



Reliance Travel Care Policy - Corporate Short Term

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|--|---|---|-----------------------------------|
| Policy Issuing Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Branch Contact No. : 022-41732000 | | Policy Servicing Office Name & Address - null 6th Floor, Oberoi Commerz, Oberoi Garden City, Off. Western Express Highway, Goregaon (East), MUMBAI, MUMBAI, MAHARASHTRA - 400063 Phone No. : 022-41732000 | |
| Certificate No. - 920292528221017678 | | Master Policy No. - 920292328220000225 | |
| Br. Code- DIRECT-990553-92021 | PSO No. - MTMINFIF41525877620348 | Dept. - TRAVEL | Intermediary Code - Direct |
| Tax Invoice No & Date : Y012425019234 & 24-Jan-2025 | | | |

Details of the Insured

| | |
|------------------------------|--|
| Name of the Policy Holder | MAKE MY TRIP (INDIA) PVT LTD-NEW TRAVEL |
| Address of the policy holder | 19TH TOWER A,B,C EPITOME BUILDING NO 5, DLF CYBER CITY, PHASE 2, GURUGRAM 122002 |

Details of the Insured Person

| Name of the Insured Person | Passport No. | Gender | Nominee Name | Relationship of the Nominee with the Insured Person | Date of Birth | ABHA ID or ABHA address |
|----------------------------|--------------|--------|--------------|---|---------------|-------------------------|
| DWAIPAYAN CHAKROBORTHY | | MALE | LEGAL HEIR | LEGAL HEIR | | |

| | |
|--|---|
| Communication Address & Place of Supply | DLF CYBER CITY, GURGAON , HARYANA, DLF CYBER CITY, GURGAON , HARYANA, GURGAON, HARYANA - 122002 |
| E mail id | SVISWANATHAN@TONIKBANK.COM |
| Telephone Number | 9791709089 |
| GSTIN / UIN Of Insured :NA | |
| Geographical Coverage | EXCLUDING USA / CANADA |
| Country Visiting | PHILIPPINES |
| Policy Period | From 09-Feb-2025 time 00:00 to 16-Feb-2025 time 23:59 8days |
| Name of the Plan opted | MMT EUROPE/AUSTRALIA 5 |
| Any Pre existing disease | NO |

| POLICY COVERAGE | Sum Insured (in USD) | Deductible (in USD) |
|---------------------------------------|------------------------|-----------------------|
| Emergency Medical Expenses | 2,50,000 USD | 50 |
| Emergency Medical Evacuation | 5,000 USD | Nil |
| Repatriation of Mortal Remains | 7,500 USD | Nil |
| Dental Treatment Expenses | 300 USD | 50 |
| Personal Accident | 25000 USD | Nil |
| Total Loss of Checked in Baggage | 500 USD | Nil |
| Delay of Checked in baggage | 500 USD | 12 hours |
| Loss of Passport and documents | 200 USD | 25 |
| Trip Cancellation and/or Interruption | 2,500 USD | Nil |
| Trip Delay | 50 USD | 6 hours |
| Hijack Distress Allowance | 250 USD | 12 hour |
| Visa Cancellation | 3,000 USD | usd100 |

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/94/2024-25/(Validity Period Dt.01/01/2025 to Dt. 01/12/2026)/06 Date 01-01-2025" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

#Warranted that:

