



### Reliance Healthwise Policy Schedule

Policyholder Details	
Policy Number:920222328250129470	Proposal/Covernote No: R25122314108
Name:Mrs. PRAGNABEN A THAKKAR	Customer ID:
Correspondence Address & Place of Supply:	Policy Servicing Branch:
PLOT NO : 725/1 SECTOR 7/B GANDHINAGAR,,NEAR POLICE STATION,(GUJARAT) H.O ,,,GANDHINAGAR,,GUJARAT,382010	6th Floor, Oberoi Commerz, Oberoi Garden City, Off. Western Express Highway, Goregaon (East) MUMBAI MUMBAI MAHARASHTRA 400063
Zone: A	GSTIN/UIN of Policyholder:
Contact No:9377614772	<b>Tax Invoice No. &amp; Date:</b> R25122314108 &25/12/2023
Date of Birth (DD/MM/YY): 10/09/1959	Gender: Female
Email-ID: jigar93776@gmail.com	

Plan Details			30		
Basis	Individual	Tenure (Years)	1	BusinessType	Renewal
Plan Name	Standard	Policy Period	Start Date:	29/12/2023	
Premium Payment Mode	Single	Single		8/12/2024	
Previous Policy No	920222228250154175				
Optional Covers	Not Opted				

Details of the Insured	1	2	3	4
Name of Insured Person	MRS. PRAGNABEN A THAKKAR	CO		
Gender	Female			
Relationship with Policyholder	Self			
Date of Birth(DD/MM/YYYY)	10/09/1959			
Occupation				
Pre-existing Disease- Name	NO	5		
Pre-existing Disease- Since	NA			
Permanent exclusions (if any ) as agreed by the customer	.0			
Special Remarks/Conditions				
Insured with the Company,since	29/12/2007			
Sum Insured(Individual)	100000			
Sum Insured(Family Floater)	NA			,

$C_1$			
VLE ID	VLE Name	UIN	VLE Contact Number
16A01472	SHAILESH B TRIVEDI	9512866866	_
Intermediary Code	Intermediary Name	Intermediary Contact No.	POS UID Aadhaar No./PAN
Premium Details	Amount (₹)	Details	
Basic Premium	13829.00	NoClaimDiscount	
Loading	0.00		
Discount	2765.80		
Net Premium	11063.00		
IGST@18.00%	1991.34		

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:RELHLIP22185V042122. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private

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Total Premium (₹) 13054.00

**GSTIN**: 27AABCR6747B1ZG **HSN**: 997133

**Description of Services:** Accident and Health Insurance Service

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year"

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.Enf-1/LOA/CSD/06/2023/4851/23(Validity Period Dt.29/11/2023 to Dt.01/11/2024) Date 30 Nov 2023" at General Stamp Office, Mumbai.\*\* Not Applicable for the State of Jammu & Kashmir

Nominee Deta	ils			0	
Name	JIGAR THAKKAR	Date of Birth	01/01/1900	Relationship with proposer	SON
Address of Nominee	PLOLNO: 725/1 SECTOR 7/B GANDHINAGAR NEAR POLICE STATION (GUTARAT) HO GANDHINAGAR GUTARAT 382010				

Benefits Applicable		
Benefit	Sum Insured(In ₹)	
Hospitalisation	Up to the limit of SumInsured ( on individual basis )	
Day Care Treatment	Covered within the limit of SumInsured opted by the Insured	
Post Hospitalisation Medical Expenses	Upto 60 days Covered within the limit of	
Domiciliary Hospitalisation	SumInsured opted by the Insured 10% of SumInsured under Hospitalisation	
Pre Existing Disease Coverage	Covered from the 5th year of the Policy	
	after 4 continuous renewals with the Company	

Benefit	Sum Insured(In ₹)
Cost of Health Checkup	1 % and 1.25 % of Average SumInsured for
4	Individuals and Family Floater respectively
	applicable in a block of 4 claim free years
Ambulance Charges	Maximum of Rs 500 / - per hospitalization
Expenses on accompanying person at the Hospital	Rs 200 / - per day for a maximum of 5 days (
	from 6th day to the 10th day of
	hospitalisation)

#### Value Added Covers

Hospitalisation
Day Care Treatment

Post Hospitalisation Medical Expenses

**Domiciliary Hospitalisation** 

Pre Existing Disease Coverage

Cost of Health Checkup

**Ambulance Charges** 

Expenses on accompanying person at the Hospital

Up to the limit of SumInsured ( on individual basis )

Covered within the limit of SumInsured opted by the Insured

Upto 60 days Covered within the limit of SumInsured opted by the Insured 10% of SumInsured under Hospitalisation

Covered from the 5th year of the Policy after 4 continuous renewals with the Company

1 % and 1.25 % of Average SumInsured for Individuals and Family Floater respectively applicable in a block of 4 claim free years

Maximum of Rs 500 / - per hospitalization

Rs 200 / - per day for a maximum of 5 days ( from 6th day to the 10th day of hospitalisation )

