



# CBRE South Asia Pvt Limited.

Benefit Manual 2025-26

## Prepared By

Aon Risk Insurance Brokers Pvt. Ltd.  
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Composite Insurance Broker, IRDAI License No.624  
License Validity - 16/10/2020 to 15/10/2023





# Employee Insurance Benefits Manual

## CBRE D&T Division

Group Medclaim Policy, Benefits Manual 25-26

# 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**

**Aon Risk Insurance Brokers Pvt Ltd.**

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# Group Mediclaim Policy

## CBRE D&T Division

Group Mediclaim Policy-2025-2026

# Group Medical Plan

**CBRE**

Plan Name	Group Mediclaim Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2025 to 19 <sup>th</sup> Feb 2026
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 + 4 kids(Twins and Triplets incase of second delivery)
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 50,000/- incase of C-Section

# Group Medical Plan

**CBRE**

Plan Name	Group Mediclaim 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 5,000/- 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

# Group Medical Plan : FAQ's

CBRE



## 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 Family 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 Family Health Plan 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 Family Health Plan 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 Family Health Plan 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



# Group Medical Plan : FAQ's

CBRE



## **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 FHPL, 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.



# Group Medical Plan : FAQ's

CBRE



## 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 FHPL TPA, 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.FHPL.net](http://www.FHPL.net). 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 FHPL Insurance TPA Pvt. Ltd(respective branches).

Note: - The claim documents has to reach FHPL TPA, 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 FHPL 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 FHPL Insurance TPA assess the claim?**

FHPL 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

FHPL Insurance TPA Pvt. Ltd. will correspond with you within 7 days of Claim receipt -  
If Documents are not completed, then FHPL 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. FHPL 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)



# Group Medical Plan : FAQ's



**CBRE**

## **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 FHPL 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 Family Health Insurance TPA card soft copy (E Card)?
- You can login to your account in Family 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	Jatin Pathak	Jatin.pathak@fhpl.net	9289689292
Escalation Level-2	Guruprasad Sikka	Guruprasad.sikka@fhpl.net	9212256975
Final Escalation	Anurag Pahwa	anurag@fhpl.net	8130765454

## Aon Risk Insurance Brokers Pvt Ltd

Escalation Level-1	Anurag Sharma	Anurag.sharma7@aon.com	9821114831
Escalation Level 2	Sumit Sharma	Sumit.sharma30@aon.com	9873793627
Final Escalation	Arunika Daksh	Arunika.daksh@aon.com	9910806729

# FHPLUS Portal Login



CLICK 'n' LOGIN



## KEY-IN DETAILS:

### Username:

Will be shared by all members covered

### Password:

DOB in DDMMYYYY format (default)

### ACCESSS:

Click on Login and Access the details



## FORGOT PASSWORD:

Don't remember password.... just click on "Forgot Password" link to reset password

Welcome to FHPL  
FAMILY HEALTH PLAN INSURANCE TPA LIMITED  
To deliver Seamless and transparent access to Healthcare through dedication, integrity and excellence in processes and services.

## App-based tracking systems

Helping you with your claims in that critical time  
FHPL claims Apps that aim to provide you the real-time claims management interface.

Get it on Google play Available on the App Store

[www.fhpl.net](http://www.fhpl.net)

**FHPLUS**

Username

Password

LOGIN

[Forgot Password ?](#)

# Home Page – All Information In A Single View

CBRE

Self and Dependents coverage details with option to download individual E-cards at your fingertips....

Download E-cards for Family in single file at a single click....

View complete details with just a single “CLICK” on the respective option tiles available right on your Home-page

Option Tiles to view the complete details related to Network Hospitals, Claims, Discounts, Wellness, etc.,

Access your Policy benefits, terms and coverage details...

Contact and Escalation matrix

DEMO

Dashboard Employee Name ▾ Menu

Network hospitals

Book Appointment

Claims

Wellness

Discounts network

Main Policy

Name	UHID	Relation	DOB(Age)	Download
Employee Name	13993631	Self	13 Jun 1983 (35)	Ecard ↓
Child Name	19522281	Son	06 Mar 2017 (1)	Ecard ↓
Spouse Name	15890668	Wife	19 May 1990 (28)	Ecard ↓

Family E-Card

Policy Information

**Insurance Company**  
Iffco Tokio General Insurance Co. Ltd

**Validity Period**  
01 Sep 2018 to 31 Aug 2019

**Policy Number**

**Sum Insured** For Balance SI  
600000.00 - Floater (\* Sublimit Conditions applicable)

Policy Benefits

Contact matrix  
☎ 1 800 425 4033

For Escalation Matrix

An ISO 9001:2015 Certified TPA---FHPL is the first TPA in the country to get certified for ISO/IEC 27001:2013 (Information Security Management System)

Leave a Message

# Policy and Coverage Details – Access with Ease

CBRE

Access through the Policy benefits, wordings and terms & conditions with ease.....

