



Reliance HealthGain Policy Schedule

Policyholder Details

Policy Number: 920221928280055070	Proposal/Covernote No: R19121946209
Name: MR. SURENDER SINGH .	Customer ID:
Correspondence Address & Place of Supply: B-28C, B BLOCK AVANTIKA ENCLAVE , KANJHAWLA LINK ROAD,OPP POLE STAR SCHOOL , SEC -2 ROHINI , DELHI,NORTH WEST DELHI, DELHI, 110085	Policy Servicing Branch: Reliance center,South wing, 4th Floor, Off. Westren express highway, Santacruz East MUMBAI MUMBAI MAHARASHTRA 400055
Contact No: 9811316647	Tax Invoice No. & Date: R19121946209 & 19/12/2019
Email-ID : singhsurender2003@yahoo.com	GSTIN/UIN of Policyholder:
Date of Birth (DD/MM/YY): 25/11/1976	Gender: Male

Plan Details

Cover Type	Floater	Tenure (Years)	1	Premium Payment Mode	Single
Plan Name	PlanA	BusinessType	Renewal	Previous Policy No	920221828280033870
Policy Period	Start Date: 30/12/2019	End Date: 29/12/2020	Renewable Date: 30/12/2020		

Details of the Insured	1	2	3
Name	MR. SURENDER SINGH .	MRS. NEERAJ SINGH .	MISS. KHUSHI RAJPUT . .
Gender	Male	Female	Female
Relationship	Self	Spouse	Dependant Daughter
Date of Birth (DD/MM/YYYY)	25/11/1976	09/05/1977	10/06/2001
Pre-existing Disease - Name	NO	NO	NO
Pre-existing Disease - Since	NA	NA	NA
Insured with the Company, since	30/12/2009	30/12/2009	30/12/2009
Base Sum Insured (Individual)	NA	NA	NA
Base Sum Insured (Family Floater)	300000		
Cumulative Bonus (Individual)	NA	NA	NA
Cumulative Bonus (Family Floater)	0.00		

DIRECT

Direct

NA

Intermediary Code

Intermediary Name

Intermediary Contact No.

Premium Details	Amount(₹)	Discount Details
Basic Premium	9688.00	Special Discount for Girl Child
Loading : Underwriting	0.00	
Discount	484.40	
Net Premium	9204.00	
IGST (@ 18.00%)	1656.72	
Total Premium	10861.00	

GSTIN:27AABCR6747B1ZG,HSN: 9971

Description of Services: Accident and health insurance services

Nominee Details					
Name	NEERAJ SINGH .	Date Of Birth	09/05/1977	Relationship with proposer	Spouse
Address of Nominee	B-28C, B BLOCK AVANTIKA ENCLAVE , KANJHAWLA LINK ROAD,OPP POLE STAR SCHOOL , SEC -2 ROHINI ,DELHI,NORTH WEST DELHI,DELHI,110085				

Benefit Table

Benefit	Basis of Offering	Benefit	Basis of Offering
Hospitalisation Expenses	Medical Expenses incurred as Inpatient hospitalization Day care Treatment	Wellness	a- Doctor Anytime /Free Health Helpline: The InsuredPerson shall have the option of seeking medical advice from a Medical Practitioner through the telephonic or online mode b- Health Portal: The InsuredPerson shall have the option to access health related information and services through the Company's/designated website
Pre Hospitalisation Expenses	Pre-hospitalization up to 60 days	Cumulative Bonus	33 1/3 % increase in Base SumInsured for every claim free year Max up to 100% of Base SumInsured 33 1/3 % decrease in Base SumInsured for every claim year Max up to earned Cumulative Bonus
Post Hospitalisation Expenses	Post-hospitalization up to 60 days		
Domestic Road Ambulance	Upto Rs 1500 per Hospitalization		
Donor Expenses	Upto 50% of Base SumInsured subject to maximum of Rs 5 lacs	Reinstatement of Base Sum Insured	Once re-instatement upto 100% of Base Sum Insured, subject to sublimit of 20% for related Illness/ injury
Domiciliary Hospitalization	Upto 10% of the Base SumInsured subject to a maximum of Rs 50,000	Call Option	Once at the end of every consecutive 4 claim free years
		Claim Servicing Guarantee	Cashless Claims – 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents Re-imbursement – 1% for every delay of 21 days beyond 21 days of receipt of all information/documents Maximum – 6% for a claim

