

WELCOME LETTER

Dear VINAY FRANCIS MIRANDA,
OPP FATIMA MATA CONVENT CHULNA, TAL VASAI WEST, PALGHAR,
MAHARASHTRA, 401202
vinaymiranda28@gmail.com

Date: 20-07-2025

Welcome and Thank You for Choosing **Interstellar Services Private Limited** ("Company")!

We are pleased to welcome you and introduce you to a unique offering curated by the Company — a bundled overseas travel support package that includes access to global travel assistance services along with a travel insurance policy, underwritten by a leading insurance company in India.

This value-added offering has been thoughtfully designed to enhance your travel experience and provide peace of mind during your journey. While the Company has facilitated and marketed this bundled product for your convenience, please note that the travel insurance and travel assistance services are independently provided by third-party service providers with whom you are directly connected through this arrangement. The Company does not underwrite, issue, or service the insurance policy, nor does it provide travel assistance services. Our role is limited to facilitating access to this bundled solution and assisting you in connecting with the respective service providers.

The terms, conditions, coverage details, claims process, and servicing of the travel insurance policy are governed by the issuing insurance company. Similarly, the travel assistance services will be rendered by the respective travel assistance company as per their own terms of engagement.

We strongly encourage you to carefully read and understand the insurance policy wordings and the service terms provided by the respective service providers to fully understand the scope of coverage and assistance available to you.

What you can expect from this bundled offering:

- 24x7 overseas travel assistance from a reputed service provider.
- Travel insurance cover (please read the policy wordings before you travel. Brief details as below).
- Ongoing support from the Company in helping you navigate and access these services.

| | |
|--|--------------------|
| Date of Departure (from India) | 23-07-2025 |
| Date of Arrival (in India) | 09-09-2025 |
| Duration of Travel | 49 |
| Insurance Policy/Certificate Number | 110392528221003813 |
| Travel Assistance Number | AS00000040 |
| Travel Assistance Charges (Incl. of GST) | ₹ 7757 |

To Know more about Travel Assistance, [Click here](#).

We appreciate your trust in the Company and will use our best efforts in supporting you in every way possible during your overseas journey. Wishing you safe, smooth, and memorable travels.

Warm regards,
For, **Interstellar Services Private Limited**



Customer Services Support Team
Email: backoffice@interstellar.co.in | Contact No: +91 9967915569

Disclaimer: Interstellar Services Private Limited ("Company") acts solely as a facilitator in offering and marketing a bundled product that includes travel assistance services and a travel insurance policy underwritten by a licensed insurance company in India. The Company is not an insurance company, insurance intermediary, or travel assistance service provider and does not assume any responsibility or liability for the underwriting, issuance, servicing, or fulfillment of the travel insurance policy or the provision of travel assistance services. All claims, disputes, and service-related matters are to be addressed directly with the respective service providers, whose terms and conditions shall govern such interactions. Customers are advised to carefully review the insurance policy documents/insurance certificate and service terms issued by the respective third parties prior to availing the services. The Company shall not be held liable for any act, omission, delay, denial, or deficiency in service by the third-party service providers. The Company shall extend all necessary assistance to its customers/members/clients.



