

Welcome

Mr. Sajjan Kumar
Basaul, Ward No. -
04, BASAUL, BELSAND, SITAMARHI, BIHAR, 8433
16
8890*****

From here on,
you're our responsibility.

Welcome on board!

Your Arogya Sanjeevani Policy, Reliance General
with policy number 260722528490003434
is now live. You can access anytime,
anywhere by downloading the Reliance
Selfi App.



Download Now |  

OR
scan the QR code
to download the
Selfi app



My Policy

Attach, Access,
or Download
your policy



My Claims

Register, Track or
Submit claim
documents



Hospital Locator

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Tap and spot from
amongst 8600+
network hospitals.



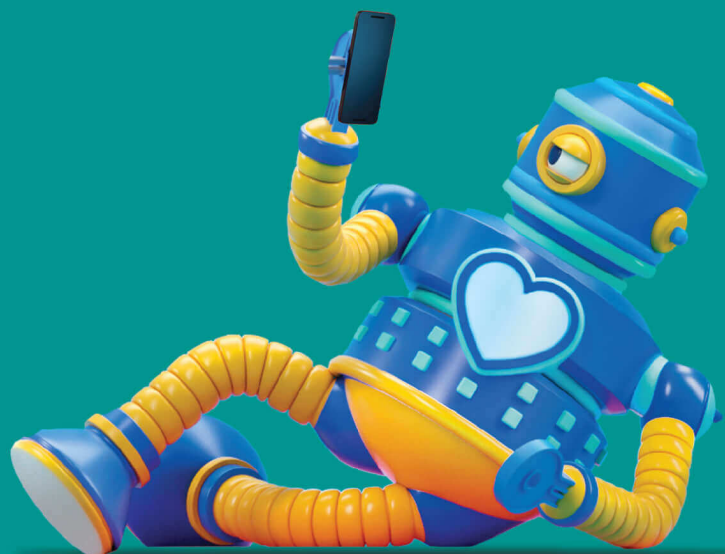
Wellness Solutions

Get discounts on
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wellness services and
online solutions through
our wellness
programme

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With Reliance General Insurance.

Tech+ 



reliancegeneral.co.in



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



AROGYA SANJEEVANI POLICY, RELIANCE GENERAL- POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	: 260722528490003434	Proposal/Covernote No	: R19072544931
GSTIN/UN of Policyholder	: NA	Customer ID	: NA
Name of the Proposer	: Mr. Sajan Kumar	Tax Invoice No. & Date	: R19072544931 & 19/07/2025
Correspondence Address & Place of Supply	: Basaul, Ward No. - 04,BASAUL,BELSAND,STAMAR HI,BIHAR,843316 NA	Policy Issuing/Servicing Branch	: Jaipur
Contact No	: 8890*****	Email ID	: s*****@gmail.com
Date of Birth	: 03/12/2001	Gender	: Male

POLICY DETAILS

Selected Sum Insured	: 200000		
BusinessType	: NEW	Policy Type	: Individual
Issued Date	: 19/07/2025	Issued at	: Jaipur
Policy Start Date	: 20/07/2025 At 00:01 Hrs	Policy End Date	: 19/07/2026 At 23:59 Hrs.
Premium Payment Mode	: Annually		

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	: Mr. Sajan Kumar			
Gender	: Male			
Relationship with Policyholder	: Self			
Date of Birth	: 03/12/2001			
Completed Age	: 23			
Occupation	: Student			
Pre-existing Disease	: No			
Pre-existing Disease Name	: NA			
Pre-existing Disease – Since	: No			
Permanent exclusions (if any) as agreed by the customer	: NA			
Special Remarks/Conditions	: NA			
Sum Insured (FamilyFloater)	:			
Sum Insured (Individual)	: 200000			
Cumulative Bonus (FamilyFloater)	: 0			
Cumulative Bonus (Individual)	: 0			
ABHA Number or ABHA ID	: NA			