Endorsements

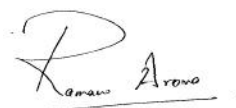
Particular
Room Category
Floater Benefit

Contact details for Policy & Claims Servicing	Policy Servicing	Claim Servicing
Name Correspondence Address E-mail ID Contact No Fax No Website Toll Free No	Customer Service Team Reliance General Insurance Company Limited Winway Building, 2nd & 3rd floor, 11/12, Block No - 4, Old No-67, South Tukoganj, Indore (M.P.) - 452001 rgicl.services@relianceada.com NA www.reliancegeneral.co.in 1800 3009 or (022) 48903009	R Care Reliance General Insurance, 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad. Pin code-500081 Rgicl.rcarehealth@relianceada.com NA 1800 3010 3001 www.reliancegeneral.co.in 1800 3009 or (022) 48903009

Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/192/2019/5099 dated 31st Oct 2019**Not Applicable for the State of J&K

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 1800 3009 or (022) 48903009 (toll free).
- 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 witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy.
- This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

For Reliance General Insurance Co. Ltd.


Authorised Signatory

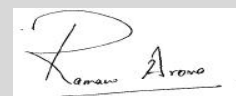
PREMIUM CERTIFICATE
Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of ₹ 10861.00 from Mr. Surender Singh . towards payment of health insurance premium as per the details mentioned above.

The premium paid for this policy is eligible for applicable tax 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.

Name of the Policyholder : MR. SURENDER SINGH .
Correspondence Address : B-28C, B BLOCK AVANTIKA ENCLAVE , KANJHAWLA LINK ROAD, OPP POLE STAR SCHOOL , SEC -2 ROHINI , DELHI, NORTH WEST DELHI, DELHI, 110085
Policy Number : 920221928280055070
Issue Date : 19/12/2019
Place : Mumbai

For Reliance General Insurance Co. Ltd.


Authorised Signatory

Please Note :

- 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 **1800 3009 or 022 48903009(toll free)** for necessary changes/rectification.
- These documents must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh Schedule in the case of any alteration in the Policy. In the event of incorrect representation of this declaration, the liability shall be upon the Policyholder.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

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 1800 3009 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@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

Know your policy

Remember to carefully go through the policy documents and confirm your details.

In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 or 022 48903009 (toll free) or visit any of our branches or mail us at rgicl.services@relianceada.com

Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.

How to register a Claim - Cashless



Get admitted in our network hospital



Submit pre-auth form, Photo ID card and other relevant documents at the TPA desk



RCare adjudicates the case as approval/ denial or seeks additional details



Member needs to pay towards non payable items (and security deposit at certain hospitals)



RCare settles the claim (as per policy terms & condition)

How to register a Claim - Reimbursement



Get admitted in your preferred hospital



Intimate the claim details on our toll free no 1800-3009 or (022) 48903009



Pay the hospital bills & collect all the original documents



Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/ denial or seeks additional details



If Claim is approved, payment will be made to you by NEFT

What documents do you require to register a Claim

1. Duly filled Claim form.
2. Discharge summary details, Final Hospital Bill (detailed breakup), interim bills & Payment Receipts.
3. Doctor's consultation papers.
4. Photo Id proof of insured & patient.
5. All original investigation reports & all pharmacy bills, supported by doctor prescriptions.
6. Implant sticker / invoice, if used (Eg. lens details in cataract case, stent details in angioplasty).
7. Medico Legal Certificate (MLC) for all accident cases.
8. For miscellaneous charges - detailed bills with supporting prescription of the consulting doctor.
9. Copy of Health card & any other related documents.
10. CTS 2010 compliant original Cancelled Cheque which should bear printed name of account holder, IFSC Code & Account No.

Note: As soon as a claim occurs, please intimate immediately to our call centre **1800 3009 or 022 48903009 (toll free)**. Delay in intimation would result in the violation of policy condition.

How to renew your policy conveniently



Visit reliancegeneral.co.in and renew online



Call 1800 3009 or (022) 48903009 and renew



Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

Payment Modes



Internet banking



Cheque/DD



Credit/Debit Card

The content on this page is for additional information & should not be considered as part of the policy document / Schedule