Know the key contacts for corporate and escalation matrix

The screenshot displays two overlapping windows from a web application. The top window, titled 'POLICY BENEFITS', features a search bar and a table of policy details. The bottom window, titled 'ESCALATION MATRIX', shows a table of contact information. Red dashed boxes highlight the titles of both windows. Teal callout boxes provide additional context for each window.

**POLICY BENEFITS**

Search:

Corporate - Renewal Terms & Condition	
Sum Insured -Existing coverage	Grade 1 is INR 3 lacs /Grade 2 is INR 6 lacs and Grade 3 in INR 6 lacs. Employees can enhance their core cover (for various defined sum assured) and also include parents for INR 1.5 lacs through iFlex points
Husband and Spouse working in the same organization	Separate Floater SI available for Husband & Wife. Example: SI of Rs. 6 Lakhs for Husband & Rs. 6 lacs for Wife. They can cover each other as spouse. Children can be covered by both. Maternity covered twice. They can cover their respective parents in the policy [INR 1.5 lac will be available for parent]
Pre-existing Diseases Coverage	Covered

Close

**ESCALATION MATRIX**

Point Of Contact	Name	Email	Phone
First		<a href="mailto:@fhpl.net">@fhpl.net</a>	+91 xxxxxx xxxxxx
Second		<a href="mailto:@fhpl.net">@fhpl.net</a>	+91 xxxxxx xxxxxx
Third		<a href="mailto:@fhpl.net">@fhpl.net</a>	+91 xxxxxx xxxxxx

View complete Policy Benefits, Wordings and terms

Escalation Matrix for employees to reach out for any assistance

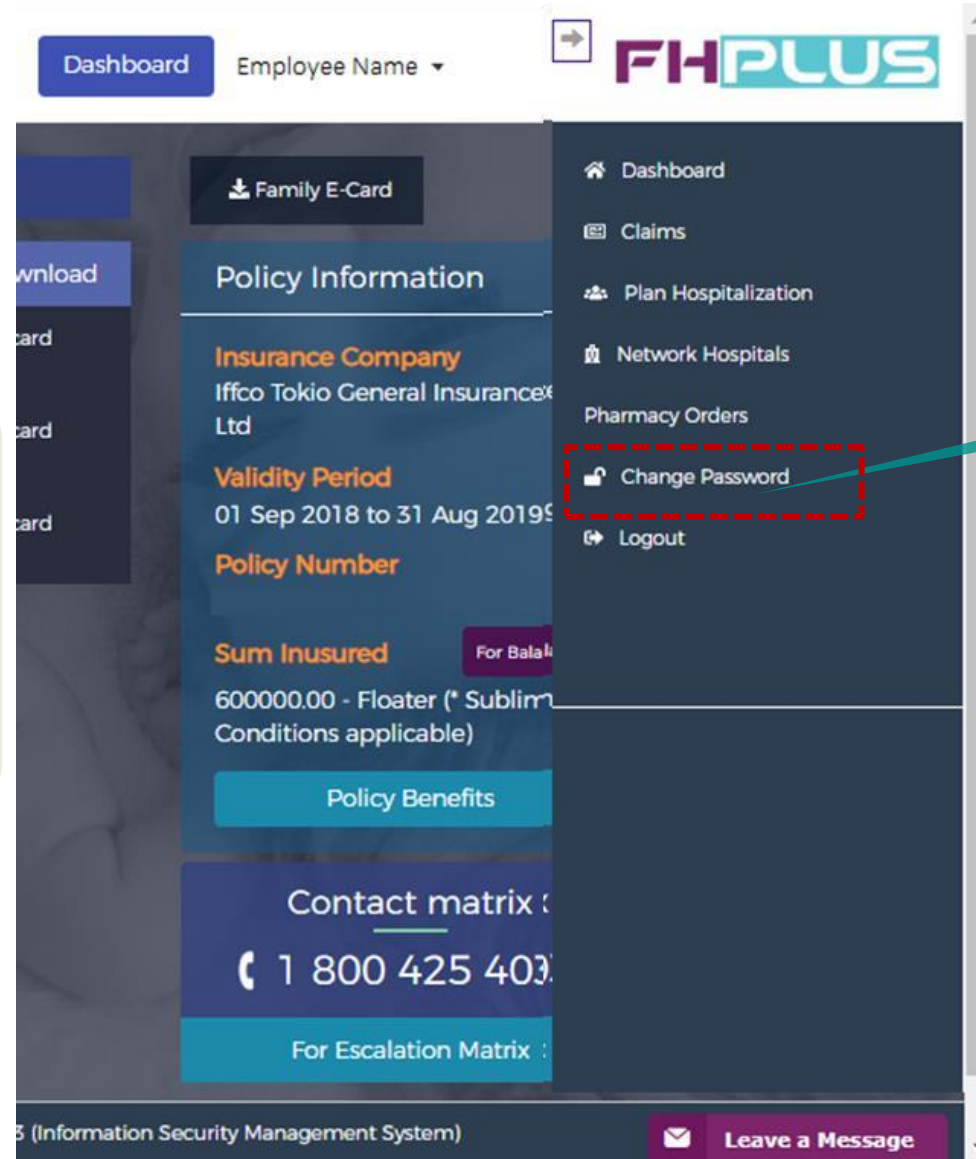
# Menu Options – Make a Pick With Just a Click

