



RELIANCE TRAVEL CARE POLICY - FOR STUDENT
POLICY SCHEDULE

Policy Issuing Office :	Policy Servicing Office Code 1103
RELIANCE GENERAL INSURANCE COMPANY LIMITED 6TH FLOOR, OBEROI COMMERZ, INTERNATIONAL BUSINESS PARK, OBEROI GARDEN CITY, OFF WESTERN EXPRESS HIGHWAY, GOREGAON (EAST), MUMBAI – 400 063	UNIT NO- 202, 2ND FLOOR, LOTUS IT PARK, ROAD NO- 16, WAGLE INDUSTRIAL ESTATE, THANE (WEST) MAHARASHTRA INDIA
Policy No : 110322428210000484	Intermediary Code : 11BRG387
Tax Invoice No. & Date : R10102432594 & 10/10/2024	

Proposer Details :					
Name of the Proposer	Date of Birth	Occupation	Communication Address & Place of Supply	Contact No.	Policy Issued Date and Time
Mr. HARNEK SINGH	01/08/1994	Student	GRAM SHANKARPUR POST RAYATPURA GOHAD „BHIND MADHYA PRADESH 477117	9100000000	2024-10-10T00:00:00
GSTIN / UIN of the Proposer :					

Details of the Insured Person :						
Name of the Insured Person	Date of Birth	Insured Relationship with the proposer	Passport No	Pre-Existing illness/ injury/ condition if any	Suffering Since	Under Medication
Mr. HARNEK SINGH	01-Aug-1994	Self	N9336555	No	NA	No

Nominee Details

Nominee Name	Date of Birth	Nominee Relationship with Insured
KULDEEP SINGH		Father

Address of the Insured :	GRAM SHANKARPUR POST RAYATPURA GOHAD „BHIND MADHYA PRADESH 477117					
Email-ID :		Telephone No :		Mobile No :	9100000000	
Geographical Coverage :	Excluding USA and Canada	Group corp ID :				
Name of Countries to be visited :						
Policy Period :	From 00:00 Hrs on 10-Oct-2024 To 09-Oct-2025 midnight or Date of return of Insured whichever is earlier					
Name of the Plan Opted :	Standard					
Trip Type:	Single					
Add on Benefits opted :	No					

University Details

University Name	Slovenia Catholic University
Course Duration (In Months)	12
No of semester/Trimesters	2

Coverage	Sum Insured (In USD)	Deductible (In USD)
Medical Expenses Including Transportation Evacuation And Repatriation Of Mortal Remains	50000	50
Dental Treatment	500	50
Loss of Passport	100	25
Total loss of checked Baggage	1000	100
Personal Accident	25000	NA
Accidental Death Common Carrier	2500	NA
Personal Liability	100000	200
Bail Bond	500	50
Study Interruption	10000	NA
Sponsor Protection	10000	NA
Compassionate Visit	7500	NA

Warranties/Conditions:

- 1 Warranted that insured is a citizen of India and has a permanent place of residence in India and is not a 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.
- 2 Warranted that 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 applicable Sum Insured and per item in baggage max 10%.
- 3 Warranted that the trip is for the purpose of Study not for any other purpose including employment.
- 4 Warranted that 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 is excluded
- 5 Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and conditions.

Net Premium ` 4,807.00
 IGST (@ 18.00%) ` 865.26
 Total Premium : ` 5,672.00
 GSTIN : 27AABCR6747B1ZG , HSN :997142

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.

Description of Services : Freight insurance services & Travel insurance services

Category-General Insurance Business Service 00440005

Note : In the event of dishonor of the cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In witness whereof this policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy.

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services TaxRules 2017.

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.com

Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>

You can also write to us at rgicl.services@relianceada.com or call us on 1800 3009 (toll free)/ 022 4890 3009 (Paid) to avail the policy wording.

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 rgicl.services@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 rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@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 Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960
 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

For and on behalf of Reliance General Insurance Company Limited

Authorised Signatory

The policy has been issued based on the information provided by you / your representative and the policy is not valid if any of the information provided is incorrect or incomplete.

