

Datasheet - 'EXPLORE'

Date : 30 May 2023

Mr Mohana Surya Prasada Rao Pentakota
44-36-11 Srinivasa Nagar
Akkayyapalem
Visakhapatnam
Visakhapatnam 530016
Andhra Pradesh
DAMOJIDEEPESH@GMAIL.COM

Dear Mr Mohana Surya Prasada Rao Pentakota ,

This is in reference to your above mentioned proposal no. for Platinum WW-IN-US/Canada. In this regard, we would like to confirm that we have accepted the risk and the policy is issued in accordance with the details shared by you. We are issuing you this Pre-Issuance Form as a proxy to the details provided by you.

In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail.

The relevant details of your policy are:

Policy Details

Geographical Scope	Plan Name	Sum Insured	Type of Trip	Policy Period	Total no. of Travel days
Platinum WW Inc US and Canada	Platinum WW-IN-US/Canada	USD 100000	SINGLE	From 01-Jun-2023 To 15-Sep-2023	107

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Mohana Surya Prasada Rao Pentakota	MEMBER	26-May-1957	MALE	USD 100000	N2030599	Others	Rheumatoid Arthritis
Venkata Suseela Pentakota	SPOUSE	01-Jan-1963	FEMALE	USD 100000	W8094593	Others	Varicose Veins

Additional Details

Has anyone been diagnosed/hospitalized or under any treatment for any illness/injury during the last 48 months

Insured 1	Insured 2
No	No

Have you ever claimed under any travel policy?

Insured 1	Insured 2
No	No

Nominee Details

Name of Nominee
D USHA SAILAJA

Please go through the details as furnished above vis-a-vis provided in the policy certificate.


Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at customerfirst@careinsurance.com or call us at 1800-102-4488 for necessary changes/rectification. In the absence of any communication from you within 15 days of the risk inception date of the Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

The details mentioned in above proposal form has been verified through OTP N


Team Care Health Insurance

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram -122009 (Haryana) IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503



Care Health-
Customer App



WhatsApp
8860402452

REACH US @

Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at DAMOJIDEEPESH@GMAIL.COM. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-200-4488 immediately.

Policy Certificate - Explore

Mr Mohana Surya Prasada Rao Pentakota ,
44-36-11 Srinivasa Nagar,
Akkayyapalem,
Visakhapatnam,
Visakhapatnam 530016 Andhra Pradesh 37
DAMOJIDEEPESH@GMAIL.COM



Mobile No. : XXXXXX2382
Client ID : 24409154
Date of Birth : 26-May-1957

Policy Details

Policy No.	66563421
Plan Name	Platinum WW-IN-US/Canada
Sum Insured	USD 100000
Policy Period - Start Date	00:00 hrs 01-Jun-2023
Policy Period - End Date	Midnight 15-Sep-2023
Trip Type	Single
Total No. of Travel Days	107 days
Geographical Scope	Platinum WW Inc US and Canada
Premium Paid	Rs. 35070.00 (Premium Rs 29720.19 + CGST Rs 0 + IGST Rs 5349.63 + SGST/UGST Rs 0)
Nominee Name (Relationship)	D USHA SAILAJA

Details of Insured

Name	Client ID	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions
Mohana Surya Prasada Rao Pentakota	24409154	MEMBER	N2030599	26-May-1957	Others
Venkata Suseela Pentakota	24409155	SPOUSE	W8094593	01-Jan-1963	Others

*Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and condition. We will not be covering any expenses incurred due to quarantine in hotel/hospital/Home or any other facility.