INTERMEDIARY DETAILS

Intermediary Code	:	21BRG642	Intermediary Name	:	POLICYBAZAAR INSURANCE BROKERS PVT LTD
Intermediary Contact No	:	1800258597	POS UID Aadhaar No./PAN	:	NA/NA

NOMINEE DETAILS

Name	:	RAJESH KUMAR GUPTA	Relationship with proposer	:	Father
Date of Birth	:	10/03/1971			
Address of Nominee	:	Basaul, Ward No. - 04,BASAUL,BELSAND,SITAMARHI ,BIHAR,843316			

POLICY COVERAGE DETAILS

Coverages	Brief Descriptions
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care center.
Pre Hospitalisation	Covers medical expenses upto 30 days prior to the date of hospitalization
Post Hospitalisation	Covers medical expenses upto or 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital/ Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/ Nursing Home up to 5% of the sum insured subject to maximum of Rs. 10,000/-, per day.
Cataract Treatment	Covers Expenses up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Covers Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy shall be covered upto sum insured, during the Policy Period
Ambulance	Coves Expenses on Road ambulance subject to maximum of Rs 2000 per hospitalization.
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co-Pay	5% co pay on all claims
Exclusions	a. Pre-Existing Diseases will be covered after a waiting period of thirty-six (36) months of continuous coverage from the first policy commencement date (Code: Excl01). b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident (Code: Excl03). c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months from the first policy commencement date (Code: Excl02). d. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months from the first policy commencement date.

Please refer Policy Wordings for detailed descriptions

SPECIFIC CONDITION/EXCLUSION

PREMIUM DETAILS	AMOUNT(₹)	Discount Details
Base Premium	2335.00	
Loading (if any)	0	
Discount (if any)	0	
Premium (excluding taxes and levies)	2335.00	
IGST (18.00%)	420.30	
Total Premium(₹)	2755.00	

GSTIN :08AABCR6747B1ZG, 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 31st October of the next financial year.

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/ENF-1/CSD/58/2025/(Validity Period Dt. 01/06/2025 to Dt. 01/12/2026)/1953 Date 29-05-2025" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

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.irdai.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.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Helpline number: 022 4890 3009 (Paid)

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

Please Note:

1. Taxes and Levies printed are correct as on date of printing this Policy and are subject to change in line with prevailing rates as on the date of receipt of the respective installment premium.
2. In case of non-receipt of any installment within grace period, the policy shall stand cancelled without any notice from due date of that installment premium as mentioned above

CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
Old No - 67, South Tukoganj, Indore (M.P) - 452001
Email ID : rgicl.services@relianceada.com
Contact No.: 022-48903009 (Paid)
Website: www.reliancegeneral.co.in

PLEASE NOTE:

- Attached with this Policy Schedule are the Policy Terms and Conditions, Endorsements, and Annexures. Please ensure that you (Policyholder) have received, read and understood all these documents. If you (Policyholder) have not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us on 022 48903009(Paid no)
- This Policy Schedule in original must be surrendered to the Company in case of cancellation 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 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 022-48903009(Paid) for necessary changes/rectification.
- 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.
- 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.

CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
Krishe Sapphire, Madhapur, Hyderabad - 500081
Email ID : rgicl.rcarehealth@relianceada.com
Contact No.: 022-48903009 (Paid)
Website: www.reliancegeneral.co.in

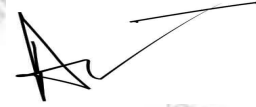
Please Note:

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
-
- 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 null on NaD in lieu of null as mentioned in the policy

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015

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.

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 2755.00 from Mr. Sajan Kumar towards payment of health insurance premium for policy 260722528490003434 for the period 20/07/2025 to 19/07/2026 issued on 19/07/2025.

