

NEWPOLICY_TRACKON_1_



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

Insured Person Name & Correspondence Address:

DEEPAK REDDY GORISI

9-17-23, FLAT NO-402, GGM REDDY ESTATES, AMAR R NAGAR, DOWN OF NARAYANA COLLEGE, CBM COMPOU

VISAKHAPATNAM VISAKHAPATNAM VISAKHAPATNAM

530003 INDIA

Insured Person E-mail id: thedeepakreddy1@gmail.com

Insured Person Contact No. : 6301513027 Insured Person Date of Birth : 05/07/2000

Age: 24

Insured Person Passport Number: V7820428

Master policy holder name & Address:

HDFC CREDILA FINANCIAL SERVICES LIMITED

B 301, CITI POINT ANDHERI-KURLA ROAD ANDHERI (EAST)

MUMBAI

MUMBAI MAHARASHTRA

400059

INDIA Place of Sur

Place of Supply: KARNATAKA

State Code: 29

Issuing Office: KARNATAKA Servicing Office code: 90500 Policy Number: 0239782960 Certificate Number: 00001169

Partner Application number: A2406030231

Purpose 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: 19/07/2024		
Cover Period From: 01/08/2024	Cover Period To : 31/07/2025	
Premium Details		
Net Premium (Rs.)	42,686	
IGST 18% (Rs.)	7,683.56	
Gross Premium(Rs.)	50,370	
1		

Insured Person

SR NO.	Name Of Insured Person	GENDER	DOB	PASSPORT	Nominee	
1	DEEPAK REDDY GORISI	Male	05/07/2000	V7820428	JAGADEESWARI GORISI	
Nomine	e Details					
SR NO.	Name Of NOMINEE	GENDER	NDER DOB Relationship with Insured Person		Address	
1	JAGADEESWARI GORISI	Female	02/05/1968	MOTHER	9-17-23, FLAT NO-402, GGM REDDY ESTATES, AMAR NAGA	



Cover	age Details Plan Name : HDFC Cred F	i-US138-5									
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		1000		0		50			
2	Bail Bond	Overseas Trip		5000		0		0			
3	Common Carrier Delay	Overseas Trip		100		0		0			Flight delay only Deduc tible 8 Hours
4	Compassionate Visit Travel	Overseas Trip		10000		0		0			
5	Delay of Checked-in baggage	Overseas Trip		100		0		0			Deduc tible 7 Hours
6	Hijack Daily Allowance	Overseas Trip		1000		0		0			USD 100 per day Deduc tible 24 hours
7	International Driving License	Overseas Trip		250		0		0			
8	Loss of Checked-in Baggage	Overseas Trip		2500		0		0			Per Bagga ge Per Article Limit 10per 50per
9	Loss of Passport	Overseas Trip		300		0		25			
10	Missed Connection	Overseas Trip		1000		0		0			
11	Personal Liability	Overseas Trip		22500 0		0		200			
12	Sponsor Protection	Overseas Trip		25000		0		0			
13	Study Interruption	Overseas Trip		25000		0		0			
14	Trip Cancellation	Overseas Trip		1000		0		50			
15	Add-on -Terrorism Cover	Overseas Trip		0		0		0			Includ ed Accid ent and Illness
16	Accidental Death(24 Hours)	Overseas Trip		50000		20000		0			



17	Hospital Daily Cash	Overseas Trip	500	0	0	USD 50 per day Deduc tible 24 hours
18	Medical Expenses - Accident and Illness	Overseas Trip	50000	0	100	
19	Emergency Dental Expense	Overseas Trip	500	0	50	Maxim um Numb er of Vist 2 Per occer rence 250U SD
20	Emergency Medical Evacuation	Overseas Trip	30000	0	0	
21	Maternity Expenses	Overseas Trip	3500	0	0	Waitin g 9 Month s
22	Outpatient expenses	Overseas Trip	1000	0	100	
23	Permanent Total Disability	Overseas Trip	25000	0	0	
24	Post-Hospitalisation expenses	Overseas Trip	1000	0	0	Upto 10 Days
25	Recuperation expenses	Overseas Trip	1000	0	0	Maxim um 10 Visits Per Visit Limit 100 USD
26	Repatriation of Mortal Remains	Overseas Trip	30000	0	0	

Conditions(if any):-AGE BRACKET 18YEARS TO 40 YEARS

AMBULANCE CHARGES USD 600

PRE EXISTING DISEASE USD 5000

OVERSEAS ASSISTANCE SERVICES INCLUDED ACCIDENT AND ILLNESS

AGGREGATE LIMIT PER INCIDENT FOR ACCIDENTAL DEATH IS USD 200000

MAXIMUM TRIP DURATION IS 365 DAYS PER PERSON PER TRIP. 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



• Insurance is the subject matter of solicitation. For complete details please refer to the Policy.

"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 Department

Tata AIG General Insurance Company Ltd 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit our website :www.tataaig.com OR Email at customersupport@tataaig.com OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-22-9966 (Accessible from BSNL/MTNL Lines)

For excluding the Americas Policies:

Call: +91 – 22 68227600 (Call back facility Available)

Email - ea.tataclaims@europ-assistance.in
For the Americas Policies:

Please call: +1-833-440-1575 (Tollfree within US and Canada) Email - tata.aig@europ-assistance.in Plan Type: HDFC Cred Fi-US138-5 Policy Certificate #: 00001169 Mail Medical Claims to:



Europ Assistance India Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai – 400 059 Please call: +1-833-440-1575 (Tollfree within US and Canada) Email id tata.aig@europassistance.in

Policy Servicing/Grievances/Complaints: The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint / claim, please feel free to call our Toll free number 1800-266-7780/022-66939500 (tolled) or you may email to the customer service desk at customersupport@tataaig.com. Senior citizens can call our dedicated line at 1800 22 9966. Please refer The Company's website for the detailed grievance 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 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: KARNATAKA

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:-2ND FLOOR, JP & DEVI JAMBUKESWAR ARCADE ,NO.69 MILLERS ROAD, BANGALORE, BANGALORE, KARNATAKA, 560052.



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%