

Datasheet - 'STUDENT EXPLORE'

Date : 23 Apr 2024

Ms Sona Alex

Challavayalil House

Thalumkal P O, Kottayam , Kanjirapally , Kanjirapally 686514 , Kerala 32

SOXXXXXXXXX90@GMAIL.COM

Dear Ms Sona Alex,

This is in reference to information provided by you for Student Explore Plus. In this regard, we would like to confirm that we have accepted the risk and the policy is issued in accordance with the details shared by you. We are issuing you this Pre-Issuance Form as a proxy to the details provided by you.

In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail

The relevant details of your policy are:

Policy Details

Geographical Scope	Plan Name	Sum Insured	Type of Trip	Policy Period	Total no. of /n travel days
Worldwide Ex. US,Canada &India	Student Explore Plus	USD 50,000.00	SINGLE	From 26-Aug-2024 to 20-Aug-2025	360 days

Details of Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Sona Alex	MEMBER	15-Jun-1999	Female	USD 50,000.00	Y8430557	NONE	NO

Additional Details

Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured 1
N

Have you ever claimed under any travel policy?

Insured 1
N

Name of Nominee
ASHIK ASHARAF (SPSE)

Please go through the details as furnished above vis-a-vis provided in the policy certificate.

Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at <https://www.careinsurance.com/contact-us.html> for necessary changes/rectification. In the absence of any communication from you within 15 days of the risk inception date of the Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

The details mentioned in above proposal form has been verified through OTP N

Team Care Health Insurance

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

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Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at SOXXXXXXXXX90@GMAIL.COM In case of any change in e-mail id and non-receipt of any of above document, please contact on our website :- <https://www.careinsurance.com/contact-us.html> immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

Policy Certificate - STUDENT EXPLORE

Ms Sona Alex
 Challavayalil House
 Thalumkal P O, Kottayam , Kanjirapally , Kanjirapally
 686514 , Kerala 32
SOXXXXXXXXX90@GMAIL.COM



Mobile No:XXXXXX7677
 Client ID : B6271322
 Date of Birth : 15-Jun-1999

Policy Details

Certificate Of Insurance No.	82950861
Plan Name	Student Explore Plus
Sum Insured	USD 50,000.00
Policy Period - Start Date	00:00 hrs 26-Aug-2024
Policy Period - End Date	Midnight 20-Aug-2025
Trip Type	SINGLE
Total No. of Travel days	360 days
Geographical scope	Worldwide Ex. US,Canada &India
Nominee Name (Relation)	ASHIK ASHARAF (SPSE)
Premium Paid	Rs.6,497.00 Premium Rs.5506+CGST Rs0.00+IGST Rs991.02+SGST Rs0.00+UGST Rs0.00
Premium Payment Mode	Single Premium

Details of Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases
Sona Alex	MEMBER	15-Jun-1999	Female	USD 50,000.00	Y8430557	NONE

*Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and condition. We will not be covering any expenses incurred due to quarantine in hotel/hospital/Home or any other facility

Educational Institution

Name of Institute	Educational Course Details	Address
UNIVERSITY OF PECS	B.SC NURSING	H-7622 PECS, 48 - AS SQUARE 1. HUNGARY , HUNGARY

Sponser Details

Sponsor's Name	Date of Birth	Relationship with Insured
ASHIK ASHARAF	15-Nov-1996	SPOUSE



Schedule of Benefits

S No.	Name of Benefits	Sum Insured	Deductibles
1	Medical Expenses	Up to US \$ 50,000	US \$ 100
2	In-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100
3	Pre-Existing Disease Cover in Life Threatening Medical Condition	Up to 10% of Sum Insured of Medical Expenses	US \$ 100
4	Extended Cover in the Country of Residence	Up to Sum Insured of Medical Expenses	US \$ 100
5	Out-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100
6	Repatriation of Mortal Remains (Part of Sum Insured of Medical Expenses)	Up to US \$ 7,500	N.A.
7	Medical Evacuation (Part of Sum Insured of Medical Expenses)	Up to US \$ 7,500	N.A.
8	Dental Expenses	Up to US \$ 250	US \$ 50
9	Accidental Death	15000	N.A
10	Permanent Total Disablement	% of Accidental Death Sum Insured payable as per the Insured Events defined in Policy terms and condition	N.A
11	Permanent Partial Disablement	% of Accidental Death Sum Insured payable as per the Insured Events defined in Policy terms and condition	N.A

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 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
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12	Loss of Checked-in Baggage	Up to US \$ 500	N.A
13	Loss of Passport	US \$ 150	US \$ 50
14	Personal Liability	Up to US \$ 100,000	US \$ 200
15	Study interruption	Up to US \$ 7,500	N.A
16	Sponsor Protection	Up to US \$ 10,000	N.A
17	Bail Bond	Up to US \$ 500	N.A
18	Coverage at home country	Up to 5% of Sum Insured of Medical Expenses	US \$ 100

Intermediary Details

Name	Code	Contact Details
SHIVBEER SINGH	20401525	8800738489

No	Special Conditions
1	Additional Services
	Medical Assistance Services
	Medical Service Provider Referral
	Arrangement of Hospital
	Arrangement of Compassionate
	Embassy Referral

Contact for Policy Servicing & Claim Reimbursement
Care Health Insurance Limited Call us : 1800-102-4488 / 1800-102-6655 E-mail : claims@careinsurance.com Website: https://www.careinsurance.com/contact-us.html

Contact Details for Assistance (Outside India)
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 : claims@careinsurance.com (for claims) Website : www.careinsurance.com

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 23 Apr 2024
Place of Issue : Gurgaon, Haryana
Service Branch : ..

Branch Contact No. :

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 Sep 2023, RCM Applicability- N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State
GSTIN No.: 27AADCR6281N1ZS
UIN : IRDA/NL-HLT/RHI/P-T/V.I/71/2014-15

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 ab initio

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

Sona Alex

Policy No.

82950861

DOB

15-Jun-1999

Validity

26-Aug-2024 To 20-Aug-2025

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

Care Health Customer App



WhatsApp 8860402452



Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.

IRDAI Registration No. 148