



# Employee Insurance Benefits Manual

## CBRE D&T Division

Group Mediclaim Policy, Benefits Manual 24-25

# About This Employee Benefits Manual



This Employee Benefits Manual is a reference guide to the benefits provided by **CBRE South Asia Pvt Ltd**.

For complete information on the benefits terms & conditions you please refer to the policy documents/wordings provided by the respective Insurer.

Prepared By :

**Health & Benefit Team**  
**Global Insurance Brokers Pvt Ltd**

This Benefits Manual is copyright © 2023 by Global Insurance Brokers Pvt. Ltd. The contents of this Benefits Manual may not be copied, modify, reproduced, distributed, republished, downloaded, displayed to third parties, posted, stored in the retrieval system, posted in any network computer without the prior written permission of Global Insurance Broker Pvt Ltd.



# Group Mediclaim Policy

## CBRE D&T Division

Group Mediclaim Policy-2024-2025

# Group Medical Plan

**CBRE**

Plan Name	Group Mediclaim Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2024 to 19 <sup>th</sup> Feb 2025
Pre existing disease	Covered
Waiting period applicable ( 1 <sup>st</sup> 30 days/1 <sup>st</sup> year / 2 <sup>nd</sup> year / 3 <sup>rd</sup> year )	Waived off
Geographical limits	India
Insurance company	Aditya Birla Health Insurance Co. Ltd
Third party administrator	Family Health Plan Insurance TPA Ltd
Age limit	1 Day - 90 Yrs. Dependent children covered up to 25 Yrs
Sum insured type	Family Floater Sum Insured
Family definition	Self + Spouse + 2 kids(Twins and Triplets Covered Even if the first Child is there (so in this case 3 children/ 4 children).
Sum insured limits	INR 5 Lac
Room rent restrictions	Normal -2% of the sum insured ICU – As per actual
Pre hospitalization	30 Days
Post hospitalization	60 Days
Pre-post natal cover	Up to INR 3600 within Maternity limit.
Baby day one covered	Covered from Day one subject to intimation to HR within 30 Days of DOB
Maternity limit	Maternity:- INR 50,000/- for normal delivery and INR 75,000/- incase of C-Section

# Group Medical Plan

**CBRE**

Plan Name	Group Medclaim Insurance Policy
Mid-term enrollment of new joiners (New Employees + Their Dependents)	Allowed
Mid term enrollment for newly wedded spouse & newborn baby	Allowed, Provided details are shared with HR with 30 days of Marriage and New Born Child Respectively
Ambulance charges	Up to INR 1,000/- per claim in case emergency
Day care treatment	Covered
Deductible & Co payment	10 % on every claim
Proportionate deduction	No proportionate deduction in claims if employee opts for higher room category. Only difference in room rent is borne by Employee and rest all charges will be borne by Insurer.
Diagnostics expenses	Standalone diagnostic not covered
Dental & Vision	Covered only incase of accidental injury and minimum 24 hour hospitalization is required.
COVID related hospitalization	Covered

**IMPORTANT:-** Intimation and Submission Timeframes:

**Intimation of claim:-** TPA must receive intimation within 24 hours days from date of Injury / accident

**Submission of claim :-** TPA must receive the claim documents for all reimbursements within 30 days of discharge from hospital.

**Please see next page for policy benefits**



## What is the procedure to avail cashless facility?

Customer needs to drop into a Family Health Plan Insurance TPA Limited. network hospital to give a copy of his/her Vidal Health Insurance TPA ID card and Identity proof at Hospital reception. Pre-authorization form has to be filled which has two parts. Part 1 needs to be filled by the patient or the patient's family and part 2 needs to be filled by the Hospital authority/Treating doctor. The completely filled form should be faxed or mailed to Family Health Plan Insurance TPA Ltd(respective branches). Once pre-authorization form is received by Vidal Health Insurance TPA Pvt Ltd., the case will be processed within 4 hours and the initial authorization letter (approved or rejected) will be faxed/emailed back to hospital by Vidal Health Insurance TPA Pvt. Ltd.

