



OVERSEAS TRAVEL INSURANCE POLICY SCHEDULE / CERTIFICATE

Policy No	OTI/TH/2025/002410	Original Policy	OTI/TH/2025/002410
Policy Period	18/03/2025 to 25/03/2025	Agent	
Insured	KARMA NIDUP	CID/Customer Code	11410002698
Address			
Total Sum Insured (USD \$)			10000
Total Premium			1114
Passport No	G162245	Currency Code	US Dollar
Palce of Visit	Jaipur, delhi and agra	Plan Type	T-III Asian Countries Excluding Japan
Purpose	Official	No of days	8
Departure Date	18/03/2025	Return Date	25/03/2025

Nominee :					
Name	Kuenzang Peldeon Nidup	Gender	Female	CID	11410002714
Address	HR Manager Tashi Cell	DOB	20/09/1997	Contact No	HR Manager Tashi Cell

Cover Details :			
Sno	Section	Coverage	Sum Insured (USD \$)
1	A	Illness	10000
2		Treatment following Accident	10000
3		Deductible	50
4		Maximum Overall Limit	10000
5	B	Personal Accident	7500
6	C	Loss of Checked-in Baggage	300
7	D	Delay of Checked-in Baggage (over 12 hrs - Outbound flights)	50
8	E	Loss of Passport	50
9		Deductible	20

Third Party Administrators Contact Details :		
Sno	Section	Coverage
1	Location of Centre	Mumbai
2	Address	Paramount Healthcare Management Pvt Ltd, 401-402 Sumer Plaza, Marol Maroshi Road, Marol, Andheri(East), Mumbai 400059.
3	Tool-free Number (Bhutan)	1818
4	Dedicated Helpline Number (India)	+91 22 40908321, +001 866 978 5205
5	Other Telephone Number	+91 22 40004207 / 216 / 219 (24 Hrs)-with call back facility
6	Fax Number(s)	+91 22 40004280
7	E-Mail ID	travelhealth@paramount.healthcare
8	Jurisdiction	World Wide
9	Escalation Matrix	Level-1 : Mr. Nayneesh Tillu Email : nayneesh@paramount.healthcare
10		Level-2 : Dr Urjita Mehta Mob: +91 7498563120 Email : urjita.mehta@paramount.healthcare
11		Level-3 : Mrs Nishat Shaikh Email : nishat.shaikh@paramount.healthcare

I, the Insured hereby declare that I have read the Policy Terms and Conditions properly and bear no doubt in terms of understanding it. I also agree with the terms and conditions of insurance and acknowledge the receipt of all the Policy Documents including the Policy Schedule. Policy Wording and the Annexure/Endorsements.

In Witness whereof, the parties have signed on the Date / Month / Year and Place stated hereunder.

Name of Insured : KARMA NIDUP

Mobile No. : 17110895

Signature : KARMA NIDUP

Date : 13/03/2025



For and on behalf of
Royal Insurance Corporation of Bhutan Ltd
Authorized Signatory

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