

Datasheet - 'EXPLORE'

Date : 18 February 2019

Mr Asdasd Asddas
Ujyfdgidgh
Chidambaram
Chidambaram 608001
Tamil Nadu
asdsas@gmail.com

Dear Mr Asdasd Asddas,

This is in reference to your above mentioned proposal no. for Exp Platinum (Ex. US & Canada). 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
Worldwide excl. US & Canada	Exp Platinum (Ex. US & Canada)	USD 50000	SINGLE TRIP	From 20-Feb-2019 To 25-Feb-2019	6

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Asdasd Asddas	MEMBER	01-Jan-1970	MALE	USD 50000		End stage Liver Disease / Organ Transplant	NO

Additional Details

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

Insured I
No
NO

Have you ever claimed under any travel policy?

Insured I
Yes
NO

Nominee Details

Name of Nominee	Relationship
asads	ASADS

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.

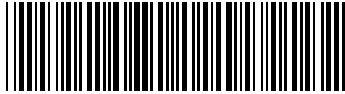
Team Religare Health Insurance



Health
Insurance

Policy Certificate - Explore'

Mr Asdasd Asddas,
Ujyfdgjdgh,
Chidambaram,
Chidambaram 608001 Tamil Nadu 33
asdsas@gmail.com



Policy No. : 10252614
Mobile No. : 9080873936
Client ID : 50673235
Date of Birth : 01-Jan-1970

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at asdsas@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 No.	10252614
Plan Name	Exp Platinum (Ex. US & Canada)
Sum Insured	USD 50000
Policy Period - Start Date	00:00 hrs 20-Feb-2019
Policy Period - End Date	Midnight 25-Feb-2019
Trip Type	Single Trip
Total No. of Travel Days	6 days
Geographical Scope	Worldwide excl. US & Canada
Premium Paid	Rs. 772.00 (Premium Rs 654 + CGST Rs 0 + IGST Rs 117.72 + SGST Rs 0 + UGST Rs 0)
Nominee Name (Relation)	asads (ASADS)

Details of Insured

Insured Name	Client ID	Relationship	Passport Number	Date of Birth	Sum Insured	Pre-existing diseases/conditions	Other PED
Asdasd Asddas	50673235	MEMBER		01-Jan-1970	USD 50000	End stage Liver Disease / Organ Transplant	NO

Schedule of Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
1	Hospitalization Expenses: In-Patient Care	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 USD 50,000	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 50,000	N.A.
8	Repatriation of Mortal Remains	Upto USD 50,000	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
15	Compassionate Visit	Upto USD 5,000	N.A.
16	Return of Minor Child	Upto USD 2,000	N.A.
17	Common Carrier Accidental Death	USD 5,000	N.A.
18	Common Carrier Accidental Death	USD 5,000	NA

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
Partner Uatagent	20572800	95546456456

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

Consolidated Stamp Duty paid vide E-Challan GRN no. 0043990004 dated 04 Feb 2019, 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 5.11 of the Policy Terms and Conditions.

For **Religare Health Insurance Company Limited**

Authorized Signatory
Service Branch : RHICL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon, Haryana - 122009 Branch Contact No. : 1246141752

Date of Issue : 18-Feb-2019
IRDA Registration Number - 148
Product: EXPLORE

Place of Issue : Gurgaon, Haryana

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



Health
Insurance

ASDASD ASDDAS

Policy Number DOB
10252614 01-Jan-1970

Validity
20-Feb-2019 to 25-Feb-2019



Health
Insurance



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