Note:-

**For planned hospitalization:** - Pre-Authorization form to be sent before 48 hours of hospitalization.

**For Emergency:** - Pre-Authorization form to be sent within 6 hours from the time of admission.

## What is the TAT to process the enhancement (Final approval)?

On the date of discharge hospital team have to send the final bill with break up and discharge summary to Vidal Health Insurance TPA Pvt Ltd. After the receipt, within 2 hrs the enhancement (as per policy limits) will be processed after deducting the non-medical expenses (paid by the patient) and approval letter will be sent to hospital fax or email.

Note: - Co pay (if applicable) has to be paid by the Policy holder

## What is minimum criteria for no of beds incase of reimbursement claim in non- Network Hospital?

Hospital should be minimum 15 beds & should registered with Local Government Authority as per hospital regulation norms





**What is the TAT to process the Pre-Authorization once shortfall query is responded?**

Once the shortfall is responded, within 2 hours the case will be processed.

**What is the procedure to cancel the cashless approval?**

Hospital team needs to send the letter/fax/email to Vidal Health Insurance TPA Pvt. Ltd., asking them to cancel the approval. The cancellation letter will be sent to hospital within 2 hours.

**Is there any time limit to submit the Pre-Authorization request?**

Yes. If it is a planned hospitalization, then the pre-authorization request needs to be sent before 48 hours from the date of admission. In case of emergency the pre-authorization request needs to send within 6 hours from the time of admission.

**Do I need to pay any amount to the hospital while getting discharged for Cashless hospitalization?**

Yes. The policy holder needs to pay the non-medical expenses and the co-pay amount (if applicable). He will need to pay the difference amount (difference between the final bill and approved amount).

**What are Non-Medical expenses?**

Non-Medical expenses are Admission fees, Registration fees, gloves, blade, waterbed, food & beverages, extra bed etc.,

**Is there any minimum time limit for stay in the hospital?**

Minimum 24 hours of hospitalization (if not day-care) with active line of treatment is required for cashless treatment. However, there are a few specific ailments specified in the policy which can be covered even though the period of hospitalization is less than 24 hours. Such as Dialysis, Chemotherapy, Radiotherapy, Eye Surgery etc.,

**Is the pre-authorization guarantees final claim approval?**

No, if it is a planned or emergency hospitalization, prima facie the pre-authorization letter is provided on the basis of the initial documents; however, on final finding if there are any deviations in the documents submitted or the findings differ, or the vitals are normal, or if the reasons for the hospitalization are not justified, the claim can be rejected.





## What is Cashless Rejection ?

Rejection will be done as per the policy terms and coverage, the below are the few examples for rejection.

- a. If hospitalization is for observation & investigation purpose
- b. If any particular ailment/disease/treatment is found not covered under policy term and condition
- c. If found that the treatment can be done under OPD basis
- d. If found that no active line of treatment is available
- e. If Shortfall and the policy holder has not responded within the given TAT
- f. If policy is invalid
- g. Rejection of cashless is not a denial of treatment

## What if the cost exceeds the level of hospitalization insurance cover ?

In such a situation the policy holder will be liable to pay the difference amount. We will inform the hospital about the policy holder's eligible amount and hospital will recover the amount over and above the credit amount from the policy holder directly.

## What are the different types of Claims ?

Member Claim and Network Claim (for Hospital)

## How will I be intimated about the Claim ?

Policy holder has to intimate Vidal Health Insurance TPA Pvt. Ltd., before sending the claim documents if he/she wants to claim after discharge, Intimation has to be given within the TAT as per the insurance company.





# Group Medical Plan : FAQ's

CBRE

## What is the procedure of Reimbursement?

Policy holder will need to download the claim form No 9 from our website [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com). The claim form contains 4 pages which includes medical certificate also. The medical certificate needs to be filled in by the Treating doctor with hospital seal and doctor's signature. The policy holder should fill the claim form and should attach all his original bills and send a courier to Vidal Health Insurance TPA Pvt. Ltd.(respective branches).

