

NEWPOLICY\_TRACKON\_1\_1129752

	Group Overseas Travel Guard								
	Certificate Of Insurance								
Intermediary/Broker name: HDFC CREDILA FINANCIAL SERVICES									
Intermediary/Broker License Number: CA0093									
	Intermediary/Broker Contact No: 1800 209 3636								
			07 505	0					
	Insured Person Name & Correspondence Address : VAIBHAV KHEDEKAR								
	VAIBHAV KHEDEKAR KHARWANDI								
	NAGAR								
AHMADN	AHMADNAGAR								
NEVASA									
414602									
INDIA	· · · · · · · · · · · · · · · · · · ·								
	Person E-mail id: vaibhavkhedekar.sl Person Contact No. : 9067603968	knsits.it@gmail.com							
	Person Date of Birth : 02/05/2001								
Age : 23	erson Date of Birth . 02/03/2001								
	Person Passport Number : Y3337186	3							
	blicy holder name & Address:								
HDFC CI	REDILA FINANCIAL SERVICES LIN	IITED							
	RI-KURLA ROAD RI (EAST)								
MUMBAI									
MUMBAI									
	MAHARASHTRA								
400059 INDIA	400059 INDIA								
	INDIA Place of Supply: MAHARASHTRA								
State Co									
Issuing C	Office : MAHARASHTRA								
Servicing	Office code: 90210								
Policy Nu	imber: 0239782959								
Certificate	e Number :00012213								
Partner A	pplication number : A2406060270								
	Of Trip: Studies								
Nature of	Trip: Annual Multi Trip								
	Number of Travel days: 365 Country(ies) Zone of visit: WW IN US-CAN								
	Master Policy Start date From : 10/05/2024     Master Policy End Date To : 09/05/2025								
	Certificate Issue Date: 31/07/2024         Cover Period To : 29/08/2025           Cover Period To : 29/08/2025         Cover Period To : 29/08/2025								
	n Details								
	nium (Rs.)			17,631					
	UGST/SGST @9 % (Rs.) 1,586.82								
	CGST @9 % (Rs.) 1,586.82								
	emium(Rs.)			20,805					
Insured	Person								
SR NO.	Name Of Insured Person	GENDER	DOB		PASSPORT	Nominee			
1	VAIBHAV KHEDEKAR	Male	02/05	5/2001	Y3337186	VALMIK BAPU KHEDEKAR			
Nominee	e Details								
SR NO.	Name Of NOMINEE	GENDER	DOB	i	Relationship with Insured Person	Address			
1	VALMIK BAPU KHEDEKAR	Male	20/02	1/1975	FATHER	KHARWANDI			
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Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read salesbrochure carefully before concluding a sale.

## TATA AIG General Insurance Company Limited



Cover	age Details Plan Name : HDFC Cred Fi-U	IS57-50									
Sr No.	Coverage	Overseas Trip / Trip	Sum Insure d INR	Sum Insure d USD	Aggreg ate Limit INR	Aggreg ate Limit USD	Deduc tible INR	Deduc tible USD	Сорау	Sublimits	Condit ions
1	Accommodation cancellation	Overseas Trip	0	500		0	0	50			
2	Bail Bond	Overseas Trip	0	1000		0	0	0			
3	Common Carrier Delay	Overseas Trip	0	100		0	0	0			Flight delay only Deduc tible 12 Hours
4	Compassionate Visit Travel	Overseas Trip	0	2500		0	0	0			
5	Delay of Checked-in baggage	Overseas Trip	0	100		0	0	0			Deduc tible 7 Hours
6	Electronic Equipment Cover	Overseas Trip	0	100		0	0	0			
7	Hijack Daily Allowance	Overseas Trip	0	500		0	0	0			USD 50 per day Deduc tible 24 Hours
8	Home Content Burglary	Overseas Trip	75000	0		0	0	0			
9	Loss of Checked-in Baggage	Overseas Trip	0	1000		0	0	0			Per Bagga ge Per Article Limit 10per 50per
10	Loss of Passport	Overseas Trip	0	300		0	0	25			
11	Missed Connection	Overseas Trip	0	500		0	0	0			
12	Personal Liability	Overseas Trip	0	75000		0	0	200			
13	Sponsor Protection	Overseas Trip	0	10000		0	0	0			
14	Study Interruption	Overseas Trip	0	7500		0	0	0			
15	Trip Cancellation	Overseas Trip	0	500		0	0	50			
16	Add-on -Terrorism Cover	Overseas Trip	0	0		0	0	0			Includ ed Accid ent and Illness
17	Accidental Death(24 Hours)	Overseas Trip	0	10000		50000	0	0			

