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Servicing	Issuing Office : MUMBAI Servicing Office: MUMBAI Partner Application number : VF2410131726069319517965														
Partner Application number : VF2410131726069319517965 Policyholder name & Correspondence Address: PHONEPE PRIVATE LIMITED 4 5 6 7, BUILDING 1 WING A, SALARPURIA SOFTZONE TECH PARK,BELLANDUR, BENGALURU BENGALURU URBAN, KARNATAKA BANGALORE KARNATAKA 560103 INDIA								Policy Number : 0239787893							
Insured Pe VARUN N/ Bellandur, Bellandur, HYDERAE TELANGA 500090 INDIA	AHAF Karn Karn BAD	R ataka	prrespondenc	e Address:				Cer	rtificate Numb	oer : 5	5000292	2			
	erson	E-mail Id: g	gantasunil40@	gmail.com				Age : 20							
			rth: 24-09-200					Ins	ured Person F	Passp	oort Nun	nber: X963132	6		
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			m: 10-04-202	24		Po	icy Period	d En	d Date To : 09	9-04-2	2025				
		e Date: 13-1 rom: 02-10-				Co	ver Perior		31-09-2024						
Premium						00		. 10.							
Net Premi IGST 18% Gross Pre	ium (F 6 (Rs.	Rs.)				2,	430.00 595.48 025.00								
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SR No 1	0.	Name Of VARUN N	Insured Per	son	_	NDER ners		DOB PASSPORT NOMIN 24-09-2004 X9631326 Legal h							
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SR No.		Name Of N	OMINEE		GEN	DER		DO	B		Relatio	onship with In	sured P	erson	Address
1 Dian Nam	1 Legal heir Others Plan Name:R10P-EX-37(31-180 days)-50K					S		01-01-1990 Legal		Legal I				Bellandur, Karnataka	
Plan Nam Coverage		1	01-180 days)-	JUK											
	Covei		Overseas Trip / Trip	Sum Insured IN		um sured SD	Aggrega Limit IN		Aggregate Limit USD	Ded INR	luctible	Deductible USD	Сорау	Sub limits	Conditions
		n-Trip ellation	Overseas Trip	0.00	50	00	0		0	0		200	0		

TATA AIG General Insurance Company Limited

Registered office : Peninsula Business Park, Tower A,15th Floor, G.K Marg,Lower Parel, Mumbai-400013 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Fax : 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No : 108 CIN : U85110MH2000PLC128425 PAN : AABCT3518Q UIN : TATTGOP23085V022223



2	Add on-Loss of Checked-in Baggage	Overseas Trip	0.00	1000	0	0	0	100	0	Per Article Per Baggage Limit - 10per 50per
3	Add on-Hijack Daily Allowance	Overseas Trip	0.00	500	0	0	0	0	0	50 per day Max upto 10 days Deductible 24 hrs
4	Base Cover- Medical Expenses - Accident and Illness	Overseas Trip	0.00	50000	0	0	0	100	0	
5	Extension- Emergency Dental Expense	Overseas Trip	0.00	500	0	0	0	100	0	
6	Add on- Adventure Sports Cover	Overseas Trip	0.00	0	0	0	0	0	0	Included In Medical Expenses - Accident and Illness
7	Add on-Delay of Checked-in baggage	Overseas Trip	0.00	75	0	0	0	0	0	Deductible 12 hours
8	Add on- Bounced Bookings Of Accommodation	Overseas Trip	0.00	500	0	0	0	0	0	
9	Add on-Key Replacement	Overseas Trip	0.00	300	0	0	0	0	0	
10	Add on-Loss of Passport	Overseas Trip	0.00	250	0	0	0	0	0	
11	Extension- Permanent Total Disability	Overseas Trip	0.00	10000	0	0	0	0	0	
12	Add on- Compassionate Visit Travel	Overseas Trip	0.00	1000	0	0	0	0	0	
13	Extension- Repatriation of Mortal Remains	Overseas Trip	0.00	50000	0	0	0	0	0	Included Medical Expenses - Accident and Illness
14	Base Cover- Accidental Death(24 Hours)	Overseas Trip	0.00	20000	0	100000	0	0	0	
15	Add on- Common Carrier Delay	Overseas Trip	0.00	100	0	0	0	0	0	Deductible 12 hours
16	Add on- Bounced Booking of Airline	Overseas Trip	0.00	500	0	0	0	0	0	
17	Base Cover- Hospital Daily Cash	Overseas Trip	0.00	3000	0	0	0	0	0	50 per day Max upto 10 days Deductible 24 hrs
18	Add on-Trip Interruption	Overseas Trip	0.00	200	0	0	0	100	0	
19	Extension- Outpatient expenses	Overseas Trip	0.00	2500	0	0	0	0	0	