Note: - The claim documents has to reach Vidal Health Insurance TPA Pvt. Ltd., within the TAT as per the Insurance company TAT For all United India Insurance policy holder ECS is mandatory, they have to send ECS form along with the cancelled cheque with the original claim documents.

## What is the TAT to process the reimbursement (Claim)?

Once Vidal Health Insurance TPA Pvt. Ltd., receives the claim documents, Claim will get processed within 21 working days

Once the claim is processed within how many days, I will receive the cheque?  
Cheque will be dispatched within 7-10 working days from the date of approval.

## How does Vidal Health Insurance TPA assess the claim?

Vidal Health Insurance TPA Pvt. Ltd. will assess the validity of the claim based on the documents submitted, validate the policy, validate the treatment undergone and settle the claim within the claim settlement parameters. In case of claim is not adhering with parameters, the case would  
Be rejected.



# Group Medical Plan : FAQ's

CBRE

Vidal Health Insurance TPA Pvt. Ltd. will correspond with you within 7 days of Claim receipt -  
If Documents are not completed, then Vidal Health insurance TPA Pvt. Ltd. will request for the shortfall documents

If Claim is rejected, then a Rejection Letter will be sent

Note: If any bills and receipts are not supported by valid documents, then the claimed amount of that bill will not be processed.

## Will i get intimation for my claim status?

Yes, you will be intimated on your claim status to your updated email id from our database.

## How can I check my Claim Status?

You can login to your account in our web portal or you can call our call center to check the claim status.

## What are the documents that I should submit for reimbursement?

You should submit the entire set of documents like

- a. Claim form duly signed
- b. Vidal Health Insurance TPA card (photocopy)
- c. Identity Proof (photocopy)
- d. Discharge summary with seal & signature of the hospital authority
- e. In-patient bills
- f. Doctor's prescription

- g. Pharmacy bills with break ups
- h. Investigation reports like MRI, ECG, CT scan, and X-Ray etc
- i. Laboratory reports
- j. Paid receipt with hospital seal & signature
- k. Hospital registration copy (if required)





## **What are shortfall documents (S/F)?**

Shortfall documents are those which are not submitted by the claimant, which is mandatory for further claim process.

## **Where and how can I send the Shortfall Documents?**

You can send the shortfall documents to respective Vidal Health Insurance TPA Pvt. Ltd. branch through post/courier or by walking into respective branch.

## **What is the TAT for submitting the Shortfall documents?**

You should send within 7 working days from the date of receiving the S/F query/letter.

## **What is disallowed amount?\**

The amount which is not approved is disallowed amount such as Nonmedical expenses, no proper bill break up, Lab report not submitted, aliment capping, exceeds Sum insured / aliment limit Etc

## **What is Claim Rejection?**

Refer cashless rejection, apart from those the below are the few reasons for claim rejection

Claim docs not submitted within the given TAT

Claim intimation not given

Date of inception is greater than date of admission

Fraud Case

## **What is Day-Care Surgeries?**

Day Care surgeries are those which do not require 24 hours of hospitalization such as Cataract (Eye) surgery, Dialysis, Kidney stone removal, Chemotherapy, D&C etc.

## **Day care surgeries are payable or not?**

- Depending on Insurance policy some of the day care surgeries are payable according to term and conditions.
- How can I download Vidal Health Insurance TPA card soft copy (E Card)?
- You can login to your account in Vidal Health Insurance TPA web portal and download E Card or call the call center and place the request.



# Escalation Matrix



Location Wise Contact Matrix: Family Health Plan Insurance TPA Ltd			
Escalation Level	Name	Email ID	Contact No
Escalation Level-1	Chandan Prasad	Chandan.prasad@fhpl.net	9212256975
Escalation Level-2	Anurag Pahwa	anurag@fhpl.net	8130765454

Global Insurance Brokers Pvt Ltd			
Escalation Level-1	Anurag Sharma	Anurag.sharma@globalinsurance.co.in	9821114831
Escalation Level 2	Rahul Malhotra	Rahul.malhotra@globalinsurance.co.in	9990323639
Final Escalation	Arunika Daksh	Arunika.daksh@globalinsurance.co.in	9910806729



