

Welcome

Mr. NARESHBHAI RAMESHBHAI NAKRANI
92 ANAND NAGAR SOCIETY,NR PURVI
SOCIETY HIRA BAUG,VARACHHA
ROAD,SURAT,SURAT, GUJARAT,395006
9925*****

From here on,
you're our responsibility.

Welcome on board!

Your Reliance Health Gain Policy,
with policy number 160322528680007618
is now live. You can access anytime,
anywhere by downloading the Reliance
Selfi App.



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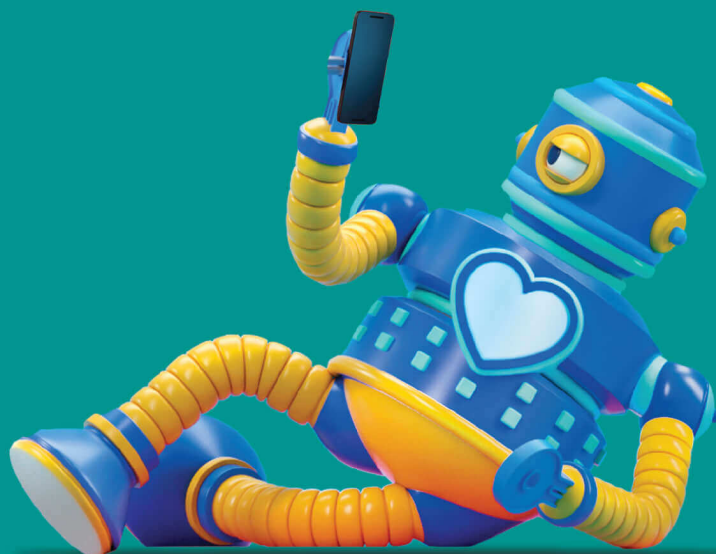
Wellness Solutions

Get discounts on
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online solutions through
our wellness
programme

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With Reliance General Insurance.

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022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.. Corporate Identity Number: U66603MH2000PLC128300 Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Insurance UIN:RELHLIP22229V032122.RGI/MCOM/CO/RHGP-PS/Ver. 1.0/240322



RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	: 160322528680007618	Proposal No	: R270325110053
Policyholder Name	: Mr. NARESHBHAI RAMESHBHAI NAKRANI	Policy Issuance Date	: 27/03/2025
Tax Invoice No. & Date	: R270325110053 & 27/03/2025	GSTIN/UIN of Policyholder	: NA
Correspondence Address & Place of Supply	: 92 ANAND NAGAR SOCIETY,NR PURVI SOCIETY HIRA BAUG,VARACHHA ROAD,SURAT,SURAT,GUJARAT, 395006 NA	Policy Issuing Branch & Address	: Surat International Business center, 5th Floor, Office no. 501, Piplod, Gaurav Path Road, Dumas Road SURAT SURAT GUJARAT 395007
Contact No	: 9925*****	Email ID	: y*****@gmail.com
Date of Birth	: 26/02/1981	Business Type	: Renewal
Gender	: Male	Zone	: A

POLICY DETAILS

Cover Type	: Floater	Plan Opted	: Plus
Base Sum Insured	: 600000	Policy Tenure	: 1 year
Policy Period Start Date & Time:	: 30/03/2025 At 00:01 Hrs	Policy Period End Date & Time	: 29/03/2026 At 23:59 Hrs.
Previous Policy No. & end Date	: 160322428680007271 29/03/2025	Renewable Date	: 30/03/2026
Room Category*	: Single Private air-conditioned room		
Loyalty Cover	Please refer renewal benefit section 5.3 loyalty cover for coverage details		
Premium Payment Frequency	: Lump Sum		

INTERMEDIARY DETAILS

YOGESH GOBARBHAI GONDALIYA	27A06759	9825440508	
Intermediary Name	Intermediary Code	Intermediary Contact No	POSP ID
NA	NA	NA	
VLE Name	VLE ID	VLE Contact No	