The premium paid for this policy is eligible for applicable 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.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

AROGYA SANJEEVANI POLICY, RELIANCE GENERAL - PROPOSAL FORM

Proposal Form No : R19072544931

Social Code : NA

PLEASE NOTE:

1. To be filled and signed by Proposer and all fields are mandatory to be filled.
2. This proposal shall be the basis of contract for Policy issuance.
3. Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company commences only when this proposal is accepted by the Company and the premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions

INTERMEDIARY DETAILS

Intermediary Name : 21BRG642

Intermediary Code : POLICYBAZAAR INSURANCE BROKERS
PVT LTD

Branch Name : Jaipur

Branch Code : 2607

Sales Manage Name : Jaipur Web Aggregator SM

Sales Manager Code : NA

PROPOSER DETAILS (ALL THE DETAILS ARE MANDATORY)

Name of the Proposer : Mr. Sajan Kumar

Permanent Address : S/O: Rajesh Kumar Gupta, ward g no.04, vill - basaul, post - belsand, p.s - belsand, Belsand, PO: Belsand, DIST: Sitamarhi, Bihar, 843316, K. MOTNAJE ,K. MOTNAJE ,BELSAND,SHEOHAR,BIHAR,843316

City : BELSAND

State : BIHAR

Pin Code : 843316

Residence Number : 8890*****

Mobile : 8890*****

Gender : Male

Mother's Maiden Name : NA

Date Of Birth : 03/12/2001

Email ID : NA

Pan No. :

Aadhar No. : NA

Nationality : Indian

Do you have a GST Registration Number (If Yes Please Specify)

NA

Source of Funds : NA

Monthly Income : NA

PROPOSER BANK DETAILS

Name of Bank Account Holder : :

Bank Name : NA

Account Type : NA

Bank Account Number : NA

Branch : NA

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):

IFSC Code (11 character code appearing on your cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account. **As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

NOMINATION DETAILS

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee : RAJESH KUMAR GUPTA

Relationship with Proposer : Father

Date of Birth (DD/MM/YY) : 10/03/1971

Address of Nominee : Basaul, Ward No. - 04,BASAUL,BELSAND,SITAMARHI,BIHAR,843316

POLICY DETAILS (TICK THE REQUIRED OPTION)

Policy Type : Individual

Requested Policy Start Date : 20/07/2025

Sum Insured options : 200000

PERSONAL DETAILS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4	MEMBER 5	MEMBER 6	MEMBER 7	MEMBER 8
First Name	Sajan							
Last Name	Kumar							
DOB	03/12/2001							
Gender	Male							
Nationality	Indian							
Occupation	Student							
Relationship with Proposer	Self							
ABHA Number or ABHA ID	NA							

PED QUESTIONS

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
1) Pre-Existing Disease	No			
Disease Name	No			
Disease Since	No			
Treatment Taken	No			
Exact diagnosis	No			
Diagnosis Date	No			
Consulting Date	No			
Hospital Name	No			
2) Has planned a surgery If Yes, please provide the below details	No			
a) Please share details for your surgery				
Exact diagnosis	No			
Diagnosis Date	No			
Consulting Date	No			
Hospital Name	No			
3) Takes medicines regularly If Yes, please provide the below details	No			
a) Please share details for your current medication				
Exact diagnosis	No			
Diagnosis Date	No			
Consulting Date	No			
Hospital Name	No			
4) Has been advised investigation or further tests If Yes, please provide the below details	No			
a) Please provide details about investigation suggested by your doctor				
Date of tests	No			
Type of tests	No			
Findings of tests	No			
5) Was hospitalized in past If Yes, please provide the below details	No			
a) Please share details for your past medical condition				
Exact diagnosis	No			
Diagnosis Date	No			
Consulting Date	No			

Hospital Name	:	No
b) Please share details of your past medical condition	:	No
6) Is expecting a baby If Yes, please provide the below details	:	No
a) Please share your expected delivery date with us	:	No
7) Does any of the persons proposed to be insured use tobacco products/cigarettes or drink alcohol?	:	No
8) Has any of the persons to be insured ever filed a claim with their current / previous Insurer ?	:	No
Please Describe	:	No
9) Has any proposal of life insurance, Critical illness or health insurance been declined, cancelled or charged a higher premium ?	:	No
Please Describe	:	No