CBRE



Click on “Menu” button to access details with just one click:

- Dashboard
- Claims
- Plan Hospitalization
- Network Hospitals
- Pharmacy Orders



Click on “Change Password” and choose the password of your choice

# Network Hospital Access – Simple & Effective



**CLICK:**  
Click on Network Hospitals Tile



**SELECT:**  
Select State / City / Hospital



**ACCESS:**  
View & access details of Hospitals



**DOWNLOAD:**  
Option to view or Port to Excel  
available at fingertips

Select City

Select Hospital Name  
to view specific  
hospital details

Select State

View the Hospital details on  
Google Maps with Direction  
and Distance view

# Claims Submitted Details – Never Miss On Tracking

CBRE

Access Claims List  
with Status and other  
details

Policy Year		Search:					
2017-2018							
ClaimNo	UHIDNo	Name	ReceivedDate	Relationship	ClaimType	ClaimAmount	ClaimStatus
1670808/1	3993631	Sushil Kamble	13 Oct 2017	Self	Reimbursement	85686	Settled
1827185/1	3993631	Sushil Kamble	14 Feb 2018	Self	Cashless	31983	Settled
1839748/1	3993631	Sushil Kamble	26 Feb 2018	Self	Reimbursement	22870	Settled
1839756/1	3993631	Sushil Kamble	26 Feb 2018	Self	Reimbursement	56884	Settled
1840418/1	3993631	Sushil Kamble	21 Feb 2018	Self	Cashless	156206	Settled

Showing 1 to 5 of 5 entries

Previous 1 Next

Detailed Claim and  
Status wise info....

Patient Details				Back
Patient Name		Sushil Kamble	UHID	13993631
Claim Details	Hospital Details	Cheque Details	Payment Details	
Service Name	Billed Amount	Sanctioned Amount	Disallowance Reason	
Doctor Charges/DMO/RMO	7700	7315		
Labs/Bio/Micro/Pathology	9238	8776		
Nursing Charges	1500	1425		
Others	6195	2850	15.00 Not payable ,435.00 Not payable ,2745.00 Not payable ,	
Pharmacy	1350	1176	112.00 Not payable ,	
Room	6000	5700		



# Group Medclaim Policy-D&T Parental

## CBRE D&T Parental Policy

Group Medclaim Policy- D&T Parental-2025-2026


# Group Medical Policy-D&T Parental

CBRE

Plan Name	Group Mediclaim Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2025 to 19 <sup>th</sup> Feb 2026
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

CBRE



Plan Name	Group Medclaim Insurance Policy
Mid term enrollment	Allowed only incase of new joiners only
Ambulance charges	Up to INR 5,000/- 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 FHPL 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. Once pre-authorization form is received by FHPL 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.

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 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.



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

CBRE



## 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.FHPL.net](http://www.FHPL.net). 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 FHPL Insurance TPA Pvt. Ltd(respective branches).

Note: - The claim documents has to reach FHPL Insurance TPA , within the TAT as per the Insurance company, ECS form along with the cancelled cheque with the original claim documents.

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

Once FHPL 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.

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If Documents are not completed, then insurance TPA 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.

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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.

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Claim intimation not given

Date of inception is greater than date of admission

Fraud Case

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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.

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- 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 -2025-2026

# Group Personal Accident

CBRE

Plan Name	Group Accident Insurance Policy
Policy Period	20 <sup>th</sup> Feb 2025 to 19 <sup>th</sup> Feb 2026
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 20% of the sum insured, whichever is lower maximum upto 5 Lac.
Education Fund for children	Covered upto INR 1 lac per child( restricted upto 2 kids)

# Check List: Group Personal Accident Policy

**CBRE**

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



Aon Risk Insurance Brokers Pvt. Ltd.			
Escalation Level-1	Anurag Sharma	Anurag.sharma7@aon.com	9821114831
Escalation Level 2	Sumit Sharma	Sumit.sharma30@aon.com	9873793627
Final Escalation	Arunika Daksh	Arunika.daksh@aon.com	9910806729



# Group Term Life Policy

**CBRE D&T**

Group Term Life Policy -2024-2025

# Group Term Life Policy



Plan Name	Group Term Life Policy
Policy Period	10th Aug 2024 to 9th Aug 2025
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

# 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



Aon Risk Insurance Brokers Pvt. Ltd.			
Escalation Level-1	Anurag Sharma	Anurag.sharma7@aon.com	9821114831
Escalation Level 2	Sumit Sharma	Sumit.sharma30@aon.com	9873793627
Final Escalation	Arunika Daksh	Arunika.daksh@aon.com	9910806729