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18	Hospital Daily Cash	Overseas Trip	0	500	0	0	0			USD 50 per day Deduc tible 24 Hours
19	Medical Expenses - Accident and Illness	Overseas Trip	0	50000	0	0	100			
20	Emergency Dental Expense	Overseas Trip	0	250	0	0	100			Maxim um Numb er of Vist 2 Per occer rence 125U SD
21	Emergency Medical Evacuation	Overseas Trip	0	10000	0	0	0			
22	Maternity Expenses	Overseas Trip	0	500	0	0	0			Waitin g 9 Month s
23	Outpatient expenses	Overseas Trip	0	500	0	0	100			
24	Permanent Total Disability	Overseas Trip	0	10000	0	0	0			
25	Post-Hospitalisation expenses	Overseas Trip	0	500	0	0	0			Upto 10 Days
26	Recuperation expenses	Overseas Trip	0	500	0	0	0			Maxim um 5 Visits Per Visit Limit 100 USD
27	Repatriation of Mortal Remains	Overseas Trip	0	10000	0	0	0			
Condi AMBL PRE I	itions(if any):-AGE BRACKET 18YEAF JLANCE CHARGES USD 400 EXISTING DISEASE FOR 50K USD 7 EXISTING DISEASE FOR 1L USD 10	RS TO 40 YEAR:	S	<u> </u>						

PRE EXISTING DISEASE FOR 2L USD 2500

PRE EXISTING DISEASE FOR 1.5L USD 1500

OVERSEAS ASSISTANCE SERVICES INCLUDED ACCIDENT AND ILLNESS. POLICY WORDINGS, ONLY OF OPTED BENEFITS AS SPECIFIED IN THIS CERTIFICATE OF INSURANCE, SHALL BE APPLICABLE AND MUST BE READ IN CONJUNCTION WITH THIS CERTIFICATE OF INSURANCE

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## TATA AIG General Insurance Company Limited



<ul> <li>Insurance is the subject matter of solicitation. For complete details please refer to the Policy.</li> </ul>								
"For complete set of benefits, terms & conditions, please refer to policy wordings: https://www.tataaig.com/s3/GROUP_OVERSEAS_TRAVEL_GUARD_Policy_Wordings_1b2f2fce02.pdf								
Claims Administrators Details								
Address for Reimbursement Claim (For Insured only)	Assistance Contact (For Insured only)	US Medical Claims (For Providers Only)						
Claims DepartmentTata AlG General Insurance Company Ltd7th and 8th Floor, Romell Tech Park, CamaIndustrial Estate, Western Express Highway,Goregaon(E), Mumbai, Maharashtra 400063Visit our website :www.tataaig.comVisit our website :www.tataaig.comOR Call our 24x7toll free helpline 1800-266-7780 (Accessible fromall lines) OR 1800-22-9966 (Accessible fromBSNL/MTNL Lines)		Plan Type: HDFC Cred Fi-US57-50 Policy Certificate #: 00012213 Mail Medical Claims to:						
are not satisfied with our services and	wish to lodge a complaint / clair ay email to the customer service desk	e best possible services to its customers. However, if you n, please feel free to call our Toll free number c at <u>customersupport@tataaig.com.</u> Senior citizens can call rievance redressal policy.						
Prohibition of Rebates – Section 41 of Insurance Act, 1938 as amended by Insurance Laws I Amendment) Act, 2015. • 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								

- No person shall allow of one to allow, entref directly of indirectly, as an inducement to any person to take out or renew of 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.
- 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

## For Tata AIG General Insurance Company Limited

### Place : MAHARASHTRA

Stamp Duty of Rs.1/ - is paid as provided under Article 47B(1)(ii) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/13/2024/2289 Validity Period Dt.30/05/2024 To Dt.09/05/2027/2289 Date:10/05/2024

For Tata AIG General Insurance Company Limited

Regards,

Authorized Signatory

Policy servicing office: TATA AIG General Insurance Company Ltd.

Registered Address:-3RD FLOOR,THE ORION KOREGAON PARK ROAD ,OPP. ST. MIRA'S COLLEGE FOR GIRLS,, ARJUN MANSUKHANI PATH, PUNE, MAHARASHTRA., PUNE, MAHARASHTRA, 411001.

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#### **TATA AIG General Insurance Company Limited**



## Permanent Total Disability

Type of Permanent Total Disability -	% of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	50%

# Permanent partial disability

Type of Permanent Partial Disability	Percentage (%)of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
1. Loss of toes – all	20%
2. Loss of Great Toe	5%
3. Other than great toe, if more than one toe lost, each	1%
4. Loss of Hearing – both ears	50%
5. Loss of hearing – one ear	25%
6. Loss of four fingers and thumb of one hand	40%
7. Loss of four fingers	25%
8. Loss of thumb	15%
9. Loss of index finger	10%
10. Loss of middle finger	6%
11. Loss of ring finger	5%
12. Loss of little finger	4%

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