Schedule of Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
1	In-Patient Care	Up to SI	US \$ 100
2	Out-patient Care	Up to SI	US \$ 100
3	Daily Allowance	US \$ 25 per day, max 5 consecutive days	2 DAYS
4	Compassionate Visit	Up to US \$ 5,000	N.A.
5	Return of Minor Child	Up to US \$ 2,000	N.A.
6	Up-gradation to Business Class	Up to US \$ 1,000	N.A.
7	Dental Treatment	Up to US \$ 500	US \$ 100
8	Common Carrier Accidental Death and Disability	US \$ 5,000	N.A.
9	Personal Accident	US \$ 25,000	N.A.
10	Trip Cancellation	Up to US \$ 1,000	N.A.
11	Trip Interruption	Up to US \$ 500	N.A.
12	Trip Delay	\$25 per each set of 4 hours delay; Up to 150 \$	N.A.
13	Loss of Checked-in Baggage	Up to US \$ 1000	\$50
14	Delay of Checked-in Baggage	US \$ 100	N.A.
15	Loss of Passport and/or International Driving License	US \$ 300	N.A.
16	Personal Liability	Up to US \$ 100,000	N.A.
17	Hijack Distress Allowance	\$100 per day for max. 5 consecutive days	N.A.
18	Missed Flight Connection	Up to \$300	N.A.
19	Automatic Trip Extension	Up to 7 consecutive days	N.A.
20	Arrangement of Emergency Medical Evacuation	Up to base SI (Part of Policy Sum Insure)	\$100
21	Repatriation of Mortal Remains	Up to US \$ 50,000	N.A.
22	Life Threatening Condition due to PED	Up to 10%; Max. up to \$10000	N.A.

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,
Gurugram -122009 (Haryana) IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

Care Health-
Customer App

WhatsApp
8860402452

REACH US @
Self Help Portal:
www.careinsurance.com/self-help-portal.html
Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Optional Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
-------	------------------	-------------	-------------

Contact for Policy Servicing & Claim Reimbursement

Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector - 43, Gurugram - 122009 (Haryana).
Call us : 1800-102-4488 E-mail : travelassistance@careinsurance.com (for claims)
customerfirst@careinsurance.com (for policy servicing)


Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance
US and Canada Toll free number: +1 8443013135/ +1 8443013146
Any other country: +91 124 4498760 (Call Back Facility)
Email : travelassistance@careinsurance.com

Intermediary Details

Name	Code	Contact Number
Vijay Singh Visht	20306972	9289766141

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 30-May-2023
IRDA Registration Number - 148
Product: EXPLORE

Place of Issue : Gurgaon, Haryana

Service Tax Registration No: AADCR628INDSD001

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 January 2023, RCM Applicability- N/A UIN: RHITIOP20134V031920



If the premium so remitted is not realized and credited to the Company's bank a/c, the Company's assumption of liability under this Policy shall stand void ab initio.

Note: Attached with this Policy Certificate are the Policy Terms & Conditions, Annexures and other documents. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email customerfirst@careinsurance.com or contact the Company at 1800-102-4488.

This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy. In case this Policy is issued on "Single Trip" basis, the Policy can be extended as per the provisions of Clause 5.11 of the Policy Terms and Conditions.

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram -122009 (Haryana) IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @		
 Care Health- Customer App	 WhatsApp 8860402452	Self Help Portal: www.careinsurance.com/self-help-portal.html Submit Your Queries/Requests: www.careinsurance.com/contact-us.html



MOHANA SURYA PRASADA RAO PENTAKOTA

Policy No. 66563421 **DOB** 26-May-1957

Validity
01-Jun-2023 to 15-Sep-2023



Assistance Service Provider - Falck Global Assistance

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1844 301 3135 +1844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
E-mail	travelassistance@careinsurance.com

 www.careinsurance.com



This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.

IRDAI Registration No. 148



VENKATA SUSEELA PENTAKOTA

Policy No. 66563421 **DOB** 01-Jan-1963

Validity
01-Jun-2023 to 15-Sep-2023



Assistance Service Provider - Falck Global Assistance

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1844 301 3135 +1844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
E-mail	travelassistance@careinsurance.com

 www.careinsurance.com



This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.

IRDAI Registration No. 148