

Datasheet - 'EXPLORE'

Date : 20 December 2018

Mr Shiva P
Hyd
Sr Nagar
Amaravathi
Amaravathi 522436
Andhra Pradesh
shiva@gmail.com

Dear Mr Shiva P,

This is in reference to your above mentioned proposal no. for Explore Asia. In this regard, we would like to confirm that we have accepted the risk and the policy is issued in accordance with the details shared by you. We are issuing you this Pre-Issuance Form as a proxy to the details provided by you.

In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail.

The relevant details of your policy are:

Policy Details

Geographical Scope	Plan Name	Sum Insured	Type of Trip	Policy Period	Total no. of Travel days
Asia	Explore Asia	USD 50000	SINGLE TRIP	From 20-Dec-2018 To 22-Dec-2018	3

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Shiva P	MEMBER	20-Dec-2000	MALE	USD 50000	J2222222	NONE	NO
Ravi M	BROTHER	20-Dec-2000	MALE	USD 50000	D5555555	NONE	NO

Additional Details

Has anyone been diagnosed/hospitalized or under any treatment for any illness/injury during the last 48 months

Insured 1	Insured 2
No	No
NO	NO

Have you ever claimed under any travel policy?

Insured 1	Insured 2
No	No
NO	NO

Nominee Details

Name of Nominee	Relationship
navyab	BROTHER

Please go through the details as furnished above vis-a-vis provided in the policy certificate.

Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at customerfirst@religarehealthinsurance.com or call us at 1800-102-4488 for necessary changes/rectification. In the absence of any communication from you within 15 days of the risk inception date of the Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

Team Religare Health Insurance



Health
Insurance

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at shiva@gmail.com. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-102-4488 immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

Policy Certificate - Explore'

Mr Shiva P,
Hyd,
Sr Nagar,
Amaravathi,
Amaravathi 522436 Andhra Pradesh 28

shiva@gmail.com



Policy No. : 10234825
Mobile No. : 9155545455
Client ID : 50585233
Date of Birth : 20-Dec-2000

Policy No.	10234825
Plan Name	Explore Asia
Sum Insured	USD 50000
Policy Period - Start Date	00:00 hrs 20-Dec-2018
Policy Period - End Date	Midnight 22-Dec-2018
Trip Type	Single Trip
Total No. of Travel Days	3 days
Geographical Scope	Asia
Premium Paid	Rs. 563.00 (Premium Rs 476.9 + CGST Rs 0 + IGST Rs 85.84 + SGST Rs 0 + UGST Rs 0)
Nominee Name (Relation)	navyab (BROTHER)

Details of Insured

Insured Name	Client ID	Relationship	Passport Number	Date of Birth	Sum Insured	Pre-existing diseases/conditions	Other PED
Shiva P	50585233	MEMBER	J2222222	20-Dec-2000	USD 50000	NONE	NO
Ravi M	50585234	BROTHER	D5555555	20-Dec-2000	USD 50000	NONE	NO

Schedule of Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
1	Hospitalization Expenses: In-Patient Care: Sub-limits as per Clause 2.1.1.1.H	Up to SI; Upto 10% of SI for Life Threatening Conditions for PED; Additional 100% of SI for Accidental Hospitalization	USD 100
2	Hospitalization Expenses - Out-Patient Care	Upto 20% of SI	USD 100
3	Daily Allowance	USD 25 per day; Maximum 5 days	2 DAYS
4	Up-gradation to Business Class	Upto USD 1,000	N.A.
5	Dental Expenses	Upto USD 300	USD 100
6	Personal Accident	USD 15,000	N.A.
7	Medical Evacuation	Upto USD 10,000	N.A.
8	Repatriation of Mortal Remains	Upto USD 10,000	N.A.
9	Trip Cancellation & Interruption	Upto USD 1,000	N.A.
10	Trip Delay	USD 500	12 HOURS
11	Loss of Checked-in-Baggage	USD 100	N.A.
12	Delay of Checked-in-Baggage	USD 100	12 HOURS
13	Loss of Passport	USD 300	N.A.
14	Personal Liability	Upto USD 100,000	USD 100

Contact for Policy Servicing & Claim Reimbursement

Religare Health Insurance Company Limited, Vipul Tech Square, Tower C, 3rd Floor, Sector - 43, Golf Course Road, Gurgaon - 122009
Fax : 1800-100-5577 Call us : 1800-102-4488 E-mail : travelassistance@religare.com (for claims) customerfirst@religarehealthinsurance.com (for policy servicing)

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance	
US and Canada Toll free number: +1 8443013135/ +18443013146	
From the Rest of the World : +91 124 4498760 (Call Back Facility)	Fax No: +91 124 4006674
Email : travelassistance@religare.com	Website: www.religarehealthinsurance.com

Intermediary Details

Name	Code	Contact Number
Religare Health Insurance Co. Ltd.	Direct	1800-200-4488

For Religare Health Insurance Company Limited

Authorized Signatory
Service Branch : RHICL, 311-G Sushant Shopping Arcade, Phase-I, Gurgaon, Haryana - 122001 Branch Contact No. : 1800-200-4488

Date of Issue : 20-Dec-2018
IRDA Registration Number - 148
Product: EXPLORE

Place of Issue : Gurgaon, Haryana

SAC: 997136 and Description of Service: Travel insurance services GSTIN No.: 06AADCR6281N1ZW

Consolidated Stamp Duty paid vide E-Challan GRN no. 0042327665 dated 30 Nov 2018, RCM Applicability- N/A

If the premium so remitted is not realized and credited to the Company's bank a/c, the Company's assumption of liability under this Policy shall stand void ab initio.

Note: Attached with this Policy Certificate are the Policy Terms & Conditions, Annexures and other documents. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email customerfirst@religarehealthinsurance.com or contact the Company at **1800-102-4488**.

This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy. In case this Policy is issued on "Single Trip" basis, the Policy can be extended as per the provisions of Clause 5.1.1 of the Policy Terms and Conditions.

Religare Health Insurance Company Limited

Correspondence Address: Vipul Tech Square, Tower C, 3rd Floor, Sector - 43, Golf Course Road, Gurgaon - 122009 Registered Office Address: 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019
IRDA Registration No.- 148 CIN:U66000DL2007PLC161503 UIN:IRDA/NL-HLT/RH/P-T/VII/23/14-15 Website:www.religarehealthinsurance.com E-mail:customerfirst@religarehealthinsurance.com Call us:1800-102-4488

SHIVA P

Policy Number 10234825 DOB 20-Dec-2000

Validity
20-Dec-2018 to 22-Dec-2018



Assistance Service Provider - Falck Global Assistance

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1 844 301 3135 +1 844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
Fax	+91 124 4006674
E-mail	travelassistance@religare.com

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon - 122009 (Haryana)
Website: www.religarehealthinsurance.com Call: 1800-200-4488 | 1860-500-4488
E-mail: customerfirst@religarehealthinsurance.com

This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.

IRDA Registration No. 148

RAVI M

Policy Number 10234825 DOB 20-Dec-2000

Validity
20-Dec-2018 to 22-Dec-2018



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IRDA Registration No. 148