Subject otherwise to the terms, conditions and exclusions of the Reliance Travel Care Policy

Medical Assistance & Emergency Services are implemented by our Service Providers-

EUROP ASSISTANCE INDIA PVT LTD.

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

Are at your disposal for 24 hours during 365 days/year



In case of any requirement for emergency assistance whilst abroad, please contact the International Toll Free helpline numbers given below:

USA – 18337426673, Greece – 86002038017, Australia – 0011-80099441111, Canada -011-80099441111, Singapore and Thailand – 001-80099441111,

Japan – 001-010-80099441111 and 010-80099441111, Hong Kong – 001-80099441111 and 006-80099441111,

Israel – 00-80099441111 and 014-80099441111, 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

Dedicated National Toll Free Help Line :	1800 209 5522	Land Line Numbers:	+91 22 67347843 & +91 22 67347844
E-mail:	reliance@europ-assistance.in	Fax Number:	+91 22 67347888

Website: www.europ-assistance.com

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/50/2024-25/(Validity Period Dt.01/09/2024 to Dt.01/12/2025)/4240 Date 20-08-2024" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

PLEASE NOTE:

·Attached with this Policy Schedule are the Policy Terms and Conditions, and Annexures. Please ensure that the Policyholder has received, read and understood all these documents. If the Policyholder has not received any of these, please email/write to the Company at Rgicl.services@relianceada.com or contact us on 022 4890 3009 (Paid). The Benefits which are mentioned in this Schedule shall only be available under the Policy.

Intermediary Name & Code TURTLEMINT INSURANCE BROKING SERVICES 11BRG387

Intermediary Contact No.: 9370674544

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & Corporate Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063

Corporate Identity No. U66603MH2000PLC128300. UIN: RELTIOP08002V010708. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under. License RGI/MCOM/CO/Trave/PS/VER.1.0/010218

Reliance Travel Care Policy - Online Proposal Form with Proposal No R10102432594

Please find attached herewith Policy No. 110322428210000484 which has been issued based on the details furnished to us by Proposer / Insured Person:- Mr. HARNEK SINGH

Proposer Details :

Name of the Proposer	Date of Birth	Occupation	Communication Address & Place of Supply	Contact No.	Policy Issue Date and Time
Mr. HARNEK SINGH	01/08/1994	Student	GRAM SHANKARPUR POST RAYATPURA GOHAD „BHIND MADHYA PRADESH 477117	9100000000	2024-10-10T00:00:00

GSTIN / UIN of the Proposer :

Nature Of Employment (Income Sources) : Salaried Self-Employed

Details of the Insured Person :

Name	Date of Birth	Relationship with proposer	Passport No	Pre-Existing illness/ injury/ condition if any	Suffering Since	Under Medication	Professional Sports person
Mr. HARNEK SINGH	01-Aug-1994	Self	N9336555	No	NA	No	No

Nominee Details

Nominee Name	Date of Birth	Nominee Relationship with Insured
KULDEEP SINGH		Father

Whether Resident of India : Yes

Mailing Address : GRAM SHANKARPUR POST RAYATPURA GOHAD „BHIND MADHYA PRADESH INDIA 477117

Address of residential property : GRAM SHANKARPUR POST RAYATPURA GOHAD „BHIND MADHYA PRADESH INDIA 477117

Insured

Telephone No. : Mobile No. : 9100000000

E-mail id :

Visa Type : NA Geographical : Excluding USA and Canada

Policy Period : From: 10-Oct-2024 To: 09-Oct-2025 Coverage

Plan : Standard

Trip Type : Single

Purpose of Visit : Study

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 on Behalf of All Persons Proposed to be Insured

I Policy has been issued basis Insured Person(s)

- 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 and commencement of Trip
- 6) Warranted that Declaration 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, Thalassaemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy.
- 7) Being Indian Citizen
- 8) Purpose of visit "Study" Only