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	Mr. NARESHBHAI RAMESHBHAI NAKRANI	Mrs. VAISHALIBEN N NAKRANI	Mr. NEVIL . .	Ms. VISHWA . .
Gender	: Male	Female	Male	Female
Date of Birth	: 26/02/1981	23/06/1979	13/12/2001	21/04/2007
Relationship with Policyholder	: Self	Spouse	Son	Daughter
Insured with the Company, since	: 29/03/2011	29/03/2011	29/03/2011	29/03/2011
Date of First Enrollment	: 29/03/2011	29/03/2011	29/03/2011	29/03/2011
UHID	: 2825110004503	2825110004502	2825110004500	2825110004501
Any Pre-existing Disease	: No	No	No	No
Pre-existing Disease – Name	: NA	NA	NA	NA
Pre-existing Disease – Since	: No	No	No	No
Permanent exclusions (if any) as agreed by the customer	: NA	NA	NA	NA
Special Remarks/Conditions	: NA	NA	NA	NA
Cumulative Bonus (`) Floater	: 200000			
Insured Person covered under : Health Insurance with any Company, Since (If, yes)	: No	No	No	No
ABHA Number or ABHA ID	: 0	0	0	0

PREMIUM DETAILS	AMOUNT(`)	DISCOUNT DETAILS
Zone	A	Girl Child Discount
Base Premium	16647	
Addon Premium (If any)	3995.28	
Loading (if any)	0	
Discount (if any)	1032.11	
Total Premium excluding Taxes and Levies	19610.00	
CGST (9.00%)	1764.90	
SGST (9.00%)	1764.90	
Total Premium including Taxes and Levies	23140.00	

GSTIN :24AABCR6747B1ZM, HSN : 997133, Description of services : Accident and health insurance services

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year.

Consolidated Stamp duty Paid vide Letter of Authorization "NO LOA/ENF-1/CSD/24/2025/(Validity Period Dt. 03/03/2025 to Dt. 01/12/2026)/663 Date 03-03-2025" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir.

NOMINEE DETAILS

Name of Nominee	: VAISHALIBEN N NAKRANI	Relationship with Policyholder	: Spouse
Date of Birth	: 23/06/1979	Address of Nominee	: 92 ANAND NAGAR SOCIETY,NR PURVI SOCIETY HIRA BAUG,VARACHHA ROAD,SURAT,SURAT,GUJARAT,395 006
Contact No. / Mobile No.	: NA	Email ID	: NA

NOTE

The maximum liability of the Company to pay the claims under this Policy is limited to Total Liability defined in the Policy Wordings. Please refer the policy wordings for detailed information and understanding of the coverages.

CONDITIONS

Waiting Period

1. 36 Months Pre-Existing Disease waiting period from the first policy commencement date (Code: Excl01)
2. 24 months Specified disease/procedure waiting period from the first policy commencement date (Code:Excl02)

EXCLUSIONS

Below are the Standard Exclusions

- | | |
|---|---|
| a. Investigation & Evaluation (Code:Excl04) | d. Change-of-Gender treatments (Code:Excl07) |
| b. Rest Cure, rehabilitation and respite care (Code:Excl05) | e. Cosmetic or Plastic Surgery (Code: Excl08) |
| c. Obesity/ Weight Control (Code:Excl06) | f. Hazardous or Adventure sports(Code:Excl09) |
| h. Excluded Providers (Code:Excl11) | g. Breach of law (Code: Excl10) |
| i. Substance Abuse and Alcohol (Code: Excl12) | l. Refractive Error (Code: Excl15) |
| j. Wellness and Rejuvenation (Code:Excl13) | m. Unproven Treatments-Code (Code: Excl16) |
| k. Dietary Supplements & Substances (Code:Excl14) | n. Sterility and Infertility (Code: Excl17) |
| | o. Maternity Expenses (Code - Excl 18) |

In addition to above below mentioned are Specific Exclusions applicable to this Policy