# Group Mediclaim Policy-D&T Parental

## CBRE D&T Parental Policy

Group Mediclaim Policy- D&T Parental-2024-2025

# Group Medical Policy-D&T Parental

**CBRE**

Plan Name	Group Mediclaim Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2024 to 19 <sup>th</sup> Feb 2025
Pre-existing disease	Covered
Waiting period applicable ( 1 <sup>st</sup> 30 days/1 <sup>st</sup> year / 2 <sup>nd</sup> year / 3 <sup>rd</sup> year )	Waived off
Geographical limits	India
Insurance company	Aditya Birla Health Insurance Co. Ltd
Third party administrator	Family Health Plan Insurance TPA Ltd
Age limit	Upto 90 years
Family definition	Either set of Parent( cross combination of parent are not permissible
Sum insured limits	INR 5 Lac on floater basis.
Room rent restrictions	Normal -2% of the sum insured ICU – 3% of the sum insured
Pre-hospitalization and post hospitalization	30 Days and 60 days, respectively.
Additional cover	Hospitalization arising out of Psychiatric ailments - Within SI upto Rs. 30,000 per Member ; Hospitalization arising out of treatment of Functional Endoscopic Sinus Surgery - Within SI upto Rs. 35,000 per Member ; Terrorism related hospitalization Covered ; 50% co-pay is applicable on all claims pertaining to Cyber knife treatment/ Stem Cell Transplantation ; Expenses related to Cochlear Implant treatment are covered. 50 % of SI per Member ; AYUSH Treatment shall be covered upto 20% of Sum Insured subject to treatment be taken under government registered hospitals on IPD basis. Vision correction +/-7.5 and above. Modern treatment to be covered as a part of the policy

# Group Medical Policy-D&T Parental



Plan Name	Group Mediclaim Insurance Policy
Mid term enrollment	Allowed only incase of new joiners only
Ambulance charges	Up to INR 1,000/- per claim in case emergency
Day care treatment	Covered
Deductible & Co payment	20 % on each and every claim
Proportionate deduction	Proportionate deduction in claims if employee opts for higher room category.
Diagnostics expenses	Standalone diagnostic not covered
Dental & Vision	Covered only incase of accidental injury and minimum 24 hour hospitalization is required.
COVID related hospitalization	Covered

**IMPORTANT:-** Intimation and Submission Timeframes:  
Intimation of claim:- TPA must receive intimation within 24 hours days from date of Injury / accident  
Submission of claim :- TPA must receive the claim documents for all reimbursements within 30 days of discharge from hospital.

Please see next page for policy benefits





## What is the procedure to avail cashless facility?

Customer needs to drop into a Vidal Health Insurance TPA Pvt. Ltd. network hospital to give a copy of his/her Insurance TPA ID card and Identity proof at Hospital reception. Pre-authorization form has to be filled which has two parts. Part 1 needs to be filled by the patient or the patient's family and part 2 needs to be filled by the Hospital authority/Treating doctor. The completely filled form should be faxed or mailed to Insurance TPA Pvt. Ltd (respective branches). Once pre-authorization form is received by Insurance TPA Pvt Ltd., the case will be processed within 4 hours and the initial authorization letter (approved or rejected) will be faxed/emailed back to \ hospital by Insurance TPA Pvt. Ltd.

Note:-

**For planned hospitalization:** - Pre-Authorization form to be sent before 48 hours of hospitalization.

**For Emergency:** - Pre-Authorization form to be sent within 6 hours from the time of admission.

## What is the TAT to process the enhancement (Final approval)?

On the date of discharge hospital team have to send the final bill with break up and discharge summary to Insurance TPA Pvt Ltd. After the receipt, within 2 hrs the enhancement (as per policy limits) will be processed after deducting the non-medical expenses (paid by the patient) and approval letter will be sent to hospital fax or email.

Note: - Co pay (if applicable) has to be paid by the Policy holder.