RELIANCE TRAVEL CARE INSURANCE POLICY

| Policy Issuing Office: | | Policy Servicing Office Name & Address- | | | | | | | | | |
|--|---|---|--|---|--------------------------------|-------------------------|--|--|--|--|--|
| Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Branch Contact No. : 022-33031000 | | Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063 | | | | | | | | | |
| Certificate No. - 110392528221003813 | | Master Policy No. - 920292528220000141 | | | | | | | | | |
| Br. Code- 14a07082- 14040 | PSO No. - PSO- 942489 | Dept. - TRAVEL | | | Intermediary Code - DIR | | | | | | |
| Tax Invoice No & Date : 942489 & 20-07-2025 | | | | | | | | | | | |
| Details of the Insured | | | | | | | | | | | |
| Name of the Policy Holder | INTERSTELLAR SERVICES PRIVATE LIMITED | | | | | | | | | | |
| Address of the policy holder | 634 , GALA EMPIRE , OPP TV TOWER , DRIVE IN ROAD , AHMEDABAD , AHMEDABAD GUJARAT , 380052 | | | | | | | | | | |
| Details of the Insured Person | | | | | | | | | | | |
| Name of the Insured Person | Passport No. | Gender | Nominee Name | Relationship of the Nominee with the Insured Person | Date of Birth | ABHA ID or ABHA address | | | | | |
| VINAY FRANCIS MIRANDA | U4343828 | MALE | Ms. Shruti Miranda | DAUGHTER | 28-06-1963 | N/A | | | | | |
| Communication Address & Place of Supply | | | | | | | | | | | |
| E mail id | vinaymiranda28@gmail.com | | | | | | | | | | |
| Telephone Number | 9890908846 | | | | | | | | | | |
| GSTIN / UIN Of Insured :- | | | | | | | | | | | |
| Geographical Coverage | WW INCL USA & CANADA | | | | | | | | | | |
| Country Visiting | USA | | | | | | | | | | |
| Policy Period | From 23-07-2025 time 00:00 to 09-09-2025 time 23:59 49days | | | | | | | | | | |
| Name of the Plan opted | TRAVEL INCL USA & CANADA 60K PLAN | | | | | | | | | | |
| Any Pre existing disease | No | | | | | | | | | | |
| Policy Coverage | | | Sum Insured (in USD) | | Deductible (in USD) | | | | | | |
| Medical Expenses Including Transportation, Evacuation & Repatriation of Mortal remains | | | 60000 | | 100 | | | | | | |
| Dental Treatment | | | 500 | | 100 | | | | | | |
| Loss of Passport | | | 300 | | 50 | | | | | | |
| Total Loss of Checked in baggage | | | 1000 | | NIL | | | | | | |
| Delay of Checked in Baggage | | | 100 | | 6 Hours | | | | | | |
| Personal Liability | | | 25000 | | NIL | | | | | | |
| Daily Allowance in case of Hospitalisation | | | 25 per day (5 days Max) | | 2 days | | | | | | |
| Hijack Distress Allowance | | | 50 per day (7 days Max) | | 12 Hours | | | | | | |
| Trip Delay | | | 25 per day (6 days Max) | | 12 Hours | | | | | | |
| Trip Cancellation & Interruption | | | 600 | | NIL | | | | | | |
| Missed Connection | | | 200 | | NIL | | | | | | |
| Compassionate visit | | | Return Fare for any one accompanying person - spouse / child / family doctor | | NIL | | | | | | |

| | | |
|--|--------|-----|
| Home Burglary Insurance (Amount in Indian Rs) | 100000 | NIL |
| Personal Accident | 20000 | NIL |
| Accidental Death-Common Carrier | 2500 | NIL |
| Any one illness applicable for 71 to 80 years age | 15000 | NIL |
| Any one Accident applicable for 71 to 80 years age | 22500 | NIL |
| Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/70/2024-25/(Validity Period Dt. 01/11/2024 to Dt. 01/12/2025)/5162 Date 30-10-2024" at General Stamp Office, Mumbai. | | |
| ** Not Applicable for the State of Jammu & Kashmir | | |