- II. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- III. 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.
- IV. 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.
- V. 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.
- VI. 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.
- VII. 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.
- VIII. 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.
- IX. 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.
- X. 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.
- XI. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

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 offence listed in Prevention of Money Laundering Act, 2002
 - 2. I understand that the Company has the right to call for documents to establish sources of funds.
 - 3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- Online Transaction Facility - Terms and Conditions:
 I have read and understood the terms and conditions governing the Online Transaction Facility of Reliance General Insurance Company Ltd. I have also read and understood the salient features, terms and conditions of the policy as stated in the Brochure.

- IMPORTANT:**
 The information that you give to Reliance General Insurance Company Ltd in this online form will be treated as the proposal form and details in any supplemental information form or documentation supplied by you or on behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have told us. It is there for important that your answers are complete and accurate in all respects.
- The questions in this online form are indicative rather than exhaustive. You must provide us with all information relative to the risk to be insured, even if it is not the subject of a question in this online form. If you are in any doubt as to what information should be given, please email us Rgicl.services@relianceada.com Any failure to provide us with full and accurate material information may mean that your policy can be declared as void.
 - No insurance cover will be in force until we have approved it and the premium has been paid.

- Statutory Warning - PROHIBITION OF REBATES - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws(Ammendment) 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 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.

PEP Declaration	
Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	
I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.	
Note : "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of stateowned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).	

General Declaration

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of policy or otherwise.

I/We hereby declare, on my behalf and on behalf of all individuals proposed to be insured, that the aggregate premium for this insurance proposal, including all existing policies issued by Reliance General Insurance Company Limited, has not exceeded Rs. 10,000/- per annum.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

THIS DOCUMENT PROVIDES KEY INFORMATION ABOUT YOUR POLICY. YOU ARE ALSO ADVISED TO GO THROUGH YOUR POLICY DOCUMENT.

SI 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 - Students	
2	Policy number	110322428210000484	
3	Type of Insurance Product/Policy	Indemnity (Where insured losses are covered upto the Sum Insured under the policy)	
4	Sum Insured (Basis) (Along with amount)	Cover type - Individual Sum Insured - USD 50000 (Where each member has a separate sum insured under the policy)	
5	Policy Coverage	<p>Medical Expenses Including Transportation Evacuation And Repatriation Of Mortal Remains - It covers, Reasonable And Customary Charges for medical emergency inpatient and outpatient treatment, diagnostic services, the extra costs of Medically Necessary Treatment and evacuation to India or the nearest Hospital, Transporting the mortal remains back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the Destination Country where the death occurred.</p> <p>Dental Treatment - Covers expenses incurred on acute anaesthetic treatment of a Healthy Natural Tooth or Teeth during Policy Period and whilst being overseas.</p> <p>Loss of Passport - In the event that the passport lost during the Trip, the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport will be reimbursed.</p> <p>Total loss of checked Baggage - It covers Insured Person for the total loss of checked-in baggage on an Insured Trip.</p>	<p>Benefits 1</p> <p>Benefits 2</p> <p>Benefits 3</p> <p>Benefits 4</p>

Personal Accident - This covers the Insured Person or their legal heir, for any injury solely and directly caused by accident whilst on the Insured Trip, resulting in permanent disablement or death within 365 continuous days of occurrence of such injury.

Benefits 5

Accidental Death Common Carrier - This compensates the Insured / Insured Person or their legal heir, for an accident occurring during the Insured Trip and resulting in death while riding in or on, boarding or alighting from any common carrier as a fare-paying passenger within 365 continuous days from the date of the accident, where the accident was caused

Benefit 6

Personal Liability - This indemnifies the Insured Person in the event the Insured Person becomes legally liable to a third party under the law applicable in the jurisdiction / destination mentioned as the Insured Trip for an incident which results in death, injury or damage to the health of such third party or damage to his/her properties.