## What is minimum criteria for no of beds incase of reimbursement claim in non- Network Hospital?

Hospital should be minimum 15 beds & should registered with Local Government Authority as per hospital regulation norms





**What is the TAT to process the Pre-Authorization once shortfall query is responded?**

Once the shortfall is responded, within 2 hours the case will be processed.

**What is the procedure to cancel the cashless approval?**

Hospital team needs to send the letter/fax/email to Insurance TPA Pvt. Ltd., asking them to cancel the approval. The cancellation letter will be sent to hospital within 2 hours.

**Is there any time limit to submit the Pre-Authorization request?**

Yes. If it is a planned hospitalization, then the pre-authorization request needs to be sent before 48 hours from the date of admission. In case of emergency the pre-authorization request needs to send within 6 hours from the time of admission.

**Do I need to pay any amount to the hospital while getting discharged for Cashless hospitalization?**

Yes. The policy holder needs to pay the non-medical expenses and the co-pay amount (if applicable). He will need to pay the difference amount (difference between the final bill and approved amount).

**What are Non-Medical expenses?**

Non-Medical expenses are Admission fees, Registration fees, gloves, blade, waterbed, food & beverages, extra bed etc.,

**Is there any minimum time limit for stay in the hospital?**

Minimum 24 hours of hospitalization (if not day-care) with active line of treatment is required for cashless treatment. However, there are a few specific ailments specified in the policy which can be covered even though the period of hospitalization is less than 24 hours. Such as Dialysis, Chemotherapy, Radiotherapy, Eye Surgery etc.,

**Is the pre-authorization guarantees final claim approval?**

No, if it is a planned or emergency hospitalization, prima facie the pre-authorization letter is provided basis of the initial documents; however, on final finding if there are any deviations in the documents submitted or the findings differ, or the vitals are normal, or of the reasons for the hospitalization is not justified, the claim can be rejected.





## What is Cashless Rejection ?

Rejection will be done as per the policy terms and coverage, the below are the few examples for rejection.

- a. If hospitalization is for observation & investigation purpose
- b. If any particular ailment/disease/treatment is found not covered under policy term and condition
- c. If found that the treatment can be done under OPD basis
- d. If found that no active line of treatment is available
- e. If Shortfall and the policy holder has not responded within the given TAT
- f. If policy is invalid
- g. Rejection of cashless is not a denial of treatment

## What if the cost exceeds the level of hospitalization insurance cover ?

In such a situation the policy holder will be liable to pay the difference amount. We will inform the hospital about the policy holder's eligible amount and hospital will recover the amount over and above the credit amount from the policy holder directly.

## What are the different types of Claims ?

Member Claim and Network Claim (for Hospital)

## How will I be intimated about the Claim ?

Policy holder has to intimate Insurance TPA Pvt. Ltd., before sending the claim documents if he/she wants to claim after discharge, Intimation has to be given within the TAT as per the insurance company.



**What is the procedure of Reimbursement?**

Policy holder will need to download the claim form No 9 from our website [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com). The claim form contains 4 pages which includes medical certificate also. The medical certificate needs to be filled in by the Treating doctor with hospital seal and doctor's signature. The policy holder should fill the claim form and should attach all his original bills and send a courier to Insurance TPA Pvt. Ltd(respective branches).

Note: - The claim documents has to reach Insurance TPA Pvt. Ltd., within the TAT as per the Insurance company TAT For all United India Insurance policy holder ECS is mandatory, they have to send ECS form along with the cancelled cheque with the original claim documents.

**What is the TAT to process the reimbursement (Claim)?**

Once Insurance TPA Pvt. Ltd., receives the claim documents, Claim will get processed within 21 working days

Once the claim is processed within how many days, I will receive the cheque?  
Cheque will be dispatched within 7-10 working days from the date of approval.

**How does Health Insurance TPA assess the claim?**

Insurance TPA Pvt. Ltd. will assess the validity of the claim based on the documents submitted, validate the policy, validate the treatment undergone and settle the claim within the claim settlement parameters. In case of claim is not adhering with parameters, the case would be rejected.



