



**Raheja QBE General Insurance Company Limited**  
 5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.  
 Tel: 022-69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com  
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

### CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.			
Sr. No	Title	Description	Refer to Policy clause number
1	<b>Product Name</b>	Hospital Daily Cash - Group	
2	<b>Policy Number</b>	XXXXXXXXXX	
3	<b>Type of Insurance Product/Policy</b>	Benefit Product	
4	<b>Sum Insured</b>	Individual Sum Insured	
5	<b>Policy Coverage</b>	<b>List of Benefits</b>	
	<b>Base Cover</b>	<p>Sickness Hospitalization Cash: If an Insured Person is admitted in a hospital due to an illness and such hospitalization is medically necessary &amp; recommended by the Medical Practitioner, then</p> <p>a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized;</p> <p>b) We will pay twice the Daily Benefit amount for each Day the Insured Person is admitted in an Intensive Care Unit,</p> <p>c) In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the Daily Benefit amount for such day, and</p> <p>d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule / Certificate of insurance.</p>	Clause 2.1.1
		<p>Accidental Hospital Cash: If an Insured Person is admitted in a hospital due to an accidental injury and such hospitalization is medically necessary &amp; recommended by the Medical Practitioner, then</p> <p>a) We will pay twice the Daily Benefit amount for the number of days Insured Person is Hospitalized,</p> <p>d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Deductible Day/s specified in the Policy Schedule / Certificate of insurance.</p> <p>e) Such Hospitalization must be within 30 days of suffering injuries from the date of accident.</p>	Clause 2.1.2



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	<b>Optional cover</b>	<p>If an Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.</p> <p>a) Once a Claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person only.</p> <p>b) We will pay the Ten Times of Daily Benefit amount subject to maximum amount mentioned in policy schedule / Certificate of insurance.</p> <p>c) Our maximum liability will be limited to the Benefit amount specified in the Policy Schedule / Certificate of insurance.</p> <p>d) Deductible is not applicable for this cover.</p> <p>The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p>	Clause 2.2.1
		<p>Day Care Procedure Cash: If an Insured Person undertakes a day care procedure as an inpatient for less than 24 hours in a hospital or in a standalone day care center, and such treatment is medically necessary &amp; recommended by the Medical Practitioner, then</p> <p>a) We will pay the Three Times of Daily Benefit amount for the Day Insured Person is Hospitalized,</p> <p>b) We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure 1.</p> <p>c) We shall be liable to make payment under this cover in respect of an Insured Person only twice during the Policy Year.</p> <p>d) Our maximum liability will be limited to the Benefit Amount specified in the Policy Schedule / Certificate of insurance</p> <p>e) Deductible is not applicable for this cover.</p> <p>The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p>	Clause 2.2.2



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		<p><b>CONVALESCENCE BENEFIT:</b> We will pay the Sum Insured specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy Schedule/ Certificate of Insurance provided that:</p> <p>(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization;</p> <p>(b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.</p> <p>(c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).</p> <p>(d) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p> <p>f) Deductible is not applicable for this cover.</p>	Clause 2.2.3
		<p><b>Loss of income:</b> if the Insured Person is admitted in a Hospital and we have accepted the claims under section 4.1 or 4.2, in addition to that We will pay the Daily Benefit specified in the Policy Schedule/Certificate of Insurance provided that the Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent.</p> <p>(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization;</p> <p>(b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.</p> <p>(c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).</p> <p>(d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.</p> <p>(e)The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p> <p>(f) Deductible is applicable for this cover.</p>	Clause 2.2.4



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		<p><b>INTERNATIONAL EMERGENCY BENEFIT:</b> If an Insured Person is admitted in a hospital or Intensive Care Unit (ICU) outside India due to an illness / injury that occurs during the Policy Period and such hospitalization is medically necessary &amp; recommended by the Medical Practitioner, then</p> <p>a) We will pay Ten Times the Daily Benefit amount for the number of days Insured Person is Hospitalized.</p> <p>b) Our maximum liability will be limited to the Daily Benefit Amount, number of hospitalization days &amp; applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.</p> <p>c) Deductible is applicable for this cover.</p>	Clause 2.2.5
		<p><b>Maternity cover:</b> If an Insured Person has Opted for Maternity cover then for a continuous and completed period of 24 hours of Hospitalisation arising from or traceable to pregnancy, childbirth including normal/ caesarean section, total benefit payable for maximum number of days as per the Schedule</p>	Clause 2.2.6
		<p><b>Time Deductible:</b> If an Insured Person has Opted for Time Deductible as specified in the policy schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.</p>	Section 3
6	<b>Exclusions</b>		
	<b>EXCLUSIONS (Which Can be Waived off by Additional Premium)</b>	• Pre-Existing Diseases (Code- Excl01)	Section 4
		• Specific Waiting Period: (Code- Excl02)	
		• First Thirty Days Waiting Period (Code- Excl03)	
		• Maternity Expenses (Code-Excl 18)	
	<b>EXCLUSIONS (Which Cannot be Waived off)</b>	• Investigation & Evaluation (Code- Excl04)	Section 5
		• Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)	
		• Obesity/ Weight Control (Code- Excl06)	