1) Warranted that insured is a citizen of India and has a permanent place of residence in India and is not a NRI or OCI or foreign national and was within the territory of India at the time of issuance of the certificate and before the commencement of the trip. 2)) Warranted that Purpose of visit will be for leisure or personal business purpose only 3) Warranted that the Insured / Insured Person(s) has no past history of any illness / hospitalization 4) If Point No. 3 is "Yes" Warranted that Declaration of any Pre existing Condition, using words / terms which mean any disease/illness which are same or similar to - Cancer / Leukemia / Malignant Tumor, Cardiac ailments, COPD, HIV /AIDS, Insulin Dependent Diabetes, Kidney Ailment, Liver Disease, Neurological Disorder / Stroke /Paralysis, Thalasemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy clean health history 5)Any expenses related to pre existing illness/ disability/diseases and its related complications/ consequences are not payable under the certificate. 6) Warranted that maximum amount payable per checked-in baggage in case more than one bag has been checked in, is 50% (100% for only one checked-in baggage) of applicable Sum Insured and per item in baggage max 10%. 7) Repatriation of Mortal remains USD 7,500 8)In case of Financial emergency occurring in Asian countries the maximum Sum Insured applicable would be USD 300 9) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons is excluded. 10) Kindly refer policy wordings for complete details of coverages and deductibles. 11) For details on coverage, exclusion, terms and conditions the certificate should be read with master policy issued to MAKEMYTRIP OFFLINE vide policy no.920292328220000224 12) Single Trip shall mean one trip to any destination within the Republic of India

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & Corporate Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063.

Corporate Identity No. U66603MH2000PLC128300. **UIN No.** RELTIOP07004V010607 Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/UW/CO/2822/PS/1.0/010218.

starting from the Insured Person's departure of flight from place of origin till disembarking of his/her flight journey at the terminal in India or Certificate end date in a Single Trip whichever is earlier. 13) The policy covers emergency hospitalisation incurred whilst on the trip including COVID-19. The final decision on claim will be on the claims team basis the terms and conditions of the policy. 14) The policy covers emergency hospitalisation incurred whilst on the trip including COVID-19. The final decision on claim will be on the claims team basis the terms and conditions of the policy. Please note that the sales process will be reviewed by the Insurer on interval of every quarter as per direction issued by IRDAI vide its Circular Ref. No. IRDAI/HLT/CIR/MISC/174/09/2019 dated 27th September 2019

Net Premium : Rs. 508.40
 IGST : (18.00%) Rs. 91.51
 Total Premium : Rs. 599.91

In witness whereof this policy has been signed at Mumbai on : **24-Jan-2025**

GSTIN : 27AABCR6747B1ZG SAC : 997142 Description of Services : Freight Insurance & Travel Insurance

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.

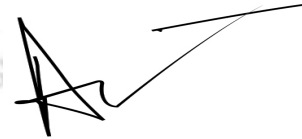
"In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change".

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.irda.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. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioms.co.in

For and on behalf of Reliance General Insurance Company Limited.

Category-General Insurance Business Service 00440005



Authorized Signatory

Note : The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

The policy has been issued based on the information provided by you/your representative and the policy is not valid if any of the information provided is Incorrect. In case of non receipt of the policy terms and conditions, please ensure to obtain the same from the Agent / Our nearest Office / from our Website <http://www.reliancegeneral.co.in>

Europ Assistance India Pvt Ltd.

7th Floor, Star Hub, Bldg No. 2, Near ITC Maratha Hotel, Sahar, Andheri East, Mumbai – 400 059.

Please provide Immediate intimation of any claim / requirement for emergency assistance while abroad to ensure that the Claim is not prejudiced. Please contact the International Toll Free Helpline numbers given below.



In case of any requirement for emergency assistance whilst abroad, please contact the toll free helpline numbers given below:

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017

International Toll Free line : Singapore and Thailand — 001-80099441111, Hong Kong — 001-80099441111 and 006-80099441111, USA — 18337426673, Canada — 011-80099441111, Australia — 0011- 80099441111, Japan — 001-010-80099441111 and 010-80099441111, Israel — 00-80099441111 and 014-80099441111, Greece — 86002038017, Argentina, Austria, Belgium, China, Czech Republic, Denmark, France, Germany, Hungary, Italy, Malaysia, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, South Africa, Spain, Sweden, Switzerland, Taiwan & United Kingdom — 00-80099441111

Dedicated National Toll Free Help Line : 1800 209 5522

Land Line : +91 22 67347843 & +91 22 67347844

Fax Number: +91 22 67347888

Email : reliance@europ-assistance.in

Website: www.europ-assistance.com

Intermediary Code/Name : Direct

Reliance Travel Care Insurance Policy - Online Proposal Form

Proposal Form No.: Y012425019234

Proposer/Insured Details

| | | | | | |
|---|---|--------------|----------------|------------|--|
| 1.Name of the Proposer/Insured (Mr./Mrs./Ms.) | DWAIPAYAN CHAKROBORTH | | | | |
| 2.Address | DLF CYBER CITY, GURGAON , HARYANA, DLF CYBER CITY, GURGAON , HARYANA, GURGAON, HARYANA - 122002 | | | | |
| Residence Number | | | | | |
| Gender | MALE | Passport No. | | Mobile No. | |
| PAN No. | | | UID Aadhar No. | | |
| Email Id | SVISWANATHAN@TONI KBANK.COM | Nationality | Indian | DOB | |

Nominee Details

| | | |
|-----------------|-----|----------------------------|
| Name of Nominee | DOB | Relationship with Proposer |
| LEGAL HEIR | | LEGAL HEIR |

Details of Pre-existing Condition

| | | |
|--|-----------------|------------------|
| Pre-existing illness / Injury / Condition if any | Suffering Since | Under Medication |
| No | | |

Trip Details

| | | | |
|---|---|-----------------------|------------------------|
| 1. Master Policy No. - | 920292328220000225 | | |
| 2. Name of Master Policy Holder | MAKE MY TRIP (INDIA) PVT LTD-NEW TRAVEL | | |
| 3. Sum Insured Opted | 2,50,000 | 4. Geographical Scope | EXCLUDING USA / CANADA |
| 5. Name of the Plan opted | MMT EUROPE/AUSTRALIA 5 | | |
| 6. Date of Journey | 09-Feb-2025 | Date of Return | 16-Feb-2025 |
| 7. Does the plan trip involve any kind of sporting activity | | | |
| 8. Countries that you are visiting | PHILIPPINES | | |
| 9. Trip Duration | 8 | | |

Please go through the details as furnished above and also as provided in the Policy Schedule and confirm that they are in order. Should you feel that there are any discrepancies / variations, you are requested to write back to us immediately at rgicl.services@relianceada.com.in for necessary changes / rectification. In the absence of any written communication from you within 7 days or commencement of Policy Period whichever is earlier , it is hereby agreed and understood that the above statements, answers and particulars are complete, correct and true in all respects and are the basis on which this Policy is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars are incorrect or untrue in any respect, the policy will be considered Null and Void-ab-initio and the Company shall have no liability under the policy.

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

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Corporate Identity No. U66603MH2000PLC128300. **UIN No.** RELTIOP07004V010607 Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/UW/CO/2822/PS/1.0/010218.

Declaration & Warranty by the Proposer

- i. Policy has been issued basis Insured Person(s)
- 1) Is/are not travelling against advice of medical practitioner
 - 2) Is/are not on waiting list for any medical treatment
 - 3) Is/are not travelling for the purpose of obtaining medical treatment
 - 4) Have not received a terminal prognosis for a medical condition before journey
 - 5) Being in India before taking cover & commencement of trip.
 - 6) Being resident Indian.
- ii. Declared of any Pre existing Condition, using words / terms which mean any disease/illness which are same or similar to - Cancer / Leukemia / Malignant Tumor, Cardiac ailments, COPD, HIV / AIDS, Insulin Dependent Diabetes, Kidney Ailment, Liver Disease, Neurological Disorder / Stroke / Paralysis, Thalassemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy (Applicable if declared PED).
- iii. Purpose of visit either Leisure or Business
- iv. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- v. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- vi. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
- vii. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- viii. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- ix. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- x. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- xi. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- xii. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- xiii. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xiv. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xv. I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xvi. I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contact.

Place _____

Date: 24-Jan-2025

Signature _____

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act, 2002.
2. I Understand that the Company has the right to call for document to established sources of funds
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Signature _____ Date 24-Jan-2025 Place _____

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer _____

Identified by Name & Signature : _____

Date: 24-Jan-2025 Place _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note :- The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at rgicl.services@relianceada.com

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 (PLEASE REFER TO APPLICABLE POLICY CLAUSE NUMBER IN NEXT COLUMN) | POLICY CLAUSE NUMBER |
|-------|---|---|----------------------|
| 1 | Name of Insurance Product/Policy | HEALTH-RELIANCE TRAVEL CARE INSURANCE-CORPORATE SHORT TERM | |
| 2 | Policy number | 920292528221017678 | |
| 3 | Type of Insurance Product/Policy | Payment on Indemnity and Benefit Basis (As per plan coverage opted) | |
| 4 | Sum Insured (Basis) (Along with amount) | Individual - USD 2,50,000 | |
| 5 | Policy Coverage (What the policy covers?) (Policy clause Number/s) | <ul style="list-style-type: none"> • POLICY COVERAGE • Hijack Distress Allowance • Emergency Medical Expenses • Personal Accident • Trip Delay • Total Loss of Checked in Baggage • Delay of Checked in baggage • Emergency Medical Evacuation • Repatriation of Mortal Remains • Trip Cancellation and/or Interruption • Dental Treatment Expenses • Loss of Passport and documents • Visa Cancellation | |
| 6 | Exclusions (What the policy does not covers) | Conditions: 1.This policy is applicable to registered passengers who book flight travel by MAKEMYTRIP only 2.Warranted that insured is a citizen of India and has a permanent place of residence in India and is not a NRI or OCI or foreign national and was within the territory of India at the time of issuance of the certificate and before the commencement of the trip. 3.Warranted that | |

Purpose of visit will be for leisure or personal business purpose only

4.Warranted that the Insured / Insured Person(s) has no past history of any illness / hospitalization

5.If Point No. 4 is "Yes" Warranted that Declaration of any Pre existing Condition, using words / terms which mean any disease/illness which are same or similar to - Cancer / Leukemia / Malignant Tumor, Cardiac ailments, COPD, HIV /AIDS, Insulin Dependent Diabetes, Kidney Ailment, Liver Disease, Neurological Disorder / Stroke /Paralysis, Thalasemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy clean health history

6.Any expenses related to pre existing illness/ disability/diseases and its related complications/ consequences are not payable under the certificate.

7.Warranted that maximum amount payable per checked-in baggage in case more than one bag has been checked in, is 50% (100% for only one checked-in baggage) of applicable Sum Insured and per item in baggage max 10%.

8."The maximum liability for Repatriation of Mortal remains shall not exceed the sum insured mentioned in the policy schedule."

9.In case of Financial emergency occurring in Asian countries the maximum Sum Insured applicable would be USD 300

10.Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons is excluded.

11.The policy covers emergency hospitalisation incurred whilst on the trip including COVID-19. The final decision on claim will be on the claims team basis the

12.*Visa Cancellation- Deductible - USD 100 or 10% of admissible claim amount whichever is higher 13.Warranted that the Policy does not cover Insured Person who is less than 6 months and more than 70 years of age (as on completed Birthday) and if found otherwise the policy will be considered Null and Void ab-initio and the Company shall have no liability under the policy. 14. Single Trip means only one trip to a destination outside of the Republic of India during the policy period, the details of which are specified in the Schedule. 15. "For details on coverage, exclusion, terms and conditions the certificate should be read with master policy issued to MAKE MY TRIP (INDIA) PVT LTD-NEW TRAVEL vide policy no.920292328220000225

Exclusions: 1.Any Pre-existing medical conditions and its related complications/ consequences. 2.Travelling against the advice of a physician 3.Receiving or are on a waiting list for a specified medical treatment 4.Travelling to receive treatment abroad 5.Under given terminal prognosis for a medical condition "6.Partial loss of checked baggage Only the loss of your entire baggage is covered, not partial loss" 7.War or nuclear perils in the country you re visiting 8.Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Republic of India 9.Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance. Rest Other terms and conditions, Exclusions as per Policy Wordings.

| | | |
|---|--|--|
| 7 | <p>Waiting period</p> <p>Time period during which specified diseases/treatments are not covered</p> <p>It is counted from the beginning of the policy coverage.</p> | <p>Not Applicable</p> <p>Not Applicable</p> |
| 8 | <p>i. Financial limits of coverage</p> <p>I Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> | <p>• POLICY COVERAGE - Sum Insured (in USD)</p> <ul style="list-style-type: none"> • Delay of Checked in baggage - 500 USD • Dental Treatment Expenses - 300 USD • Emergency Medical Evacuation - 5,000 USD • Emergency Medical Expenses - 2,50,000 USD • Hijack Distress Allowance - 250 USD • Loss of Passport and documents - 200 USD • Personal Accident - 25000 USD • Repatriation of Mortal Remains - 7,500 USD • Total Loss of Checked in Baggage - 500 USD • Trip Cancellation and/or Interruption - 2,500 USD • Trip Delay - 50 USD • Visa Cancellation - 3,000 USD |
| | <p>ii Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> | <p>Not Applicable</p> |
| | <p>iii Deductible (It is a specified amount: -up to which an insurance</p> | <p>• POLICY COVERAGE - Deductibles</p> |

| | | | |
|---|--|--|--------------|
| | <p>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> | <ul style="list-style-type: none"> • POLICY COVERAGE - Deductibles • Delay of Checked in baggage - 12 hours • Dental Treatment Expenses - 50 • Emergency Medical Expenses - 50 • Hijack Distress Allowance - 12 hour • Loss of Passport and documents - 25 • Trip Delay - 6 hours • Visa Cancellation - usd100 | |
| | iv. Any other limit (as applicable) | Not Applicable | |
| 9 | Claims/Claims Procedure | <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 settlements</p> <p>i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents.</p> <p>ii. TAT for cashless final bill authorization – 1 hour from receipt of complete documents</p> <p>iii. For reimbursement claims - The Company shall settle the claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation, Company shall settle the claim within 45 days from the date of receipt of last necessary document.</p> <p>i. Network Hospital details- https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospital.aspx?network=Hospitals</p> <p>ii. Helpline number- 022-4890 3009</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer-</p> | Section 6.11 |

| | | | |
|----|-----------------------|--|--------------|
| | | www.reliancegeneral.co.in iv. Downloading/getting claim form- www.reliancegeneral.co.in | |
| 10 | Policy Servicing | 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 Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- 022- 41112600 | |
| 11 | Grievances/Complaints | a. Details of Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx) b. IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document. | Section 7.27 |
| 12 | Things to remember | Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. The Company shall refund premium for the unexpired policy period as defined in the policy wording. Policy renewal: The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to | |

| | | | |
|----|------------------|---|-------------|
| | | <p>another insurer. (if applicable as per the policy wording)</p> <p>Change in Sum Insured: change or alteration with respect to increase/decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the Company.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> | |
| 13 | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder "material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk</p> | Section 7.1 |

The enclosed Customer Information Sheet bearing reference number CIS /920292528221017678 is an essential part of your policy schedule, please acknowledge that you have read and understood the CIS on the communication sent on your registered mobile number/e-mail ID.

Disclaimer : The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read and understood the benefits and details of the product as mentioned in this sheet.

**Place : CORPORATE
OFFICE(SERVICING)**

Date : 24-Jan-2025

(Signature of the Policyholder)