



Reliance Healthwise Policy Schedule

Name of the Proposer: Jaisankar Nagarajan **Policy Number** : 9202722825001780
Address 7B annamlai street Yogamaya Flats, Bharathipuram Chrompet **Period of Insurance** : From 00:00 on 25/01/2013 to 23:59 on 24/01/2014
Chennai Chennai
TAMIL NADU - 600044 **Proposal No.** : 230113700608
INDIA **Plan** : Silver
Contact details Phone No: 044-64568553, Mobile No: 9841798875 **Policy Tenure** : 1 Year
Email ID: jaisankar.n@gmail.com **Renewal/Rollover/Fresh** : Renewal

Details of Previous Policy :	Previous policy No.	9202522825000191	Date of expiry	24/01/2013	Policy Plan	Silver
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Insured Details							
Name of Insured Person	Gender	Date of Birth	Relationship with Proposer	Occupation	Pre-Existing Illness	Nominee Name	Relationship
Jaisankar N	Male	29/06/1978	Self	Service	NO	Mathangi C	Spouse
Mathangi C	Female	26/09/1983	Spouse	Housewife	NO	Jaisankar N	Spouse
Skandan J	Male	13/10/2009	Dependent Son	Student	NO	Jaisankar N	Father
Policy Coverages							
Benefits				Sum Insured(In INR)			
Hospitalisation				Rs 200000/-			
Day Care Treatment Pre Hospitalisation(60 Days) Post Hospitalisation(90 Days) Donor Expenses				Covered within the limit of Sum Insured opted by the Insured			
Domiciliary Hospitalisation				10% of Sum Insured under Hospitalisation			
Pre-Existing Disease Coverage				Covered from the 3rd year of the Policy after 2 continuous renewals with the company			
Cost of Health Check-up				1 % and 1.25% of Average Sum Insured for Individuals and Family Floater respectively applicable in a block of 4 claim free years.			
Value Added Covers							
Nursing Allowance				Rs 250/- per day for a maximum of 5 days			
Ambulance Charges				Maximum of Rs 750/-			
Expenses on accompanying person at the Hospital				Rs 250/- per day for a maximum of 5 days (i.e. from 6th day to the 10th day of hospitalisation)			

Conditions:
<ul style="list-style-type: none">All benefits mentioned above are subject to the total sum insured applicable under Hospitalisation Expenses Benefit.All Coverages and Exclusions under the policy would be applicable for the New Member with effect from the date of inclusion of the member. Policy would be considered as a fresh policy if there is a break of fifteen or more days between the previous policy expiry date and current policy start date.Any enhanced Sum insured and/or any benefits accruing upon Upgradation of plans will not be available for an illness, diseases, injury already contracted under the preceding policy periods.The policy has been issued based on the information provided in the Proposal form/through Interactive Voice Response (IVR)/ through on line 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.*PI 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. <p>*Not applicable for the policies with disclosed Pre existing disease/illness/injury which are agreed and accepted by the Company.</p> <ul style="list-style-type: none">Subject otherwise to the terms and conditions of policy attached.

Special Conditions, if any :
Notification to RGICL within 24 hours of the accident / illness / hospitalization is mandatory in all cases including reimbursement cases. This policy provides cashless or reimbursement facility for hospitalization strictly in terms of Clause 2 of Claims Procedure as specified in the policy. It is hereby declared that any claim lodged, either cashless or reimbursement, not conforming to the above provisions would be prejudiced and become void at the discretion of the Insurer The list of debarred hospitals from where treatment services should not be availed is updated every month in our website http://www.reliancegeneral.co.in

Premium Details	Amount (Rs.)
Net Premium	5,844.60
Service Tax (12.00% of Net Premium)	701.35
Education Cess (2% of Service Tax)	14.03
Secondary and Higher Education Cess (1% of Service Tax)	7.01
Total Premium	6,567.00

Consolidated Stamp duty Paid vide Receipt No.33866 dated 07/01/2013 ** (Service Tax Registration No: AABCR6747BST001)
**** Not applicable for the State of Jammu and Kashmir** Category-General Insurance Business Service 00440005

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 23/01/2013
In case you find any discrepancy in the policy kindly contact us immediately. For any assistance with claims and policy related queries, please contact us on 1 800 3002 8282 (toll free) and 3989 8282 (local charges apply) or email us at services.rgicl@relianceada.com

TPA / Service Provider Details	
TPA/Service Provider Name :	RCARE-Health
Address :	Reliance General Insurance Company .Ltd. HCMT HUB, # 4-1-327 to 333,Sagar Plaza, Abids Road, Hyderabad - 500001
Telephone Number(Helpline) :	022-41112600 Toll Free 24 X 7 Helpline Number: 1800 103 1999
Fax Number :	022 39197849
Email id :	rcarehealth@rcap.co.in

Premium Certificate	
Premium Certificate for the purpose of deduction under Section 80-(D) of Income Tax (Amendment) Act 1986.	
This is to certify that Jaisankar Nagarajan has paid Rs. 6567 (SIX THOUSAND FIVE HUNDRED SIXTY-SEVEN) towards premium for Health Insurance for the Period From 00:00 on 25/01/2013 to Midnight of 24/01/2014	
Policy Number :	9202722825001780
Date :	23/01/2013
Place :	Mumbai
Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of policy or any alteration in the insurance affecting the premium.	

