal of the Policy.

(f) This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under Our then prevailing health insurance product or its nearest substitute approved by the IRDAI. We shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy

(g) Any revision or modification in a policy which is approved by the Authority shall be notified to You at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification, in particular the reason for an increase in premium and the quantum of such increase.

9.14 Cancellation/Termination

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 prorata 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.

(e) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder.

(ii) Where the Policy covers other Insured Members, this Policy shall continue till the end of Policy Period. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to Us before the Policy Period End Date; and

II. A person over Age 18 who satisfies Our criteria to become a Policyholder.

9.15 Limitation of Liability

Any claim under this Policy for which the notification or intimation of claim is received 12 calendar months after the event or occurrence giving rise to the claim shall not be admissible, unless the Policyholder proves to the Our satisfaction that the delay in reporting of the claim was for reasons beyond his control.

9.16 Communication

(a) Any communication meant for Us must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by Us to his last known address or the address as shown in the Policy Schedule.

(b) All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Our behalf.

(c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

9.17 Alterations in the Policy

This 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 a written endorsement signed and stamped by Us. However, change or alteration with respect to increase/decrease of the Sum Insured shall be permissible only at the time of Renewal of the Policy.

9.18 Overriding effect of Policy Schedule

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.

9.19 Nominee

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.

10. 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/>

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, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06, Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan soudha 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: bimalokpal.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, Email: bimalokpal.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674-2596461/2586455. Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh),, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, Jeevan Deep Building, SCO 20-27, Ground Floor, Sector- 17 A, Chandigarh - 160017, Tel.: 0172 - 4646394 / 2706468, Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, UT-Puducherry Town and Karaikal (which are part of UT of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/ 24333678. Email: bimalokpal.chennai@cioins.co.in
Delhi	<u>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011- 23239633/23237532, Email: bimalokpal.delhi@cioins.co.in</u>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205, Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, “Moin court”, Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040 - 23312122, Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141- 2740363/2740798, Email: bimalokpal.jaipur@cioins.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi- 682011., Tel.: 0484–2358759, Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel. 033 - 22124339 / 22124341. Email: bimalokpal.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,	<u>Office of the Insurance Ombudsman, 6th Floor, Jeevan bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Email: bimalokpal.lucknow@cioins.co.in</u>

Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan seva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022 - 69038800/27/29/31/32/33. Email: bimalokpal.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, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514252 / 2514253. Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel: 0612-2547068. Email: bimalokpal.patna@cioins.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune- 411030 Tel: 020-24471175, Email: bimalokpal.pune@cioins.co.in

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

Annexure I – List of Payable & Non-Payable Items

List I – Optional Items

Sr. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS

11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR

50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

list II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH

14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS

11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH

12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG