

Certificate of Insurance

MR Harshit Chopra

address line 1

Jaipur 302017
RAJASTHAN 08

Group Policyholder Name	Navneet Moter
Group Policy No.	12823410
Certificate of Insurance No.	10233513
Nominee name (Nominee Relationship)	Dfghjk(WIFE)
Plan Name	Group Secure (Motor Dealers)
Cover Start Date	00:00 hrs 13-Dec-2018
Cover End Date	Midnight 12-Dec-2019
Premium Paid	Rs. 781.00 (Premium 661.86 + GST 119.14)
Premium Payment Mode	Single Premium

Details of Applicant

Applicant	Registration No.	Date of Birth	Vehicle Type
MR Harshit Chopra	98765467897656789765	13/01/1982	Two Wheeler

Details of Insured

Name	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases
MR Harshit Chopra	13/01/1982	Member	13-Dec-2018	None

Detail of Cover

S No.	Particulars	Details
1	Sum Insured	Rs.600000

As per Benefit Table in Input Sheet

S No.	Particulars	Basis of Offering (On Annual Basis)
1	Accidental Death	Up to SI
2	Permanent Total Disablement	UP to 100% of SI Depending on Severity
3	Permanent Partial Disablement	UP to 75% of SI Depending on Severity
4	Temporary Total Disablement	Rs 500 per week payable after 1 week; Maximum number of weeks: 100 weeks
5	Accidental Hospitalization	Up to Rs. 25,000
6	Fracture	Up to Rs. 20,000; As per Fracture table
7	Burns	Up to Rs. 25,000; As per Burns table
8	Ambulance Services	Up to Rs. 1,500 per claim
9	Reconstructive Surgery	Up to Rs. 1,00,000
10	Disappearance	Up to SI
11	Hospital Cash Allowance	Rs. 1,000 per day; Max. 30 days per hospitalization covered after 1 day

Key Exclusions

- Any existing disability/injury prior to the inception of this Certificate
- Claims arising out of sickness/illness (Natural Death)
- Death Caused due to:
 - - Intentional self-injury, suicide or attempted suicide:
 - - Whilst under the influence of alcohol or drugs
 - - Committing any breach of law with criminal intent
 - - Child birth, pregnancy or related ailments
 - - A complication of infection with Human Immune Deficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease
 - - Insured Member engaged in any Hazardous Activities
 - - Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period. Note: This is an indicative list of exclusions and not exhaustive. For the entire list of exclusions, please refer to the Group Policy Terms and Conditions issued to the Group Policyholder.

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Portability/Renewability

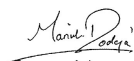
S No.	Particulars
1	Renewal under the scheme is subject to continuation of this scheme by Group Policyholder
2	You can port from this scheme to Insurer's individual health policy, subject to underwriting guidelines of such individual health policy under following conditions:
	a) Group Policyholder chooses not to continue this scheme
	b) If you choose not to continue the enrollment under this scheme
3	The premium payable under this scheme shall be reviewed on annual basis and may subject to revision
4	After enrolment under the scheme, if you find it unsuitable you can cancel and return the Certificate of Insurance to the Insurer within 15 days from the date of receipt of Certificate of Insurance.

Grievance Redressal/Complaints

If the Insured Member has a grievance, the Insured Member may contact Us at 1800-200-4488 or send the fax at 1800-200-6677 or write to Us at resolve1@religarehealthinsurance.com or send written complaint to:
 Complaint Grievance Unit, Vipul Tech Square, Tower-C, 3rd Floor, Sector-43, Golf Course Road, Gurgaon-122009 \\n If Insured Member is not satisfied with the redressal provided then you can write to Us at resolve2@religarehealthinsurance.com or send written complaint to:

Director - Services, Vipul Tech Square, Tower-C, 3rd Floor, Sector-43, Golf Course Road, Gurgaon-122009

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue : 12-Dec-2018

Place of Issue : Gurgaon

Servicing Branch : Ocean Complex, 3rd Floor, Unit No 307, Plot No 7, Noida, UTTAR PRADESH (09) - 201301

Correspondence Address: Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Sector-43, Golf Course Road, Gurgaon - 122009 Contact No : 1800-200-4488 Fax:1800-200-6677 Website : www.religarehealthinsurance.com

SAC and Description of Service: 997133- Accident and Health Insurance Services.

RCM Applicability - NA

Email : customerfirst@religarehealthinsurance.com Consolidated Stamp Duty paid vide E-Challan GRN no. 0042327665 dated 30 Nov 2018 GST Registration No: 09AADCR6281N1ZQ IRDA Registration Number - 148 UIN : IRDA/NL-HLT/RHI/P-P/V.I/255/13-14

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

Note :

1. Validity of this certificate is subject to terms and conditions of Group policy issued to the Group Policyholder.
2. In event of non-receipt of Premium, this certificate of insurance automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not. This policy is based on the information provided to the company. In case you find any discrepancy in the same, please contact us immediately.
3. The above only refers to the salient features of the Group Policy coverage, terms and conditions. Please refer to complete Policy wordings issued to the Group Policyholder. In the event of dispute, complete Group Policy Terms and Conditions needs to be referred.

Declaration :

1. I have never been diagnosed with or been under treatment for any disability, deformity, terminal illness or any illness/ disease restricting activities (e.g. Epilepsy/Seizure disorder) and My nature of duties/Occupation does not require me to be involved with any hazardous activity, operating heavy machinery, handling hazardous material (chemicals/poisons/toxins/ explosives/radioactive materials), working at heights or underground, oil rigging, high voltage, high temperature, working in aircrafts or sea going vessels, operating arms and ammunitions, employed with armed forces or adventurous sports.