FAMILY PHYSICIAN'S DETAILS

Name of Family Physician	:	NA
Contact Number	:	NA
Email Id	:	NA

PREMIUM PAYMENT DETAILS

Payment by	:	Annually
Cheque or DD Amount in figures	:	0
Amount in words	:	NA
Bank Name	:	NA
Cheque No./DD No./Card No.	:	NA
Cheque / DD Date	:	01-01-0001 00:00:00
Name of the Premium Payer	:	Mr. Sajan Kumar

Note - In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favour of "Reliance General Insurance Company Limited"

In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority
6. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
7. I hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
8. I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract

AML GUIDELINES

- i. 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.
- ii. I Understand that the Company has the right to call for document to established sources of funds
- iii. 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.

.....
 Your Signature (Proposer)* : Place

 Date & Time : : Jaipur

Note : The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at rgicl.services@relianceada.com.

VERNACULAR DECLARATION FOR INTERMEDIARY AND PROPOSER

.....
 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

 Place : Jaipur

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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.

ACKNOWLEDGEMENT FOR PROPOSAL

.....
 Please retain this counterfoil for your records(on behalf of Reliance General Insurance Company Limited)

NOT VALID AGAINST CASH

.....
 Proposal Form no. : R19072544931 Date Date: 20/07/2025

 We acknowledge the receipt of payment of Rs. : 2755.00 vide cheque/DD no. : NA

 from Mr./Mrs./Ms : Mr. Sajjan Kumar

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Reliance General Insurance Company Limited in not liable for any claim between the time the proposal amount is received and Policy Start Date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of policy shall be subject to receipt of completed proposal for premium payment, medical reports(wherever applicable) and underwriting decision of the Company.

Name of the Employee: Signature of the Employee: Company Seal & Stamp:

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Name of Insurance Product / Policy	Arogya Sanjeevani Policy, Reliance General Insurance Company Limited	
2.	Policy number	260722528490003434	
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit(where policy has elements of both the above)	
4.	Sum Insured (Basis)	Individual Sum Insured - 200000 (Where each member has a separate sum insured under the policy)	
5.	Policy Coverage	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including	4.1
		b. Day Care Procedures- Medical expenses for day care procedures	4.1.1
		c.AYUSH Treatment- Expenses incurred on hospitalization under AYUSH Treatment.	4.2
		d.Cataract Treatment- Expenses incurred on treatment of cataract	4.3
		e.Pre-Hospitalisation-Pre-hospitalization Medical expenses for a period of 30 days	4.4
		f.Post-Hospitalisation-Post-hospitalization expenses for a period of 60 days	45
		g. Special Treatments/ ProceduresSpecial treatments as listed below are covered with up to 50% of the sum-insured: • Uterine Artery Embolization and HIFU (High intensity focused ultrasound) • Balloon Sinuplasty • Deep Brain stimulation • Oral chemotherapy • Immunotherapy- Monoclonal Antibody to be given as injection • Intra vitreal injections • Robotic surgeries • Stereotactic radio surgeries • Bronchical Thermoplasty	4.6

		<ul style="list-style-type: none"> • Vaporisation of the prostate (Green laser treatment or holmium laser treatment). • IONM - (Intra Operative Neuro Monitoring) • Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered 	
		h. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4.1.1.5
		j. Dental treatment and Plastic Surgery- Dental treatment and Plastic Surgery Necessitated due to disease or injury	4.1.1.2
		k. Copayment-5% at the time of claim	
6.	Exclusions	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	7.1
		a. Admission primarily for investigation and evaluation	7.2
		b. Admission primarily for rest Cure, rehabilitation and respite care	7.3
		c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions	7.4
		d. Change-of-Gender treatments	7.5
		e. Expenses for cosmetic or plastic surgery	7.6
7.	Waiting period • Time period during which specified diseases / treatments are not covered • It is counted from the beginning of the policy coverage.	f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	6.2
		Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	6.3 (i, ii)
		Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for 20 diseases/procedures 36 months for 02 diseases/procedures	
		Pre-existing diseases: Covered after 36 months	6.1
8.	Financial limits of coverage Sub-limit	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>a. Expenses exceeding the following Sub-limits:</p> <p>i. Room Charges(Hospitalization):</p> <p>a. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day</p> <p>b. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.</p> <p>ii. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is</p>	