- | | |
|---------------------------------------|--|
| p. Treatment outside Discipline | x. Overseas Treatment |
| q. Hearing Aids and spectacles | y. Self-injury |
| r. External durable medical equipment | z. Documentation charges |
| s. Sleep Apnea | aa Charges other than Reasonable & Customary Charges |
| t. External Congenital Anomaly | ab. RMO charges and Service charge |
| u. Artificial Life support equipments | ac. Nuclear Attack. |
| v. Non-payable items | ad. War |
| w. Outpatient Treatment | |

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions related to the Covers listed above

CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
Old No - 67, South Tukoganj, Indore (M.P) - 452001
Email ID : rgicl.services@relianceada.com
Contact No.: 022-4890 3009 (paid)
Website: www.reliancegeneral.co.in

CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
Krishe Sapphire, Madhapur, Hyderabad - 500081
Email ID : rgicl.rcarehealth@relianceada.com
Contact No.: 022-4890 3009 (paid)
Website: www.reliancegeneral.co.in

PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited
- The Base Sum Insured has been enhanced under the Policy on the request of the Policyholder to exercise the Benefit-5.2 Call Option for Enhancement of Base Sum Insured
- Subject otherwise to the terms and conditions of Policy Wording click [here](#)
- In the event of any incorrect representation, the liability shall be upon the Policyholder
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022 4890 3009(Paid) for necessary changes/rectification/documents required.

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Help line number: 022-4890 3009 (paid)

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy

For Reliance General Insurance Co. Ltd.



Authorised Signatory

The coverage's under Reliance HealthGain Policy are listed below:

Sr. No.	Covers	Plus
Benefit-Hospitalization Cover:		
1.1	Hospitalization Expenses: • In Patient Treatment • Day Care Treatment • Accommodation Bonus	This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment up to the Sum Insured Accommodation Bonus: Additional fixed daily amount of ` 1000 shall be payable only if Insured undergoes Hospitalization for In-Patient Treatment and occupies Twin sharing Room or below
1.2	Domestic Road Ambulance	This benefit indemnifies the Insured Person on availing Ambulance services offered by a Hospital or by an Ambulance service provider up to ` 1500 per hospitalization \n For Intercity Ambulance (beyond 100km): up to ` 20,000
1.3	Domiciliary Hospitalization	This benefit pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization within the Sum Insured, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days
1.4	Modern Treatment	This benefit indemnifies for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods up to 50% of Base Sum Insured
1.5	Pre Hospitalization	Coverage for Pre-hospitalization upto 60 days, within the Sum Insured
1.6	Post Hospitalization	Cover for Post-hospitalization upto 60 days, within the Sum Insured
1.7	Organ Donor Expenses	This benefit indemnifies for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year. Up to 50% of Base Sum Insured,subject to maximum of ` 5 lakhs
Benefit -Extra Cover		
2.1	Reinstatement of Base Sum Insured	On subsequent claim one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury.
2.2	Extra Sum Insured	This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy
Benefit Personal Accident Cover		
3.1	Accidental Death Cover	Not Applicable
Benefit - Critical Illness Cover		
4.1	Waiver of Premium	Not Applicable

Sr. No.	Cover	Plus															
Benefit -Renewal Benefits																	
5.1	Cumulative Bonus	On renewal the Base Sum Insured increases by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year.															
5.2	Call Option for Enhancement of Base Sum Insured	After 4 continuous and consecutive claim free Policy years,if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus															
5.3	Loyalty Cover	At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder(who is also an Insured Person) under the Policy.															
		<table><tr><th colspan="5">Year-wise availability of Sum Insured for Loyalty Cover</th></tr><tr><th>Policy Year</th><th>Accidental Death and Permanent Total Disability</th><th>Critical Illness</th><th>Hospital Cash</th><th>Leave Compensation Benefit</th></tr><tr><td>Maximum limit</td><td>50% of Base Sum Insured or 25 lakhs, whichever is lower</td><td>50% of Base Sum Insured or 25 lakhs, whichever is lower</td><td>30 days of payment</td><td>30 days of payment</td></tr></table>	Year-wise availability of Sum Insured for Loyalty Cover					Policy Year	Accidental Death and Permanent Total Disability	Critical Illness	Hospital Cash	Leave Compensation Benefit	Maximum limit	50% of Base Sum Insured or 25 lakhs, whichever is lower	50% of Base Sum Insured or 25 lakhs, whichever is lower	30 days of payment	30 days of payment
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Maximum limit	50% of Base Sum Insured or 25 lakhs, whichever is lower	50% of Base Sum Insured or 25 lakhs, whichever is lower	30 days of payment	30 days of payment													

