

RQBE Surrogacy and Oocyte Donor Insurance Policy

Policy Schedule

Policy No:	Servicing Branch Office:	Issue Date:
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Intermediary Details:

Intermediary Name & Code		
Intermediary Contact Details:	Mobile No.	Landline No.

Proposer Details:

Proposer	Intending Couple/ Intending Woman
Address	
PAN No or Form 60/ 61	
Premium Frequency	Annual
Period of Insurance	
Date of inception first insurance policy	
Coverage Details (Please refer policy wordings for detail terms of cover)	In-patient Hospitalization Expenses Day Care Treatment Domiciliary Treatment AYUSH Treatments Advance treatment -
Previous Policy No. (if any)	
Nominee Details (Name, Age & Relationship)	

Insured person's details:

Type of Insured person	<input type="checkbox"/> Surrogate Mother			<input type="checkbox"/> Oocyte Donor	
Name of the Person to be Insured	Date of Birth	Marital Status	Occupation	No of live children (in case of surrogate mother)	ABHA Number (14 digits)

Premium Details: -

	Particulars	Name of Insured
A	Basic Premium	
B	Medical Underwriting loading on (A)	
C	Discount on (A+B)	
D	Net Premium (A+B-C)	
E	GST (18%)	
F	Tax/Cess as applicable	
G	Gross Premium (D+E+F)	
H	Grand Total - Premium excluding GST	0
I	Grand Total - Premium including GST	0

Receipt No:
Receipt Date:
Consolidated Stamp Duty paid Rs. xx/- towards Insurance Policy Stamps vide Order No. xxxx Dated yyyy-mm-dd of General Stamps Office Mumbai.

Signed at:	For Raheja QBE General Insurance Company Limited
Date:	Authorized Signatory

Disclaimers:

- Policyholder shall pay to the Company the premium, applicable taxes & levies, charges etc. as mentioned in the Policy and so long as the Policyholder performs and observes all his obligations hereunder, the Company, as a matter of facility to the Policyholder, agrees to accept payment of premium in Instalments as mentioned in the Policy.
- Notwithstanding the provisions of the preceding clause, upon non-payment of any Instalments by the due date thereof, this Policy shall cease to operate from the unpaid installment due date and the Company shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy. However, the Company may at its sole discretion re-instate the Policy, subject to the available Sum Insured and underwriting at the time of such reinstatement, from the date and time of receipt of such installment till the Policy Period End Date, provided that the Policyholder makes the payment of the due installment not later than 15 days from the due date of last unpaid installment and further provided that all the other Instalments payable under the Policy are realized by the Company by the respective due dates and time and without any default.
- Company shall not be liable for any Claims which are incurred from the due date of installment till the date and time of re-instatement of the Policy.
- Additionally, in the event of any Claim being lodged under the Policy for any cause whatsoever, all the subsequent premium Instalments shall immediately become due and payable notwithstanding anything to the contrary herein above contained. The Company shall have the right to recover and deduct any or all the pending instalments from the Claim amount due under the Policy.

Important Note:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

CONTACT DETAILS IN CASE OF CLAIMS

Email	
Toll Free number	
Website	
Fax No	
TPA Details	Name, address and website

For complete details of Coverage & Policy Wording, kindly visit our website –

In the unfortunate event of a claim our Customer Care may be informed on the toll free numbers or email may be sent to customercare@rahejaqbe.com quoting the Policy No. of the insured which appears on the policy schedule of Insurance overleaf.

Grievance Redressal Procedure: We value your relationship and are committed to offer you best in class service. However, if you are dissatisfied with the services rendered by us during any of your interactions with us or on resolution provided by us on your service request or complaint, we request you to register your concern with our Customer Care by following the steps mentioned below. We will acknowledge receipt of your concerns within next 72 working hours and will respond to you as soon as possible, upon completion of the investigation.

Step 1: Call us at 1800-102- 7723 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customercare@rahejaqbe.com. If you don't hear from us within 48 hrs. please follow Step 2

Step 2: If you are not happy with the resolution provided, please write to Head – Customer Care at our Registered Office address printed overleaf. If after having followed Step 1 and Step 2 your issue remains unresolved for more than 30 days from the date of filing your first complaint, you may approach the Insurance Ombudsman for redressal of your grievance. The latest details of Ombudsman are available in your Policy Wordings or you may refer latest Ombudsman details on <https://bimabharosa.irdai.gov.in/>

PREMIUM CERTIFICATE**Certificate for the purpose of deduction under section 80-D of Income Tax (Amendment) Act, 1986**

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986
Transaction Id:

This is to certify that Mr./Ms./Mrs. -----has paid INR ----- (In Words-----
) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the
period from ---(dd/mm/yy)----- To -----(dd/mm/yy) -----Midnight for Policy No. xxxxxxxxxx

Date:

For and on behalf of
Raheja QBE General Insurance Company Limited

Place:

Authorized Signatory

**This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation
of the policy or any alteration in the insurance affecting premium.**