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6	<b>EXCLUSIONS (Which Cannot be Waived off)</b>	<ul style="list-style-type: none"> <li>• Change-of-Gender treatments: (Code- Excl07)</li> <li>• Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>• Hazardous or Adventure sports: (Code- Excl09)</li> <li>• Breach of law (Code-Excl10)</li> <li>• Excluded Providers:(Code-Excl11)</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</li> <li>Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</li> <li>• Dietary supplements and substances that can be</li> <li>• Refractive Error: (Code- Excl15)</li> <li>• Unproven Treatments:(Code- Excl16)</li> <li>• Birth control, Sterility, and Infertility: (Code- Excl17)</li> <li>• Any expenses incurred on Outpatient treatment (OPD treatment).</li> <li>• Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.</li> <li>Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.</li> <li>Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 5.5)</li> <li>Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.</li> </ul>	Clause 5
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6	<b>EXCLUSIONS (Which Cannot be Waived off)</b>	Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.	Clause 5
		Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth.	
		Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P),	
		• Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.	
		• Act of self-destruction or self-inflicted Injury, attempted suicide or suicide.	
7	<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>•Pre-Existing Diseases (Code- Excl01)</li> <li>•Specific Waiting Period: (Code- Excl02)</li> <li>•First Thirty Days Waiting Period (Code- Excl03)</li> </ul>	Clause 4.1
8	<b>Financial Limits</b>	As per mentioned in policy wording, certificate of insurance	



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9	<b>Claims /Claims Procedure</b>	<p><b>For Claims visit :</b> <a href="https://www.rahejaqbe.com/claims/health-claims">https://www.rahejaqbe.com/claims/health-claims</a>          Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT) for claims settlement:</b>          TAT for preauthorization of cashless facility: 2 Hours          TAT for cashless final bill authorization: 2 Hours</p> <p><b>Network Hospital details:</b>  <a href="https://www.rahejaqbe.com/hospital-locator">https://www.rahejaqbe.com/hospital-locator</a>          Helpline number: 18001027723</p> <p><b>Blacklisted Hospitals list (No claims will be accepted):</b>  <a href="https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf">https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf</a></p> <p><b>Download claim form</b>  <a href="https://www.rahejaqbe.com/frontend/images/health-qube-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf">https://www.rahejaqbe.com/frontend/images/health-qube-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf</a></p>	Section 7
10	<b>Policy Servicing</b>	<a href="mailto:customercare@rahejaqbe.com">customercare@rahejaqbe.com</a> <a href="tel:18001027723">Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)</a>	



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11	<b>Grievances /Complaints</b>	<p>The Grievance Cell,          Raheja QBE General Insurance Company Limited          Fulcrum, 501 &amp; 502, A wing, 5th Floor, International          Airport project road, Sahar, Andheri East, Mumbai -          400059, India.          Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM,          Monday to Saturday)</p> <p>E-mail: <a href="mailto:customercare@rahejaqbe.com">customercare@rahejaqbe.com</a>          Escalation level 1- <a href="mailto:complaintsofficer@rahejaqbe.com">complaintsofficer@rahejaqbe.com</a>          Escalation level 2- <a href="mailto:grievancehead@rahejaqbe.com">grievancehead@rahejaqbe.com</a></p> <p>For Senior Citizen:          Telephone : +91 22 4171 4949          Email: <a href="mailto:seniorcitizencare@rahejaqbe.com">seniorcitizencare@rahejaqbe.com</a></p> <p>IRDAI Integrated Grievance Management System –  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p>Insurance Ombudsman –  <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a>          The contact details of the Insurance Ombudsman offices          have been provided in section 8 Policy document.</p>	Section 8
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12	<b>Things to remember</b>	<b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. Process as per policy wordings. Insurer to specify the process for free look cancellation.	
		<b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link <a href="http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf">http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf</a>	
		<b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	
		<b>Moratorium Period:</b> 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.	



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13	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.)	
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Declaration by the Policy Holder

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

Place

Date

(Signature of the Policy)

<b>Note</b>	1. You may find product related documents on <a href="https://www.rahejaqbe.com/health-insurance/hospital-daily-cash">https://www.rahejaqbe.com/health-insurance/hospital-daily-cash</a>
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

**Your Kind  
of Insurance**