#### Please Note:

- All benefits mentioned above are subject to the total sum insured applicable under Hospitalization Benefit
- The policy has been issued based on the information provided in the Proposal form through Interactive Voice Response (IVR) / online web service wherein it has been confirmed that all proposed members for Insurance coverage are free from any Pre-existing disease / illness / injury and that all are in Good Health status as on Proposed date of Insurance. \*Please note that in the event of this declaration being found incorrect, the policy would become void and all benefits under the policy shall stand forfeited
- Subject otherwise to the terms and conditions of Reliance Healthwise Policy Wording attached
- 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 on 022 4890 3009(Paid No.) for necessary changes/rectification
- Attached with this Policy Schedule are the Policy Terms and Conditions, Endorsements, and Annexures. Please ensure that the Policyholder, has received, read and understood all these documents. If the Policyholder has not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us on 022 4890 3009(Paid No.)
- This Policy Schedule in original must be surrendered to the Company in case of cancellation/alteration of the Policy. In the event of any incorrect representation, the liability shall be upon the Policyholder
- The benefits which are mentioned in this Schedule shall only be available under the Policy
- In case of claim being administered from a zone different from the policy pricing zone ie if Insured Person from Zone B makes claim in Zone A, then he /she will be liable to 25% co-pay \*Not applicable for the policies with disclosed Pre existing diseases, illnesses/injuries which are agreed and accepted by the Company and the

\*Not applicable for the policies with disclosed Pre existing diseases, illnesses/injuries which are agreed and accepted by the Company and the same has been mentioned against pre-existing disease in the schedule.

Contact details for Policy & Claims Servicing	Policy Servicing	Claim Servicing
Name	Customer Service Team	R Care
Correspondence Address	Reliance General Insurance Company Limited Winway Building,2nd & 3rd floor, 11/12, Block No- 4, Old No-67, South Tukoganj, Indore (M.P.) - 452001	Reliance General Insurance, 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad. Pin code-500081
E-mail ID	rgicl.services@relianceada.com	Rgicl.rcarehealth@relianceada.com
Contact No	NA	NA
Fax No		022 48903009
Website	www.reliancegeneral.co.in	www.reliancegeneral.co.in
Paid No	022 48903009	022 48903009

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### Note:

- 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.

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

- In case you find any discrepancy in the policy, kindly contact us immediately The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in. Policy wordings link: https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads aspx

You can also write to us at rgicl.services@relianceada.com or call us on 022 4890 3009 (Paid) to avail the policy wording.

#### For Reliance General Insurance Co. Ltd.



**Authorised Signatory** 

#### **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 ₹ 13054.00 from Mrs. Pragnaben A Thakkar towards payment of health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax 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.

Name of the Policyholder :MRS. PRAGNABEN A THAKKAR

:PLOT NO: 725/1 SECTOR 7/B GANDHINAGAR,, NEAR POLICE STATION, (GUJARAT) H.O **Correspondence Address** 

,,,GANDHINAGAR,,GUJARAT,382010

**Policy Number** : 920222328250129470

**Issue Date** : 25/12/2023 Place Mumbai

For Reliance General Insurance Co. Ltd.



### Authorised Signatory

### 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@cioins.co.in



### **Know your Policy**

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) 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.

### How to register a Claim - Cashless



Get admitted in our network hospital



Submit pre-auth form, Photo ID card and other relevant documents at the TPA desk



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



Member needs to pay towards non payable items (and security deposit at certain hospitals)



RCare settles the claim (as per policy terms & condition)

### How to register a Claim - Reimbursement



Get admitted in your preferred hospital



Intimate the claim details on our 022 4890 3009 (Paid)



Pay the hospital bills & collect all the original documents



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

- 1. Duly filled Claim form.
- Discharge summary details, Final Hospital Bill (detailed breakup), interim bills & Payment Receipts.
- 3. Doctor's consultation papers.
- 4. Photo Id proof of insured & patient.
- All original investigation reports & all pharmacy bills, supported by doctor's prescriptions.
- Implant sticker / invoice, if used (Eg. lens details in cataract case, stent details in angioplasty).
- 7. Medico Legal Certificate (MLC) for all accident cases.
- 8. For miscellaneous charges detailed bills with supporting prescription of the consulting doctor.
- 9. Copy of Health card & any other related documents.
- 10. CTS 2010 compliant orignal cancelled cheque which should bear printed name of the account holder, IFSC Code & Account No.

**Note:** As soon as a claim occurs, please intimate immediately to our call centre **022 4890 3009 (Paid)** Delay in intimation would result in the violation of policy condition.

# How to renew your policy conveniently



Visit reliancegeneral.co.in and renew online



Call 022 4890 3009 (Paid) and renew



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

### **Payment Modes**



Internet banking



Cheque/DD



Credit/Debit Card

The content on this page is for additional information & should not be considered as part of the policy document / Schedule

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### Tech+ = live Smart **RELIANCE** MRS. PRAGNABEN A THAKKAR NAME DATE OF BIRTH 10/09/1959 **GENDER** Female UHID 2825070100527 POLICY NO. 920222328250129470 **VALID UPTO** 28/12/2024 REG. MOBILE NO. 9377614772 ( )022 4890 3009 (Paid) rgicl.rcarehealth@relianceada.com (**\( )**74004 22200 (WhatsApp)

#### 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.



Scan the QR Code for details

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

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Health Wise Policy Schedule, UIN: RELHLIP22185V042122

RGI/MCOM/CO/HEALTH-CARD/VER.1.0/240220

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