Specific Condition

- This policy is applicable for registered customers who have successfully booked for travel assistance services from Interstellar Services Private Ltd.
- Warranted that every customer shall have a unique membership ID issued by Interstellar Services Private Ltd.
- The policy will not cover insured/insured person who is less than 03 months and more than 80 years of age (as on completed birthday).
- Warranted that insured is a citizen of India and has a permanent place of residence in India and is not an NRI or OCI or foreign national and was within the territory of India at the time of issuance of the policy and before the commencement of the trip.
- Warranted that purpose of visit will be either leisure or personal business only.
- Warranted that declaration of any pre-existing condition, using words/terms which mean any disease/illness similar to - Cancer / Leukemia / Malignant Tumor, Cardiac ailments, COPD, HIV/AIDS, Insulin Dependent Diabetes, Kidney Ailment, Liver Disease, Neurological Disorder / Stroke / Paralysis, Thalassemia will render this policy null and void-ab-initio and the company shall have no liability under the policy – clean health history required.
- Any expenses related to pre-existing illness/disability/diseases and its related complications/consequences are not payable under the policy except for life-saving unforeseen emergency measures provided to the Insured/Insured Person by the Physician for hospitalization arising out of a pre-existing disease. The treatment for these emergency measures would be paid until the Insured/Insured Person becomes medically stable up to the sum insured opted. All further medical costs to maintain medically stable or to prevent the onset of acute pain would be borne by the Insured/Insured Person.
- Repatriation of Mortal Remains: USD 7,500.
- Warranted that the maximum amount payable per checked-in baggage in case more than one bag has been checked in is 50% (100% for only one checked-in baggage) of the applicable Sum Insured, and per item in baggage, the max is 10%.
- Insurance cover shall become voidable at the option of the Company in the event of any untrue or incorrect statement, misrepresentation, non-description, or non-disclosure of any material particular in the proposal form/personal statement, declaration, and connected documents, or any material information has been withheld by the beneficiary or anyone acting on behalf of the beneficiary to obtain insurance benefit.
- Any claim arising out of sporting activities insofar as they involve the training or participation in competitions of professional or semi-professional sports persons is excluded.
- Medical/Hospitalization expenses due to COVID-19 infection are covered if contracted during travel as per policy terms and conditions.

Exclusions:

- Any pre-existing medical conditions and their related complications/consequences.
- Travelling against the advice of a physician.
- Receiving or being on a waiting list for a specified medical treatment.
- Travelling to receive treatment.
- Being under a terminal prognosis for a medical condition.
- Partial loss of checked baggage – only the loss of your entire baggage is covered, not partial loss.
- War or nuclear perils in the country you're visiting.
- Treatment which could reasonably be delayed until the insured/insured person's return to the Republic of India.
- Any Travel to Declined countries: -Afghanistan, Myanmar (Burma), Democratic Republic of Congo, East Timor, Eritrea, Iran, Iraq, Liberia, Libya, North Korea, Rwanda, Sierra Leone, Somalia, Sudan, Syria, Yemen, Congo, Republic of (Brazzaville), Timor-Leste (East Timor), Zaire, Ukraine, Pakistan. The list of declined countries may undergo change from time to time depending on the geo-political situation in the respective country.
- Any claim relating to events occurring before the commencement of the cover or outside the period of insurance.

For complete list of exclusions, terms and conditions kindly refer policy wordings.

* Total Premium of Rs 3189 inclusive of 18% GST has been paid to RGIC.

In witness whereof this policy has been signed at Mumbai on : **20-07-2025**

GSTIN : 27AABCR6747B1ZG **SAC :** 997142 Description of Services : Accident and Health Reinsurance Service

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

"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 02248903009 or may write an email at rgiclservices@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 rgiclgrievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgiclheadgrievances@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 Annex, 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

Category-General Insurance Business Service 00440005

For and on behalf of Reliance General Insurance Company Limited.

Authorized Signatory

Note: The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in. The policy has been issued based on the information provided by you/your health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.

Europ Assistance India Pvt Ltd.

7th Floor, Star Hub, Bldg No. 2, Near ITC Maratha Hotel, Sahar, Andheri East, Mumbai – 400 059.

Please provide immediate intimation of any claim / requirement for emergency assistance while abroad to ensure that the Claim is not prejudiced. Please contact the International Toll Free Helpline numbers given below.



In case of any requirement for emergency assistance whilst abroad, please contact the toll free helpline numbers given below:

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017
International Toll Free line: Singapore and Thailand — 001-80099441111, Hong Kong — 001-80099441111 and 006-80099441111, USA — 18337426673, Canada — 011-80099441111, Australia — 0011-80099441111, Japan — 001-010-80099441111 and 010-80099441111, Israel — 00-80099441111 and 014-80099441111, Greece — 86002038017, Argentina, Austria, Belgium, China, Czech Republic, Denmark, France, Germany, Hungary, Italy, Malaysia, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, South Africa, Spain, Sweden, Switzerland, Taiwan & United Kingdom — 00-80099441111

Note: Kindly refer our website for updated new toll free numbers with effect from 1st October 2017 onwards.

