

Soft copy of the Certificate of Insurance has been sent on your registered e-mail id at MOHNISH.DP@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 1800-102-4488 immediately.

### **Certificate Of Insurance - Domestic Travel**

Group Travel Insurance for Policy holder 13877322 has been issued at Delhi by Religare Health insurance Company Limited. This confirmation, issued under the signatures of the insured, represents the availability of benefit to the below mentioned insured Person, who is a permanent employee of the insured, or a dependant of a permanent employee of the insured or a customer of the insured, details are as specified below, subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy, but not exceeding the Sum Insured as specified in Certificate of Insurance. Premium paid is Rs. 199.00 (inclusive of GST)

Mr Monish Dattatraya Potu, S. No. 7, Sai Nagar, Jadhav Colony, Behind Jagdamba Sweet, Pimpri, Pune, Pune 411017 Maharashtra 27 MOHNISH.DP@GMAIL.COM

Mobile No.: 8421188301 Client ID: 73003223 Date of Birth: 03-May-1998

| ,                        |                                     |  |  |  |
|--------------------------|-------------------------------------|--|--|--|
| Certificate of Insurance | 16428381                            |  |  |  |
| Group Policy holder Name | BIG RENTAL NETWORKS PRIVATE LIMITED |  |  |  |
| Geographical Coverage    | Within India                        |  |  |  |
| Trip Type                | Round Trip                          |  |  |  |
| Policy Start Date        | 00:00 hrs 18-Jan-2020               |  |  |  |
| Policy End Date          | Midnight 01-Feb-2020                |  |  |  |
| Total no. of Travel Days | 15 days                             |  |  |  |
| Nominee Name             | LEGAL HEIR                          |  |  |  |

#### **Details of Insured**

| Name                   | Gender | Relationship | Date of Birth | Sum Insured (In INR) |
|------------------------|--------|--------------|---------------|----------------------|
| Monish Dattatraya Potu | MALE   | MEMBER       | 03-May-1998   | 100000.00            |

### **Policy Benefits**

| ı | S.No. | Benefits   | Deductible           | Maximum Coverage |
|---|-------|--|----------------------|------------------|
|   | I     | Accidental Death   | NIL                  | 100000           |
|   | 3     | Medical Cover (In-patient Care for Injury)                                 | RS. 500 PER<br>CLAIM | Up to Rs.10000   |
|   | 5     | Medical Evacuation   | RS. 500 PER<br>CLAIM | Up to Rs. 10,000 |
|   | 7     | Loss of Checked in Baggage (only for Flight Travel)                        | NIL                  | Up to Rs. 3000   |
|   | 9     | Trip Cancellation &<br>Interruption ( Only for<br>Flight & Rail Travel)    | NIL                  | Up to Rs. 2500   |
|   | 11    | Adventure Sports Cover (<br>part of Emergency<br>accidental medical cover) | NIL                  | Up to Rs.10000   |

| 0 1 1 | 5 6   | 5  |  |
|-------|---|--|--|
| 5.10  | o. Benefits                                       | Deductible                                     | Maximum Coverage                                   |
| 2     | Permanent Total<br>Disablement                    | NIL  | 100000   |
| 4     | Medical Cover<br>(Out-patient Care for<br>Injury) | NIL  | Up to Rs.3000                                      |
| 6     | Repatriation of Mortal<br>Remains                 | NIL  | Up to Rs. 25,000                                   |
| 8     | Trip Delay  | I HR   | Rs. 100 per every 1 hr (max upto Rs. 300 in total) |
| 10    | Missed Connection (only for Flight Travel)        | MIN 3 HRS<br>DIFFERENC<br>E IN BOTH<br>FLIGHTS | Up to Rs.2500                                      |

# FALCK GLOBAL ASSISTANCE

Contact Number : +91 124 4498760 (Call Back Facility) Fax No : +91 - 124 - 4006674

Fax No: +91-124-4006674 Email: travelassistance@religare.com

## Contact for Policy Servicing & Claim Reimbursement

Toll-free Number: 1800-102-4488 Fax Number: 1800-100-5577 E-mail: customerfirst@religare.com

Address: Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)

## For Religare Health Insurance Company Limited

Manul Jodga

Authorized Signatory

Date of Issue : 18-Dec-2019 IRDA Registration Number - 14

IRDA Registration Number - 148 Place of Issue : New Delhi

SAC: 997136 and Description of Service: Travel insurance services GSTIN No.:  $27AADCR628\,I\,N\,I\,ZS$ 

Consolidated Stamp Duty paid vide E-Challan GRN no. 59939991 dated 15 Nov 2019

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.

You shall ensure that you have received, read and understood the terms and conditions as shared along certificate of insurance. If you have not received terms and conditions of the policy, please e-mail us at customerfirst@religare.com.

Please read and understand terms and conditions of the policy, in case of any query e-mail us at customerfirst@religare.com