		lower. iii. Modern treatment methods and Advancements in technology: Up	
	Co-payment	Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	9.3
	Deductible	Not Applicable	
	Any other limit (as applicable)	Not Applicable	
9.	Claims / Claims Procedure	<p>For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals</p> <p>For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <p>Sr No. Type of Claim Prescribed Time limit</p> <p>1 Reimbursement of hospitalization, day care and pre hospitalization expenses Within fifteen days from completion of hospitalization</p> <p>2 Reimbursement of post expenses post hospitalization treatment Within fifteen days from completion of posthospitalization</p> <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>v. TAT for preauthorization of cashless facility) 2 hours</p> <p>vi. TAT for cashless final bill authorization:1 hour</p> <p>Web link for following:</p> <p>ix. Network Hospital details Reliance General Insurance Locator (rgi-locator.appspot.com)</p> <p>x. Helpline number +91 22 4890 3009 (Paid number)</p> <p>xi. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf</p> <p>xii. Downloading/getting claim form https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx</p>	9 (1.1, 1.2), 9.1,9.2
10.	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com	

	and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- +91 22 4890 3009 (Paid number)	
11. Grievances/ Complaints	<p>a. Details of Grievance redressal officer refer the link https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx</p> <p>b. IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</p>	11
12. Things to remember	<p>Free Look Cancellation: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</p> <p>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	10.19
	<p>Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn</p>	
	<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer</p> <p>Migration : The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by</p>	10.14
		10.15

	<p>the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p>Portability : The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.</p>	
	<p>Change in Sum Insured : Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the</p>	10.21
	<p>Moratorium Period :</p> <p>After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	8
13. Your obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information</p>	

The enclosed Customer Information Sheet bearing reference number CIS 260722528490003434 is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: Jaipur

Date: 19/07/2025 12:57:49

(Signature of the Policy Holder)

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Individual and Floater Premium Illustration-AROGYA SANJEEVANI POLICY, RELIANCE GENERAL

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	10,089	3 lakhs	10,089	10%	9,080	3 lakhs	17,098	0%	17,098	3 lakhs
44 years	6,487	3 lakhs	6,487		5,838	3 lakhs				
23 years	2,680	3 lakhs	2,680		2,412	3 lakhs				
18 years	2,146	3 lakhs	2,146		1,931	3 lakhs				
Total Premium for all members of the family is Rs. 21402 when each member is covered separately.				Total Premium for all members of the family is Rs. 19261.8 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 17098.		
Sum insured available for each individual is Rs. 3 lakhs				Sum insured available for each family member is Rs.3 lakhs				Sum insured of Rs. 3 lakhs is available for the entire family.		
Note: Premium rates specified in the above illustration are standard premium rates without any loading. Also, the premium rates are exclusive of taxes applicable.										

RELIANCE

GENERAL
INSURANCE

Tech+❤️ = Live Smart

POLICY NO : 260722528490003434 VALID UPTO: 19/07/2026

REG. MOBILE NO: 8890*****

Insured Name

Date Of Birth

UHID

Mr. Sajan Kumar

03/12/2001

28492250005990

☎ 022 4890 3009 (Paid) 📞 74004 22200 (WhatsApp)

✉ rgicl.rcarehealth@relianceada.com

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.

IRDAI Reg. No. 103.

Reliance General Insurance Company Limited

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