

Datasheet - 'STUDENT EXPLORE'

Date : 25 January 2019

Mr Rajkamal D
Jhikh
Chidambaram
Chidambaram 608001
Tamil Nadu

Dear Mr Rajkamal D,

This is in reference to information provided by you for Student Explore Super. 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	Policy Period
Worldwide Excluding India	Student Explore Super	USD 500000	From 26-Jan-2019 To 31-Jan-2019

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases
Rajkamal D	MEMBER	02-Sep-1993	MALE	USD 500000		Internal Tumours - Malignant, End stage Liver Disease / Organ Transplant, End stage Renal Failure / Organ Transplant, Heart Attack, Paralysis, Others

Nominee Details

Name of Nominee
MR parama lastname I I

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

Policy Certificate - Student Explore

Mr Rajkamal D,
Jhjkh,
Chidambaram,
Chidambaram 608001 Tamil Nadu 33

raj@gmail.com



Mob No : 7708329392
Client ID: 50620854
Date of Birth: 02-Sep-1993

Policy Details

Policy No.	10241470
Plan Name	Student Explore Super
Policy Period - Start Date	00:00 hrs 26-Jan-2019
Policy Period - End Date	Midnight 31-Jan-2019
Total No. of Travel Days	6 days
Cover Type	Individual
Geographical Scope	Worldwide Excluding India
Premium Paid	Rs. 4104.00 (Premium Rs 3478.17 + CGST Rs 0 + IGST Rs 626.07 + SGST Rs 0 + UGST Rs 0)
Nominee Name (Relation)	MR parama lastname I I

Details of Insured

Insured Name	Client ID	Gender	Date of Birth	Relationship with Proposer	Passport Number	Pre-existing diseases/conditions
Rajkamal D	50620854	M	02-Sep-1993	MEMBER		Internal Tumours - Malignant, End stage Liver Disease / Organ Transplant, End stage Renal Failure / Organ Transplant, Heart Attack, Paralysis, Others

Educational Institute Details

Name of Institute	Educational Course Details	Address
Sinhgad	ENGG	hinjewadi

Sponsor Details

Sponsor's Name	Date of Birth	Relationship with Insured
Raghav	10-Oct-1988	SON

Intermediary Details

Name	Code	Contact Number
Partner Uatagent	20572800	95546456456

Benefits

S.No	Name of Benefits	Sum Insured	Deductibles
1	Medical Expenses	Up to US \$ 500,000	US \$ 100
2	In-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100
3	Pre-Existing Disease Cover in Life Threatening Medical Condition	Up to 10% of Sum Insured of Medical Expenses	US \$ 100
4	Extended Cover in the Country of Residence	Up to Sum Insured of Medical Expenses	US \$ 100
5	Out-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100

Special Conditions

No	Special Conditions
1	Additional Services
	Medical Assistance Services
	Medical Service Provider Referral
	Arrangement of Hospital Admission
	Arrangement of Compassionate Visit
	Embassy Referral

Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019 Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009

Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call us: 1800-102-4488 / 1860-500-4488

Premium Details

Particulars	Amount (in Rs.)
Basic Premium	3478.17
Goods & Services Tax (GST)	626.07
Total Premium	4104

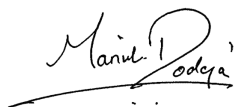
Contact for Policy Servicing & Claim Reimbursement

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 / 1860-500-4488
E-mail : travelassistance@religare.com
E-mail: customerfirst@religare.com (for Policy servicing)
Website: www.religarehealthinsurance.com

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - **Falck Global Assistance**
US and Canada Toll free number: +1 8443013135/ +18443013146
Any other country: +91 124 4498760 (Call Back Facility)
Fax No.: +91 124 4006674 **E-mail:** travelassistance@religare.com (for claims)
Website: www.religarehealthinsurance.com

For Religare Health Insurance Company Limited



Authorized Signatory

Date of Issue :25-Jan-19

Place of Issue : Gurgaon, Haryana

Consolidated Stamp Duty paid vide E-Challan GRN no. 0042327665 dated 30 Nov 2018, RCM Applicability- N/A
SAC: 997136 and Description of Service: Travel insurance services GSTIN No.: 06AADCR6281N1ZW

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 and Conditions and Annexures. Please ensure that have been received, read and understood. If any of these documents , please email at customerfirst@religarehealthinsurance.com or write to the Company. This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.

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Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call us: 1800-102-4488 / 1860-500-4488

RAJKAMAL D

Policy Number 10241470 DOB 02-Sep-1993

Validity 26-Jan-2019 to 31-Jan-2019



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, Gurugram - 122009 (Haryana)
Website: www.religarehealthinsurance.com Call: 1800-102-4488 | 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