



Reliance Travel Care Policy - Corporate Short Term

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 - CORPORATE OFFICE (SERVICING) 6th Floor, Oberoi Commerz, Oberoi Garden City, Off. Western Express Highway, Goregaon (East), MUMBAI, MUMBAI, MAHARASHTRA - 400063 Phone No. : 022-41732000	
Certificate No. - 920292428221012438		Master Policy No. - 920292228220000333	
Br. Code- DIRECT-990553-92021	PSO No. - MTMINFIF41524017843016	Dept. - TRAVEL	Intermediary Code - Direct
Tax Invoice No & Date : Y011124005260 & 11-Jan-2024			
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
GOPAL SHARMA	U9715477	MALE	LEGAL HEIR
Relationship of the Nominee with the Insured Person		Date of Birth	
LEGAL HEIR			
Communication Address & Place of Supply		DLF CYBER CITY, GURGAON , HARYANA, DLF CYBER CITY, GURGAON , HARYANA, GURGAON, HARYANA - 122002	
E mail id		GOPALSHARMA2001@HOTMAIL.COM	
Telephone Number		8806777504	
GSTIN / UIN Of Insured :			
Geographical Coverage		ASIA	
Country Visiting		INDONESIA	
Policy Period		From 30-Jan-2024 time to 31-Jan-2024 time 2 Days	
Name of the Plan opted		MMT ASIA PLAN 1	
Any Pre existing disease		NO	
POLICY COVERAGE			
POLICY COVERAGE		Sum Insured (in USD)	Deductible (in USD)
Emergency Medical Expenses		2,50,000 USD	50
Emergency Medical Evacuation		5000 USD	
Repatriation of Mortal Remains		7,500 USD	
Dental Treatment Expenses		300 USD	50
Personal Accident - Death + PTD + PPD		25000 USD	
Total Loss of Checked in Baggage		500 USD	
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	
Trip Delay		50 USD	6 hours
Hijack Distress Allowance		250 USD	12 hour
Visa Cancellation		3,000 USD	USD100*
#Limits of Indemnity			
Any one illness***		15000 USD	
Any one Accident***		30000 USD	
*** IS APPLICABLE ONLY FOR PEOPLE IN THE AGE GROUP OF 61 TO 70			
Consolidated Stamp duty Paid vide Letter of Authorization No. NO.Enf-1/LOA/CSD/06/2023/4851/23(Validity Period Dt.29/11/2023 to Dt.01/11/2024)Date 30 Nov 2023 dated : 30 Nov 2023 at General Stamp Office, Mumbai.			
** Not Applicable for the State of Jammu & Kashmir.			
#Warranted that:			

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.

- 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) 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.
- *Visa Cancellation-Deductible-USD 100 or 10% of admissible claim amount whichever is higher
- 12)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.
- 13) "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.

"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.304.23
GST : (18.00%) Rs.54.76
Total Premium: Rs.358.99

In witness whereof this policy has been signed at Mumbai on : 11-Jan-2024

Subject to the terms, conditions and exclusions of the Reliance Travel Care Insurance Policy issued vide Master Policy indicated above.

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 30th September 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@cioins.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>

Medical Assistance & Emergency Services are provided by our Service Provider, Europ Assistance who are at your Service 24*7 during trip duration.

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.



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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, Thailand, Hongkong is 001 800 10101022, USA – 8774714686, Canada – 8776266511, Australia – 0011 800 10101022, Japan - 0033010 800 10101022, 001010 800 10101022, Israel - 014 800 10101022, South Africa – 09 800 10101022 and for the following countries- Netherlands, Belgium, Italy, Norway, Poland, New Zealand, Portugal, United Kingdom, Malaysia, China, Taiwan, Sweden, Austria, Czech Republic, Denmark, France, Greece, Hungary, Germany, Spain, Switzerland - 00 800 10101022		
Note: Kindly refer our website for updated new toll free numbers with effect from 1st October 2017 onwards.		
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		

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Reliance Travel Care Insurance Policy - Online Proposal Form

Proposal Form No.: Y011124005260

Proposer/Insured Details					
1.Name of the Proposer/Insured (Mr./Mrs./Ms.)	GOPAL SHARMA				
2.Address	DLF CYBER CITY, GURGAON , HARYANA, DLF CYBER CITY, GURGAON , HARYANA, GURGAON, HARYANA - 122002				
Residence Number					
Gender	MALE	Passport No.	U9715477	Mobile No.	8806777504
PAN No.			UID Aadhar No.		
Email Id	GOPALSHARMA2001@HOTMAIL.COM	Nationality		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. -	920292228220000333		
2. Name of Master Policy Holder	MAKE MY TRIP (INDIA) PVT LTD-NEW TRAVEL		
3. Sum Insured Opted	2,50,000 USD	4. Geographical Scope	ASIA
5. Name of the Plan opted	MMT ASIA PLAN 1		
6. Date of Journey	30 Jan 2024	Date of Return	31 Jan 2024
7. Does the plan trip involve any kind of sporting activity			
8. Countries that you are visiting	INDONESIA		
9. Trip Duration	2		

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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 rgcl.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.

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, Thalasemia 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 here by 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 contract.

Place _____

Date: _____

Signature _____

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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 _____ 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: _____ 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.