# Group Medical Policy-D&T Parental : FAQ's

CBRE

Insurance TPA Pvt. Ltd. will correspond with you within 7 days of Claim receipt -  
If Documents are not completed, then insurance TPA Pvt. Ltd. will request for the shortfall documents

If Claim is rejected, then a Rejection Letter will be sent

Note: If any bills and receipts are not supported by valid documents, then the claimed amount of that bill will not be processed.

## Will i get intimation for my claim status?

Yes, you will be intimated on your claim status to your updated email id from our database.

## How can I check my Claim Status?

You can login to your account in our web portal or you can call our call center to check the claim status.

## What are the documents that I should submit for reimbursement?

You should submit the entire set of documents like



- a. Claim form duly signed
- b. Insurance TPA card (photocopy)
- c. Identity Proof (photocopy)
- d. Discharge summary with seal & signature of the hospital authority
- e. In-patient bills
- f. Doctor's prescription

- g. Pharmacy bills with break ups
- h. Investigation reports like MRI, ECG, CT scan, and X-Ray etc
- i. Laboratory reports
- j. Paid receipt with hospital seal & signature
- k. Hospital registration copy (if required)

**What are shortfall documents (S/F)?**

Shortfall documents are those which are not submitted by the claimant, which is mandatory for further claim process.

**Where and how can I send the Shortfall Documents?**

You can send the shortfall documents to respective Insurance TPA Pvt. Ltd. branch through post/courier or by walking into respective branch.

**What is the TAT for submitting the Shortfall documents?**

You should send within 7 working days from the date of receiving the S/F query/letter.

**What is disallowed amount?**

The amount which is not approved is disallowed amount such as Nonmedical expenses, no proper bill break up, Lab report not submitted, aliment capping, exceeds Sum insured / aliment limit Etc

**What is Claim Rejection?**

Refer cashless rejection, apart from those the below are the few reasons for claim rejection

Claim docs not submitted within the given TAT

Claim intimation not given

Date of inception is greater than date of admission

Fraud Case

**What is Day-Care Surgeries?**

Day Care surgeries are those which do not require 24 hours of hospitalization such as Cataract (Eye) surgery, Dialysis, Kidney stone removal, Chemotherapy, D&C etc.

**Day care surgeries are payable or not?**

- Depending on Insurance policy some of the day care surgeries are payable according to term and conditions.
- How can I download Insurance TPA card soft copy (E Card)?
- You can login to your account in Insurance TPA web portal and download E Card or call the call center and place the request.





# Group Personal Accident Policy

## CBRE D&T Division

Group Accident Policy -2024-2025



# Group Personal Accident



Plan Name	Group Accident Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2024 to 19 <sup>th</sup> Feb 2025
Policy Holder	CBRE South Asia Pvt Limited
Insurer	Aditya Birla Health Insurance co. Limited
Geographical limits	Worldwide
Sum insured type	INR 15 Lac
Policy Benefits	
Accidental Death	Covered
Permanent Total Disability	Covered upto 100% of the sum insured
Permanent Partial Disability	Covered as per IRDA table
Temporary Total Disability	1% of Sum Insured or Actual wages Maximum up to INR 5,000 per week up to 104 weeks
Terrorism	Covered
Medical Expenses	40% of the claimed amount or actual medical bills or 10% of the sum insured, whichever is lower

# Check List: Group Personal Accident Policy



Weekly Benefits claims	Death Claims	Dismemberment/ Disablement Claims
Completed Claim form	Document Details	Document Details
Doctor's Report	Completed claim form	Completed Claim form
Disability Certificate from the Doctor, if any	Attending Doctor's report	Doctor's Report
Investigation/ Lab reports (x-ray etc.)	Death Certificate	Disability Certificate from the Doctor, if any
Original Admission/discharge card, if hospitalized	Post Mortem/ Coroner's report	Investigation/ Lab reports (x-ray etc.)
Representation Letter from the HR, Employers Leave Certificate & Details of salary	FIR ( First Information Report)	Original Admission/discharge card, if hospitalized
Document Details	Police Inquest report, wherever applicable	Police Inquest report, wherever applicable
Completed Claim form		
Doctor's Report		
Disability Certificate from the Doctor, if any		
Investigation/ Lab reports (x-ray etc.)		
Original Admission/discharge card, if hospitalized		