Sr. No.	Cover	Plus
Benefit-Value Added Covers:		
6.1	Wellness Services	This is a Service benefit in which Insured Person can seek Medical advice through telephonic or online mode
6.2	Claim Service Guarantee	Cashless Claim - 1% of Delayed Claim Amount(for delay beyond 6 hours to 12 hours),additional 1% for every additional delay of 6 business hours Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days),additional 1% for every additional delay of 6 business hours Maximum limit - 6% of Delayed Claim Amount
6.3	Policy Service Guarantee	In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents,the Company shall provide a onetime additional amount of ₹ 10,000 Applicable only for the first Policy Year.

Benefit -Preventive Care Cover		
14.1	Health Check up	At the end of every Policy Year, this benefit indemnifies towards the diagnostic or preventive medical tests(listed in Policy wordings) taken by the Insured Persons in the Policy up to ₹3000 (Annual)
14.2	Vaccination Cover	At the end of every Policy Year,this benefit indemnifies towards the expenses for the vaccine(listed in Policy wordings) taken by the Insured Persons in the Policy up to ₹ 2000 (Annual)

Benefit -Smart Cover

15.1	Change in Modern Treatment limits	This benefit increases the Modern Treatment limits under the Policy
15.2	Vision Correction	Medical expenses are covered up to ` 50,000, incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner.
15.3	Second Opinion	This benefit indemnifies the Insured for the cost incurred on availing second medical opinion from a Medical Practitioner within India up to ` 3000

Benefit -Family Care Cover

16.1	Home Care Treatment	This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment of any of the listed (mentioned in Policy wordings) treatments under the Policy. Limit: Within Sum Insured
16.2	Companion Cover	This benefit pays a fixed daily amount of ` 1000 per day, towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses maximum up to 30 days Minimum Hospitalization of 72 hours
16.3	Child Care Cover	This benefit pays a fixed daily amount of ` 1000 per day, towards childcare expenses for any one dependent child covered under the Policy up to 12 years of age maximum up to 30 days Minimum Hospitalization of 72 hours



Premium Certificate

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of 23140.00 from Mr. NARESHBHAI RAMESHBHAI NAKRANI towards payment of health insurance premium for policy 160322528680007618 for the period 30/03/2025 to 29/03/2026 issued on 27/03/2025.

The premium paid for this policy is eligible for applicable benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :

- Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Know what's in here for you.

Remember to carefully go through the policy documents and confirm your details.
In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 022 4890 3009 (Paid No.) or visit any of our branches or mail us at rgicl.services@relianceada.com
Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.



Reimburse your registered claim.



Intimate the claim details on our 022 4890 3009 (Paid No.)



Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/ denial or seeks additional details



If Claim is approved, payment will be made to you by NEFT

What documents do you require to register a Claim

For All Claims

- ✔ Complete filled claim form (all pages) duly filled & signed by the Insured/Claimant
- ✔ Copy of Photo ID proof of the Insured / Nominee (PAN / Driving Licence / Passport Copy / Ration Card)
- ✔ Original CTS 2010 complaint cancelled cheque with printed name / account no. of the Insured / Claimant

In case of Permanent Total Disability

- ✔ Disability certificate issued by the Govt. Medical Officer mentioning the disability percentage
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation reports like X-ray / MRI etc
- ✔ Colored and clear photographs of disable person showing the disability
- ✔ Income proof like pay slips / salary slips prior to the date of loss

In Case of Personal Accident Death

- ✔ Attested copy of First Information Report (In case of Death & Permanent Total Disability)
- ✔ Attested copy of Post Mortem Report (In case of Death)
- ✔ Attested copy of Death Certificate (In case of Death)

In case of Temporary Total Disability

- ✔ Medical certificate confirming the disability period and the probable date to resume duty / service
- ✔ Complete treatment record like discharge summary, consultation papers with supporting investigation report like x-ray / MRI etc.
- ✔ Copy of medical - legal certificate (if made)
- ✔ Leave certificate from the employer
- ✔ Income proof like pay slips / salary slips prior to the date of loss

*Any other document as required by the Company to assess the claim

Let's renew the policy conveniently.



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Call 022 4890 3009 (Paid No.) and renew



Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

Now pay easily



Internet Banking



Cheque/DD



Credit/Debit Card



Bhim / Google Pay / Paytm



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74004 22200 (WhatsApp)

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	Refer to Policy Clause Number
1	Name of Insurance Product / Policy	Reliance Health Gain Policy	
2	Policy number	160322528680007618	
3	Type of insurance product/policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4	Sum Insured (Basis)	Floater sum Insured - 600000 (Where all members under the policy have a single sum insured limit which may be utilized by any or all members)	
5	Policy Coverage	Hospitalization Covers	3.1
		a. Hospitalization Expenses - This benefit indemnifies the Insured Person for any medical expenses incurred on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment.	3.1.1
		b. This benefit pays fixed daily amount of Rs 1000, if the Insured Person undergoes Hospitalization for In-Patient Treatment and occupies the following Room Categories Plan Plus :Twin sharing Room or below	
		b. Domestic Road Ambulance - This benefit indemnifies the Policyholder/ Insured Person up to an amount of Rs. 1,500 , per Hospitalization on availing Ambulance services offered by a Hospital or by an Ambulance service provider. The benefit is extended to provide Rs 20000	3.1.2
		c. Domiciliary Hospitalization - This cover pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days.	3.1.3
		d. Modern Treatment - Coverage up to 50% of Base S.I (as per Plan opted) under this benefit for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.1.4

e. Pre and Post - Hospitalization - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 60 days and Post Hospitalization Expenses for a period of 60 or 90 days(as per Plan opted)	3.1.5 3.1.6
f. Organ Donor Expenses - This cover indemnifies the Policyholder/Insured Person up to 50% of Base Sum Insured subject to maximum of Rs. 5 Lakhs (as per plan opted), incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year	3.1.7
Extra Cover	3.2
g. Reinstatement of Base Sum Insured - On subsequent claim,one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury	3.2.1
h. Extra Sum Insured - This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy	3.2.2
Personal Accident	3.3
i. Accidental Death Cover - Not Applicable	3.3.1
Critical illness	3.4
i. Accidental Death Cover - Not Applicable	3.4.1
Renewal Benefits	3.5
k. Cumulative Bonus - This renewal benefit increases the Base Sum Insured by 33.33% for every claim free Policy Year, subject to a maximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for every claim year	3.5.1
l. Call Option for Enhancement of Base Sum Insured - After 4 continuous and consecutive claim free Policy Years, if Policyholder avails this benefit then enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated Cumulative Bonus	3.5.2
m. Loyalty Cover : At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover to the Policyholder (who is also an Insured Person) under the Policy.	3.5.3
Policy Year-2: Accidental Death +Permanent Total Disability	3.5.3.1
Policy Year 3: Accidental Death +Permanent Total Disability+	3.5.3.2
Critical Illness	3.5.3.3
Policy Year 4: Accidental Death +Permanent Total Disability+	3.5.3.4
Critical Illness+ Hospital Cash	3.5.3.5

