

Certificate of Insurance - GROUP EXPLORE

Group Travel Insurance for Policy holder has been issued at Delhi by Care Health insurance 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

Mr Thandra Siva Kumar

Rajpalem Indupur Markapuram Prakasam Andhra Pradesh India R

Prakasam , Dornala 523320 , Andhra Pradesh



Mobile No:6301719475

Client ID : 22495869

Date of Birth : 16-Apr-1999

Policy Details

Certificate Of Insurance No.	65352876
Plan Name	Group Care 360°(Kuzalin-Auxilo)
Sum Insured	USD 50,000.00
Policy Period - Start Date	00:00 hrs 09-Oct-2023
Policy Period - End Date	Midnight 08-Oct-2026
Trip Type	SINGLE
Total No. of Travel days	1096 days
Zone	Worldwide Excluding India
Nominee Name (Relation)	Thandra Venkateswarlu (Father)

Details of Insured

Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases	OTHER PED
Thandra Siva Kumar	MEMBER	Z6368897	16-Apr-1999	NONE	

Educational Institution

Name of Institute	Educational Course Details	Address
DUBLIN BUSINESS SCHOOL	MASTER OF SCIENCE IN DATA ANALYTICS	13/14 AUNGIER STREET DUBLIN 2, IRELAND, D02 WC04

Sponser Details

Sponsor's Name	Date of Birth	Relationship with Insured
Thandra Venkateswarlu	06-Jan-1972	FATHER

Intermediary Details

Name	Code	Contact Details
Care Health Insurance Ltd.	Direct	https://www.careinsurance.com/contact-us.html

Schedule of Benefits

S No.	Name of Benefits	Sum Insured	Deductibles
1	Medical Expenses	US \$ 50,000	US \$ 100
2	In-patient Care	Up to SI	US \$ 100
3	Pre-Existing Disease Cover in Life Threatening Medical Condition	Up to 10% of SI	US \$ 100
4	Extended Cover in the Country of Residence	Up to SI	US \$ 100
5	Out-patient Care	Up to SI	US \$ 100
6	Repatriation of Mortal Remains	Up to SI	N.A
7	Medical Evacuation	Up to SI	N.A.
8	Dental Expenses	US \$ 750	US \$ 50
9	Daily Allowance	US \$ 50 per day,max 7 days	3 DAYS
10	Accidental Death / PTD	US \$ 30,000	N.A.
11	Compassionate Visit	US \$ 7,500	N.A.
12	Loss of Checked-in Baggage	US \$ 2000	N.A.
13	Delay of Checked-in Baggage	US \$ 150	12 HOURS


Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019


Corresp. 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

14	Loss of Passport	US \$ 200	US \$ 50
15	Loss of International driving license	US \$ 150	US \$ 50
16	Personal Liability	US \$ 100,000	US \$ 200
17	Study interruption	US \$ 15,000	N.A.
18	Sponsor Protection	US \$ 15,000	N.A.
19	Bail Bond	US \$ 5,000	N.A.
20	University Insolvency	US \$ 7,500	N.A.
21	Trip Delay	US \$ 200	12 HOURS
22	Coverage at home country	Up to 5% of SI	US \$ 100
23	Treatment for Mental and Nervous disorders	US \$ 3,000	N.A.
24	Treatment for Alcoholism and Drug Dependency	US \$ 3,000	N.A.
25	Cancer screening and Mammographic Exam.	US \$ 4,000	N.A.

Sub-limit applicable for above 60 years of age

Medical Expense	Sub-limit
Room Rent including boarding and lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day
Operation Theatre charges (including Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim
Anesthesia	25% of the surgery cost payable per claim
Ambulance Services	US \$ 500 per Claim / € 375 per Claim
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visit Per Claim
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim

Contact for Policy Servicing & Claim Reimbursement

Care Health Insurance Limited
 Call us : 1800-102-4488 / 1800-102-6655
 E-mail : travelassistance@careinsurance.com
 Website: <https://www.careinsurance.com/contact-us.html>

Contact for Policy Servicing & Claim Reimbursement

Name of the Assistance Service Provider - Falck Global Assistance
 US and Canada Toll free number : +1 8443013135/ +18443013146
 Any other country: +91 124 4498760 (Call Back Facility)
 Fax No.: +91 124 4006674
 E-mail: travelassistance@careinsurance.com (for claims)
 Website : www.careinsurance.com

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at sivakumart161999@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. Request for Policy Extension needs to be made at least one day prior to policy end date.

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 02 May 2023

Place of Issue : Gurgaon, Haryana

Service Branch : 1st Floor Plot no 37BP WG Tower Neelam Bata Road NIT Faridabad
Haryana121001Faridabad,Haryana,121001

Branch Contact No. : 9289454696

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State
GSTIN No.: 06AADCR6281N1ZW
UIN : IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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

Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- 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

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care HEALTH
INSURANCE

Thandra Siva Kumar

Policy No.

65352876

DOB

16-Apr-1999

Validity

09-Oct-2023 To 08-Oct-2026

care HEALTH
INSURANCE



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