# Health Insurance Aditya Birla Health Insurance Co. Limited



# Group Travel Protect - Certificate of Insurance

Policy Issuing Office	Aditya Birla Health Insurance Co. Limited, 10th Floor, R-Tech Park, Nirlon Compound, Goregaon East, Mumbai - 400063	Policy Servicing Office	Aditya Birla Health Insurance Co. Limited, 7th floor, C building, Modi Business Centre, Kasarvadavali, Mumbai, Thane West - 400615	
Policyholder's Name	MAKE MY TRIP (INDIA) PVT. LTD	Policy Number	93-23-00028-00-00	
Policyholder's Address	18th and 19th Floor, Building No - 5, Epitome Building, DLF Phase III, Gurgaon, Haryana, 122002	Certificate Number	GAT-MMTAIR-076249	
Product Name	Air	Intermediary Code	N/A	
Intermediary Name	N/A	Intermediary E-mail ID	N/A	
Intermediary Contact Details	N/A			
Name & Residential Address of Insured Person	UDDIPTA SAIKIA			
Communication Address of the Insured Person (Please mention if different than Residential Address)				
Geographical Scope	India Ecluding City of Residence (Domestic)	Passport No	N/A	
Unique Identification	MTMINFDF41523395113988- P1C1X1	Coverage Type	Individual	
Date of purchase policy	23-09-2023	Insured Person Contact Details	9707575847	
Trip Duration	Maximum 1 Days	Trip Type	Single trip	
Period of Insurance: from 29-09-2	2023 to <u>29-09-2023</u> (both days inc	lusive)		

Insured Person Details					
Member ID	Insured Person Name /	Date of Birth	Gender	Nominee Name	Relationship
	Unique Identifier				
MTMINFDF41523395113988-P1C1X1	UDDIPTA SAIKIA	32874	MALE	-	-

Coverage Detail				
Construct 1 - Benefits	Payout Basis	Deductible	Co-Pay	Sum Insured/Applicability
Personal Accident	-	-	-	50000
Delay of checked in baggage	-	4 Hrs	-	2000
Total Loss of checked in baggage	-	-	-	2000
Trip Delay	-	2 Hrs	-	1500
Trip cancellation	-	-	-	upto 3000
Missed Carrier	-	-	-	3000
Common Carrier cancellation	-	-	-	3000
Flight Diversion and Cancellation	-	-	-	3000

Pre-Exising Disease Details				
NA	NA			
Waiting Period				
NA	NIA			

Restriction / Sub-Limits on Medical Expenses			
Medical Expenses	Sub Limits		

Premium Details			
Particulars	Amount (Rs.)		
Net Premium	15.52542372881356		
CGST (9%)			
SGST / UTGST (9%)			
IGST (18%)	2.794576271186441		
Gross Premium	18.32		

GST Registration No.: 27AANCA4062G1ZN Category: General Insurance SAC Code: 997133

Claim Assistance			
TPA Name: Aditya Birla Health Insurance Co. Limited	TPA ID: TPA001		
TPA Address: Aditya Birla Health Insurance Co. Limited, 5th Floor, Modi Business Centre, Kasarvadavali, Near Hypercity Mall, Thane, Maharashtra	Contact Number: <u>18002707000</u> Email: <u>ABHICL.GroupTPAClaims@adityabirlacapital.com</u>		

### **Customer Complaints (Grievances)**

In case of a conflict, the customer can contact ABHI as per the details mentioned below:

NA

WhatsApp	Send 'Claim' to <u>8828800035</u> from your registered mobile number
Helpline Number	Call us at <u>18002707000</u>
Email ID	Write to us at care.healthinsurance@adityabirlacapital.com

## **Underwriter Notes**

# **Major Policy Terms and Conditions**

- 1. Premium Shall not be refunded in case of any claims being paid under policy
- 2. Group Administrator relationship is direct relationship with Group Members
- 3. Any change in GST /Applicable direct taxes might change the premium
- 4. No Group should be form for the purpose of Insurance
- 5. One Master Policy for entire company with Individual COI per traveler
- 6. Product will be applicable for Indian residents only
- 7. Please read complete policy document for detailed policy coverages & exclusions
- 8. The policy is valid only for customers of MMT
- 9. Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specifically appearing in the Policy Schedule.

## **Exclusions**

- 1. Any Preexisting medical conditions and its related complication/consequences
- 2. Travelling against the advice of Physician
- 3. Self-Quarantine.
- 4. Quarantine/ Isolation Advised by any authorized testing center.
- 5. Quarantine / Isolation at any authorized center.
- 6. Self-Isolation during lockdown

### **Stamp Duty:**

The stamp duty of ..... paid vide MH016945204202223E & 18/03/2023, received from Stamp Duty Authorities vide Receipt No. 0008817681202223 & 31/03/2023, payment has been made vide Letter of Authorisation No. LOA/CSD/678/2023/20/3 & 10/04/2023 from Main Stamp Duty Office

## Grievance Redressal

Master Policy Number: 93-23-00028-00-00

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through our website: <a href="www.adityabirlacapital.com">www.adityabirlacapital.com</a>, Policyholder can contact Us with the details through our website: <a href="www.adityabirlacapital.com">www.adityabirlacapital.com</a>, or Toll Free: <a href="1800.270.7000">1800.270.7000</a>. Address: Any of Our Branch office or Corporate office. For senior citizens, please contact respective branch office of the Company or call at <a href="mailto:1800.270.7000">1800.270.7000</a> or write an e- mail at <a href="mailto:seniorcitizen.healthinsurance@adityabirlacapital.com">website and in the seniorcitizen.healthinsurance@adityabirlacapital.com</a>. The Insured Person is walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response, then they can contact Our Head of Customer Service at the following email <a href="mailto:carehead.healthinsurance@adityabirlacapital.com">carehead.healthinsurance@adityabirlacapital.com</a>. If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in the Policy.

**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.

### **Important**

- 1) In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not
- 2) Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate of Insurance. For complete set of benefits, terms, conditions & exclusions please refer policy wordings.
- 3) The assignment of Benefits under the Policy shall be allowed subject to applicable law.

Date: 23-09-2023	Place: Mumbai	
*This is a computer generated statement doesn't need any signatur	e	

Certificate Number: GAT-MMTAIR-076249