	Policy Year 5: Accidental Death +Permanent Total Disability+ Critical Illness+ Hospital Cash+ Leave Compensation Benefit.	
	Value Added Services	3.6
	n. Wellness Services -This is a service benefit in which Insured can seek Medical advice through telephonic or online moden.	3.6.1
	o. Claim Service Guarantee –The Company is liable to pay the Insured Person for the delay in processing of claim for Benefit-Hospitalization Expenses in the following manner: i. Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents ii. Re-imbursement Claims - 1% for every delay of 21 days beyond 21 days of receipt of all information/documents Maximum liability is limited to 6% Delayed Claim Amount	3.6.2 (i,ii)
	p. Policy Service Guarantee - In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receipt of all required and completed documents, the Company shall provide a one time additional amount of Sum Insured of Rs. 10,000 (as per Plan opted)	3.6.3
	Optional Covers	3.7
	y. Preventive Care Cover Health Checkup: At the end of every Policy Year, this benefit indemnifies up to Rs 3000 towards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy	3.7.9.2
	i. Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to Rs. 2000 (as per Plan opted) towards the expenses for the vaccine (listed in policy wordings) taken by the Insured Persons in the Policy	3.7.10 3.7.10.1
	z. Smart Cover	3.7.10.2
	i. Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured This benefit is applicable only for Plan- Plus	3.7.10.3
	ii. Vision Correction: This benefit indemnifies up to Rs. 50000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner	
	iii. Second Opinion: This benefit indemnifies up to Rs. 3000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India	3.7.11

		aa. Family Care Cover Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy Companion Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses. Minimum 72 hours of Hospitalization is must Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age. Minimum 72 hours of Hospitalization is must	3.7.11.1 3.7.11.2 3.7.11.3
6	Exclusions	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments-Code (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code - Excl 18) Specific Exclusions p. Treatment outside Discipline q. Hearing Aids and spectacles r. External durable medical equipment s. Sleep Apnea t. External Congenital Anomaly u. Artificial Life support equipment's v. Non-payable items w. Outpatient Treatment x. Overseas Treatment y. Self-injury	4

		<div>z. Documentation charges</div> <div>aa. Charges other than Reasonable & Customary Charges</div> <div>bb. RMO charges and Service charge</div> <div>cc. Nuclear Attack</div> <div>dd. War</div>	
7	Waiting periods <div>•Time period during which specified diseases / treatments are not covered</div> <div>•It is counted from the beginning of</div>	a. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	4.1.1
		b. Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for 46 diseases/procedures	4.1.2
		c. Pre-existing diseases: Covered after 36 Months	4.1.3
			4.2.1
8	Financial limits of coverage	<div>In case of a claim, this policy requires you to share the following costs:</div> <div>Expenses exceeding the following Sub-Limits</div>	
	i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	<div>a. Domestic Road Ambulance: Plan-Plus up to 1500 per hospitalization and Intercity (beyond 100 km) ambulance cost: Rs 20000 per hospitalization</div> <div>b. Modern Treatment: Plan-Plus : up to 50% of Base Sum Insured</div> <div>c. Organ Donor Expenses: Plan-Plus : Up to 50% of Sum Insured subject to maximum of 5 lacs</div> <div>d. Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher.</div> <div>e. Radio Taxi: 1000 per Hospitalization</div> <div>f. Health Checkup: 3000</div> <div>g. Vaccination Cover: Plan - Plus : 2000</div> <div>h. Vision Correction: Plan - Plus: 50000</div> <div>i. Second Opinion: Plan- Plus: 3000</div>	<div>3.1.2</div> <div>3.1.4</div> <div>3.1.7</div> <div></div> <div></div> <div>3.7.8.2</div> <div>3.7.8.3</div> <div>3.7.9.1</div> <div>3.7.9.2</div>
	ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).	Not Applicable	