Dedicated National Toll Free Help Line: **1800 209 5522**

Email: reliance@europ-assistance.in

Intermediary Code/Name: Direct

Land Line: +91 22 67347843 & +91 22 67347844

Website: www.europ-assistance.com

Fax Number: +91 22 67347888

Reliance Travel Care Insurance Policy - Online Proposal Form

Proposal Form No.: 942489

Proposer/Insured Details

| | | | | | |
|---|--|--------------|----------------|------------|------------|
| 1. Name of the Proposer/Insured (Mr./Mrs./Ms.) | VINAY FRANCIS MIRANDA | | | | |
| 2. Address | OPP FATIMA MATA CONVENT CHULNA, TAL VASAI WEST, PALGHAR, MAHARASHTRA, 401202 | | | | |
| Residence Number | | | | | |
| Gender | MALE | Passport No. | U4343828 | Mobile No. | 9890908846 |
| PAN No. | | | UID Aadhar No. | | |
| Email Id | vinaymiranda28@gmail.com | Nationality | Indian | DOB | 28-06-1963 |

| Name of Nominee | DOB | Relationship with Proposer |
|--------------------|-----|----------------------------|
| Ms. Shruti Miranda | | DAUGHTER |

Details of Pre-existing Condition

| Pre-existing illness / Injury / Condition if any | Suffering Since | Under Medication |
|--|-----------------|------------------|
| No | | |

Trip Details

| | | | |
|---|---|----------------|------------|
| 1. Master Policy No. | 920292428320000628 | | |
| 2. Name of Master Policy Holder | VINAY FRANCIS MIRANDA | | |
| 3. Sum Insured Opted | 4470 4. Geographical Scope WW INCL USA & CANADA | | |
| 5. Name of the Plan Opted | TRAVEL INCL USA & CANADA 60K PLAN | | |
| 6. Date of Journey | 23-07-2025 | Date of Return | 09-09-2025 |
| 7. Does the plan trip involve any kind of sporting activity | | | |
| 8. Countries that you are visiting | USA | | |
| 9. Trip Duration | 49 days | | |

Please go through the details as furnished above and also as provided in the Policy Schedule and confirm that they are in order. Should you feel that there are any discrepancies / variations, you are requested to write back to us immediately at rgicl.services@relianceada.com for necessary changes / rectification. In the absence of any written communication from you within 7 days or commencement of Policy Period whichever is earlier, it is hereby agreed and understood that the above statements, answers and particulars are complete, correct and true in all respects and are the basis on which this Policy is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars are incorrect or untrue in any respect, the policy will be considered Null and Void-ab-initio and the Company shall have no liability under the policy.

Declaration & Warranty by the Proposer

- i. 1. Is/are not travelling against advice of medical practitioner
2. Is/are not on waiting list for any medical treatment
3. Is/are not travelling for the purpose of obtaining medical treatment
4. Have not received a terminal prognosis for a medical condition before journey
5. Being in India before taking cover & commencement of trip.
6. Being resident Indian.
- ii. Declared of any Pre existing Condition, using words / terms which mean any disease/illness which are same or similar to - Cancer / Leukemia / Malignant Tumor, Cardiac ailments, COPD, HIV /AIDS, Insulin Dependent Diabetes, Kidney Ailment, Liver Disease, Neurological Disorder / Stroke / Paralysis, Thalassemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy (Applicable if declared PED).
- iii. Purpose of visit either Leisure or Business
- iv. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- v. 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- vi. I/We further declare that I/We 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.
- vii. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- viii. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- ix. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- x. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- xi. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.

- xii. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- xiii. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xiv. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xv. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xvi. I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Place: CORPORATE GROUP - MUMBAI

Date: 20-Jul-2025

Signature:

AML Guidelines

1. 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.
2. I understand that the Company has the right to call for document to established sources of funds.
3. 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.