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20	Add on-Major Travel Event Cover	Overseas Trip	0.00	0	0	0	0	0	0		Included Medical Expenses - Accident and Ilness
21	Add on- Personal Liability	Overseas Trip	0.00	100000	0	0	0	0	0		
22	Extension- Emergency Medical Evacuation	Overseas Trip	0.00	50000	0	0	0	0	0		Included Medical Expenses - Accident and Illness
23	Add on-Home Content Burglary	Overseas Trip	1,00,000.00	0	0	0	0	0	0		
24	Add on- Pandemic Cover	Overseas Trip	0.00	200	0	0	0	0	0		
GROUF MMED POSITI MEDIC nsuran 'For co https://	DRITIES OR AIRLIN P EVENTS FOR EX IATE FAMILY MEM VE AND NOT THE AL EXPENSES - A(ice is the subject ma mplete benefits, terr www.tataaig.com/s3	AMPLE DES BERS TRAV TRAVELLIN CCIDENT AN atter of solicit ms & condition /GROUP_OV	STINATIONWEI TEL ANY COVIE G COMPANION ND ILLNESS tation. For compone please refer VERSEAS_TRA	DDINGS,M CONTIN NOR ANY Dete detai	MICE EVENTS GENCY RELA OTHER FAM Is please refer v link. ARD Policy V	ETC. WILL ATED COVER ILY MEMBEI	NOT BE COV R WILL TRIGO R. OVERSEA <u>/. 2f2fce02.pdf</u>	YERED EXCE GER ONLY IF S ASSISTAN	PT FOR T SELF TES CE SERVI	HE SEL ST COV CE INC	.F AND ′ID LUDED IN
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Addres	s for Reimbursem		ssistance Con	tact (For	Insured only)	US Med	ical Claims (I	For Providers	s Only)		
Tata Ali Compa Romell Estate, Gorega 400063 Visit ou OR Em <u>custom</u> Call ou 266-773 OR 180	r website : <u>www.tata</u>	e C Floor, (C ndustrial E lighway, F harashtra P (T aig.com E com OR ine 1800- all lines)	or excluding th all: +91 – 22 68 Call back facility mail - <u>ea.tatacla</u> or the America lease call: +1-8 Tollfree within U mail - <u>tata.aig@</u>	227600 Available aims@euro Is Policies 33-440-15 S and Car) <u>op-assistance</u> s: 75 nada)	in Policy C Mail Mer	be:R10P-EX-3 Certificate #:5 dical Claims	to: Buildi Marat 059 P (Tollfr Email	e Assistar ng number ha, Andhe lease call: ee within L	r 2, floor ri E Mui +1-833 JS and (a Star Hub [•] 7, Near ITC mbai – 400 -440-1575 Canada) <u>assistance.in</u>
The Co lodge a service the deta	Servicing/Grievand mpany is committed complaint / claim, p desk at <u>customersu</u> ailed grievance redr	d to extend the please feel from <u>pport@tataa</u> essal policy.	ne best possible ee to call our 24 aig.com Senior	4X7 Toll fre r citizens c	e number 180 an call our de	00-266-7780 dicated line a	/022-6693950 at 1800 22 99	0 (tolled) or y 66. Please ret	ou may en	nail to th	ne customer
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Group Overseas Travel Guard Page 3 of 6



Place : MUMBAI

Consolidated Stamp Duty has been paid to the State Exchequer

Policy Servicing Office

BUILDING NO. 28, GROUND AND MEZZANINE FLOOR, DR. ERNEST BORGES ROAD, PAREL EAST, OPP. SHIRODKAR HIGH, MUMBAI - 400012,

MUMBAI-400012 Tel No: 62606600

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Table of Losses - A

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%



RECEIPT

Receipt No. : 202400007860049

Receipt Date : 13/10/2024

Policy No : 0239787893 50002922

Received with thanks from VARUN NAHAR a sum of 17,025.00 (Rupees Seventeen Thousand Twenty Five only) vide instaPolicy, towards

Serial. no	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	50002922	17,025.00	17,025.00	0.00

Note:

1. This is a computer generated receipt and does not require a signature.

2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.

3. Amounts received by cheque shall be subject to realization.

4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN: 27AABCT3518Q1ZW-MAHARASHTRA Service Accounting Code: 997136

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