Benefit 7

Bail Bond - It covers If the Insured is arrested or detained by the police/judicial authorities at the place which he has specified in the Proposal Form 23 whilst abroad, and if the offence for which he is arrested or detained is bailable

Benefit 9

Study interruption - It covers to pay the insured, in the event of study interruption due to hospitalisation of the Insured for more than one consecutive month or death of any one immediate family member or the Sponsor during the policy period.

Benefit 10

Sponsor Protection - It reimburses the Insured the Tuition Fees incurred for the remaining period of his education up to the Sum Insured as specified in the Schedule, in the event of injury arising out of accident during the period of insurance resulting in death of the Insured's Sponsor named in the Schedule, who pays the Tuition Fees to the institution abroad on behalf of the Insured for his education abroad.

Benefit 11

2 way Compassionate visit - If Insured Person is hospitalized for more than seven (7) consecutive days, the Company, after obtaining confirmation of need for assistance of a companion from the attending doctor and the Emergency Assistance Service Provider, will provide A round trip economy class air ticket and Expenses towards accommodation.

Benefit 8

<p>6 Exclusions (What the policy does not cover)</p>	<p>Policy Exclusions - Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment in respect of</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 <ol style="list-style-type: none"> a. is travelling against the advice of a physician; b. s 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. Illness / injury that are results of war and war like 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 act of terrorism which means an act,
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		<p>including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.</p> <p>10 Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:</p> <p>a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or</p> <p>b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>11. 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, unless declared beforehand and necessary additional premium paid.</p> <p>Specific Exclusions - As per policy wording and prospectus</p>	
7	Waiting period	<p>Initial waiting Period - Not Applicable</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident) - As per policy wording and prospectus</p> <p>Pre-existing diseases - Not Applicable</p>	
8	Financial limits of coverage	<p>Sub-limit - Not Applicable</p> <p>Co-payment - Not Applicable</p> <p>Deductible - a. Medical Expenses Including transportation, Evacuation and Repatriation of Mortal Remains - \$50</p>	Benefit - 1

		<ul style="list-style-type: none"> - b. Dental Treatment - \$50 - c. Loss of Passport - \$25 - d. Personal Liability - \$200 - e. Bail Bond - \$50 - f. Total Loss of Checked baggage* \$100 <p>Any other limit (as applicable) - As per policy wording and prospectus</p>	<p>Benefit - 2</p> <p>Benefit - 3</p> <p>Benefit - 7</p> <p>Benefit - 9</p> <p>Benefit - 4</p>
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlements</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents. ii. TAT for cashless final bill authorization – 4 hours from receipt of complete documents. iii. TAT for Reimbursement Claims – 7 to 10 workings days. <p>Provide the details / web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details- Not Applicable for Overseas Travel Insurance. <ul style="list-style-type: none"> a. In case of an emergency the customer in overseas can visit the nearest hospital and avail medical facility. ii. Helpline number- National Toll-Free Number (1800 209 5522) Paid Support Numbers (91-22-67347843, 91-22-67347844) iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- Not Applicable for Overseas Travel Insurance. <p>iv. Downloading/getting claim form- Reliance General Insurance Website</p>	

10	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.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	<p>a. Details of Grievance redressal officer refer the link https://www.reliancegeneral.co.in/Insurance/About-us/Grievance-Redressal.aspx</p> <p>b. IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided under the link https://www.reliancegeneral.co.in/Insurance/About-us/Grievance-Redressal.aspx</p>	Grievance Clause
12	Things to remember	<p>Free Look Cancellation: Not Applicable</p> <p>Policy Renewal: Not Applicable</p> <p>Migration and Portability: Not Applicable</p> <p>Migration: Not Applicable</p> <p>Change in Sum Insured: Not Applicable</p> <p>Moratorium Period: Not Applicable</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information	

The enclosed Customer Information Sheet bearing reference number CIS 110322428210000484 is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder:

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

Place:GOHAD,MADHYA PRADESH

Date :10-10-2024

(Signature of the Policyholder)

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.