Signature:

Date: 20-Jul-2025

Place: CORPORATE GROUP - MUMBAI

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. [Explanation]

Signature/Thumb Impression of the Proposer

Identified by Name & Signature:

Date: 20-Jul-2025

Place: CORPORATE GROUP - MUMBAI

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| SR. NO. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---------|---|--|----------------------|
| 1 | Name of Insurance Product/Policy | Reliance Travel Care Insurance Policy - For Corporate Short Term along | |
| 2 | Policy number | 110392528221003813 | |
| 3 | Type of Insurance Product/Policy | Payment on Indemnity and Benefit Basis (As per plan coverage opted) | |
| 4 | Sum Insured (Basis) (Along with amount) | Individual Sum Insured USD - 60000 | |
| 5 | Policy Coverage (What the policy covers?) (Policy clause Number/s) | TRAVEL INCL USA & CANADA 60K PLAN | Section 4 |
| 6 | Exclusions (What the policy does not covers) | <p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete details of exclusions:</p> <ol style="list-style-type: none"> 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance. 2. Any pre-existing disease or complications thereof 3. Treatment abroad if that is the sole reason or one of the reasons for the Insured /Insured Person's temporary stay abroad. 4. Any claim if the Insured / Insured Person – <ul style="list-style-type: none"> a. is travelling against the advice of a physician b. is receiving, or is on a waiting list to receive, specified medical treatment declared in the physician's report or certificate; c. has received terminal prognosis for a medical condition; d. is taking part in a naval, military or air force operation. 5. Deductibles as specified in the Schedule. 6. Any claim arising out of illnesses or accidents that the Insured / Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). 7. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and / or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused. 8. War and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority. 9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons. | Section 5 |



CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| SR. NO. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---------|---|---|----------------------|
| 7 | Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage. | 1. Delay of Checked in Baggage – 6 hours 2. Daily Allowance in case of Hospitalisation - 2 Days 3. Trip Delay – 12 hours 4. Hijack Distress Allowance – 12 hours | |
| 8 | Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder / insured). iii. Deductible (It is a specified amount: -up to which an insurance company will not pay any claim, and -which will be deducted from total claim amount (if claim amount is more than the specified amount)) iv. Any other limit (as applicable) | i. Sub Limit - Please refer point no. 5 i.e Policy Coverage section) for sum insured/sub-limit against coverages ii. Co-payment – Not applicable iii. Deductible – Please refer point no. 5 i.e Policy Coverage section) for deductible against coverages iv. Any other limit - Not applicable | |
| 9 | Claims/Claims Procedure | Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlements i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents. ii. TAT for cashless final bill authorization – 1 hour from receipt of complete documents iii. For reimbursement claims - The Company shall settle the claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation, Company shall settle the claim within 45 days from the date of receipt of last necessary document. | Section 6.12 |



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale.

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.

Corporate Identity Number: U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

RELIANCE TRAVEL CARE INSURANCE POLICY. UIN No.: RELTIOP08002V010708. RGI/UW/CO/2822/PS/1.0/010218

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| SR. NO. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---------|-------------------------|--|----------------------|
| 9 | Claims/Claims Procedure | Please find below the details /link - i. Network Hospital details - https://www.reliancegeneral.co.in/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals ii. Helpline number- 022-4890 3009 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- www.reliancegeneral.co.in iv. Downloading/getting claim form- www.reliancegeneral.co.in | Section 6.12 |
| 10 | Policy Servicing | Any issues related with respect to policy, kindly E-mail us at rgcl.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.- 022- 41112600 | |
| 11 | Grievances/Complaints | Details of Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance_Redressal.aspx) A. IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/ B. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document | Section 7 – Point 28 |
| 12 | Things to remember | 1. Free Look cancellation: Not Applicable 2. Policy renewal: Not Applicable 3. Migration and Portability: Not Applicable 4. Change in Sum Insured: Not Applicable 5. Moratorium Period: Not Applicable | |
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk. | Section 7.1 |

The enclosed Customer Information Sheet bearing reference number "CIS/110392528221003813" is an essential part of your policy schedule, please acknowledge that you have read and understood the CIS on the communication sent on your registered mobile number/e-mail ID

Disclaimer : The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place: Mumbai

Date: 20-07-2025

(Signature of the Policyholder)



022 4890 3009 (Paid)

74004 22200 (WhatsApp)