<p>iii. Deductible (It is a specified amount: • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>Not Applicable</p>										
<p>iv. Any other limit (as applicable)</p>	<p>Not Applicable</p>										
<p>9 Claims / Claims Procedure</p>	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals</p> <p>b. For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified here under</p> <table data-bbox="371 1400 1313 1727"> <thead> <tr> <th>Sr. No</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr> </thead> <tbody> <tr> <td>1</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Within fifteen days from completion of hospitalization</td></tr> <tr> <td>2</td><td>Reimbursement of post expenses post hospitalization treatment</td><td>Within fifteen days from completion of post hospitalization</td></tr> </tbody> </table> <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 1 hour</p>	Sr. No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization	2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization	<p>6.1.2 (i)</p> <p>6.1.2 (ii)</p>
Sr. No	Type of Claim	Prescribed Time limit									
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within fifteen days from completion of hospitalization									
2	Reimbursement of post expenses post hospitalization treatment	Within fifteen days from completion of post hospitalization									

		<p>Provide the details /web link for following:</p> <p>i. Network Hospital details https://rgi-locator.appspot.com/?Search_by=hospital&sourcesystem=website&phonenumber=&emailid=#</p> <p>ii. Helpline number : +91 22 4890 3009 (Paid number)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf</p> <p>iv. Downloading/getting claim form https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx</p>	
10.	Policy Servicing	<p>Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com and for correspondence contact us Reliance General Insurance Company Limited</p> <p>Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001</p> <p>Contact No.- 022 4890 3009(Paid)</p>	
12	Grievances/ Complaints	<p>a. Details of Grievance redressal officer refer the link https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx</p> <p>b. IRDA Integrated Grievance Management System- https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</p>	5.1.17
13	Things to remember	<p>Free Look Cancellation: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</p>	5.1.15

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.

Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer.

5.1.8

Migration:- The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Portability:- The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.

Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh **only for the enhanced portion of the sum insured.**

5.1.9

Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance

5.2.12

		policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	
14	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information	5.2.4

The enclosed Customer Information Sheet bearing reference number "CIS\160322528680007618" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place: SURAT , GUJARAT

Date: 27/03/2025 04:37:22

Verified by OTP

Note:

(Signature of the Policy Holder)

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Benefit Illustration in respect of policies offered on Individual and Family Floater basis										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	14,524	5 lakhs	14,524	10%	13,072	5 lakhs	25,691	0%	25,691	5 lakhs
44 years	7,551	5 lakhs	7,551		6,796	5 lakhs				
23 years	5,055	5 lakhs	5,055		4,550	5 lakhs				
18 years	3,428	5 lakhs	3,428		3,085	5 lakhs				
Total Premium for all members of the family is Rs. 30,558 when each member is covered separately.			Total Premium for all members of the family is Rs. 27,502 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 25,691			
Sum insured available for each individual is Rs. 5 lakhs			Sum insured available for each family member is Rs. 5 lakhs				Sum insured of Rs. 5 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates for Zone A without any loading. Also, the premium rates are exclusive of taxes applicable										

RELIANCE

GENERAL
INSURANCE

Tech+❤️ = Live Smart

POLICY NO : 160322528680007618

VALID UPTO: 29/03/2026

REG. MOBILE NO: 9925680054

Insured Name	Date Of Birth	UHID
Mr. NARESHBHAI RAMESHBHAI	26/02/1981	2825110004503
Mrs. VAISHALIBEN N NAKRANI	23/06/1979	2825110004502
Mr. NEVIL . .	13/12/2001	2825110004500
Ms. VISHWA . .	21/04/2007	2825110004501

☎ 022 4890 3009 (Paid) 📞 74004 22200 (WhatsApp)

📧 rgicl.rcarehealth@relianceada.com

Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is a must in case of hospitalization
- To avail cashless facility at our Network Hospitals, please carry your Health Card & Photo ID proof at the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in

**RCare Health:**

Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

IRDAI Reg. No. 103.**Reliance General Insurance Company Limited**

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Reliance Health Gain Policy. UIN: RELHLIP22229V032122