Reliance General Insurance Co. Ltd. **For and on behalf of Reliance General Insurance Company Limited**
Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001 **Authorized Signatory**
Policy Issuing Office : 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031
Branch Issuance Office : 570, Naigaum Cross Road,Next to Royal Industrial Estate, Wadala (W),Mumbai

Agency Name & Code : DIRECT & DIRECT

Agent Contact No:

Online Proposal Form for Reliance HealthWise

Proposer Details

1. Name of the Proposer : Mr. Jaisankar Nagarajan

Address : 7B annamlai street Yogamaya Flats, Bharathipuram Chrompet Chennai TAMIL NADU

City : Chennai Pincode : 600044

Residence Number : 044-64568553 Mobile : 9841798875

Email ID : jaisankar.n@gmail.com

Plan/Policy Details

2. Number of Family Members to be covered under the Policy : 3 Members

3. Details of Family Members to be covered under the Policy

Name	Gender	Date of Birth	Relationship with Proposer	Pre-existing/Past Medical Illness/Injury/condition, if any	Name of Nominee	Relationship with Insured
Jaisankar N	Male	29/06/1978	Self	NO	Mathangi C	Spouse
Mathangi C	Female	26/09/1983	Spouse	NO	Jaisankar N	Spouse
Skandan J	Male	13/10/2009	Dependent Son	NO	Jaisankar N	Father

4. Plan Details : Silver

5. Sum Insured : 2 Lacs Business Type : Renewal

6. Policy Start Date : 25/01/2013 Policy End Date : 24/01/2014

Family Doctor Details

7. Name : N/A

Address of Doctor : N/A

Telephone : N/A Mobile : N/A

Details of Other Insurance Policy

8. Details of any other Insurance Like Mediciam,Critical Illness or any other Medical Insurance Policy currently held by you or your Family Members.

Name of Family Member	Sum Insured	Period of Insurance	No Claim Bonus/Cumulative Bonus%	Claim Received/Receivable (Rs.)	Treatment/Disease Details	Name of Insurance Company and Policy No.
N/A	N/A	N/A	N/A	N/A	N/A	N/A

9. Payment Details : Payment Mode : Online

Premium Amount : Rs. 6567 Amount in words : Rupees Six Thousand Five Hundred Sixty Seven Only/-

Bank Name : Date : 1/23/2013 11:18:48 AM

Declaration

I agree that the insurance benefit available to me shall become voidable in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any particulars in the application form / personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my behalf to obtain insurance benefit. I hereby declare that I am not aware of any neglect and omission or error or existence of any circumstances likely to give rise to a claim thereof. I hereby declare, incase of false declaration the Insurance Company shall have the right to cancel the policy. The insurance company shall have the right to change the premium and conditions agreed to subject to such terms and conditions as has been communicated to me. I hereby agree that my enrollment for insurance would be at the sole discretion of the insurance company. I declare and warrant that the information I have given in this online form will be considered as the proposal form in relation to myself (or other person or categories of persons to be insured) and any documentation of information accompanying it or arising out of the answers I have given is complete and accurate in all respects. I understand and agree that this online form and other information and documentation I have given or will give, relating to myself or any other person to be insured, will be the basis of any insurance that you may issue, and I also understand the consequences of any default. I further understand that the coverage offered is subject to realization of premium payment.

Online Transaction Facility - Terms and Conditions:

I have read and understood the terms and conditions governing the Online Transaction Facility of Reliance General Insurance Company Ltd. I have also read and understood the salient, features, terms and conditions of the policy as stated in the brochure.

IMPORTANT:

- The information that you give to Reliance General Insurance on this online form will be treated as the proposal form and details in any supplemental information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have told us. It is therefore important that your answers are complete and accurate in all respect.
- The questions in this online form are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this online form. If you are in any doubt as to what information should be given, please email us at services.rgicl@relianceada.com. Any failure to provide us with full and accurate material information may mean that your policy can be declared as void.
- No insurance cover will be in force until we have approved it and the premium has been paid.

Statutory Warning - PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

Name : Mr. Jaisankar Nagarajan Date : 23/01/2013

Registered & Corporate Office Address

Reliance General Insurance Co.Ltd.
Registered Office Reliance Centre, 19, Walchand Hirachand Marg,Ballard Estate ,Mumbai - 400 001
Corporate Office 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031
Reliance General Insurance Co.Ltd. Registered Office 19, Reliance Centre, Walachand Hirachand Marg, Bellard Estate, Mumbai - 400 001