# Escalation Matrix: Group Personal Accident Policy



Global Insurance Brokers Pvt Ltd			
Information to be shared with	Kritika Singh	Kritika.singh@globalinsurance.co.in	7838123829
Information to be shared with	Anuj Mahajan	Anuj.mahajan@globalinsurance.co.in	9205907256
Escalation Level	Deepika Khanna	Deepika.Khanna@globalinsurance.co.in	9650979933
Escalation Level-1	Anurag Sharma	Anurag.sharma@globalinsurance.co.in	9821114831
Escalation Level 2	Rahul Malhotra	Rahul.malhotra@globalinsurance.co.in	9990323639
Final Escalation	Arunika Daksh	Arunika.daksh@globalinsurance.co.in	9910806729



# Group Term Life Policy

## CBRE Real Estate

Group Term Life Policy -2024-2025

# Group Term Life Policy



Plan Name	Group Term Life Policy
Policy Period	9 <sup>th</sup> Aug 2023 to 8 <sup>th</sup> Aug 2024
Policy Holder	CBRE South Asia Pvt Limited
Insurer	TATA AIA Life Insurance Co Limited
Geographical limits	Worldwide
Sum insured type	As per Grade
Policy Benefits	
Accidental Death	Covered
Natural Death	Covered
Terrorism	Covered

# Group Term Life Policy



Plan Name	Group Term Life Policy
Policy Period	9th Aug 2023 to 8th Aug 2024
Policy Holder	CBRE South Asia Pvt Limited
Insurer	TATA AIA Life Insurance Co Limited
Geographical limits	Worldwide
Sum insured type	As per Grade
Policy Benefits	
Accidental Death	Covered
Natural Death	Covered
Terrorism	Covered
Exclusion	Death due to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs, alcohol. Etc.,

# Check List: Group Term Life Policy

Death Claims
Document Details
Completed claim form
Attending Doctor's report
Death Certificate
Post Mortem/ Coroner's report
FIR ( First Information Report)
Police Inquest report, wherever applicable
Attendance Records and salary slips for (last three months)
Member enrollment form.
Beneficiary identification with relationship proof
Letter of employment of deceased.





# Escalation Matrix: Group Term Life Policy



Global Insurance Brokers Pvt Ltd			
Information to be shared with	Kritika Singh	Kritika.singh@globalinsurance.co.in	7838123829
Information to be shared with	Anuj Mahajan	Anuj.mahajan@globalinsurance.co.in	9205907256
Escalation Level	Deepika Khanna	Deepika.Khanna@globalinsurance.co.in	9650979933
Escalation Level-1	Anurag Sharma	Anurag.sharma@globalinsurance.co.in	9821114831
Escalation Level 2	Rahul Malhotra	Rahul.malhotra@globalinsurance.co.in	9990323639
Final Escalation	Arunika Daksh	Arunika.daksh@globalinsurance.co.in	9910806729

# GLOBAL

*Growth with Governance*

## THANK YOU!

### Global Insurance Brokers Pvt. Ltd.

Corporate/Registered Office - A wing | 5th floor | One Forbes | Dr. V.B. Gandhi Marg | Kala Ghoda | Fort | Mumbai | 400001 | Maharashtra.

t +91.22.6656.0500/505 | [contact@globalinsurance.co.in](mailto:contact@globalinsurance.co.in) | [www.globalinsurance.co.in](http://www.globalinsurance.co.in)

CIN:U67200MH2002PTC137954 | IBAI Membership No.33119

Composite Broker | IRDAI Registration No.119 Registration Validity: 03/03/2024 to 02/03/2027

© 2022, GLOBAL. All rights reserved. Disclaimer: Insurance is the subject matter of solicitation.

No part of this report may be reproduced, stored in a retrieval system, or transmitted in any way or by any means, including photocopying or recording, without the written permission of the copyright holder, application for which should be addressed to the copyright holder.

