RELIGARE Values that bind | Health Insurance

Ab Health Hamesha

Datasheet - 'EXPLORE'

Date : 12 February 2019

Ms Shakira Manekia
C/501 Sai Amit Chs Yari Road
Versova
Mumbai
Mumbai 400061
Maharashtra
bilalmanekia@yahoo.com

Dear Ms Shakira Manekia,

This is in reference to your above mentioned proposal no. for Explore - Canada+. 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 Travel days
Worldwide exclusing U.S.	Explore - Canada+	USD 100000	SINGLE	From 14-Feb-2019 To 05-Apr-2019	51

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Shakira Manekia	MEMBER	28-Apr-1972	FEMALE	USD 100000	P6538768	NONE	NO

Additional Details

Has anyone been diagnosed/hospitalized or under any treatment for any illness/injury during the last 48 months

Insured 1
No
NO

Have you ever claimed under any travel policy?

Insured 1
No
NO

Nominee Details

Name of Nominee
Mohammed Bilal Manekia

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 customerfirst@religarehealthinsurance.com or call us at 1800-102-4488 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.

Team Religare Health Insurance

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Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at bilalmanekia@yahoo.com. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-102-4488 immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

Policy Certificate - Explore'

Ms Shakira Manekia,
C/501 Sai Amit Chs Yari Road,
Versova,
Mumbai,
Mumbai 400061 Maharashtra 27
bilalmanekia@yahoo.com

Policy No. : 13740556
Mobile No. : 9969606995
Client ID : 65874299
Date of Birth : 28-Apr-1972

Policy No.	13740556
Plan Name	Explore - Canada+
Sum Insured	USD 100000
Policy Period - Start Date	00:00 hrs 14-Feb-2019
Policy Period - End Date	Midnight 05-Apr-2019
Trip Type	Single
Total No. of Travel Days	51 days
Geographical Scope	Worldwide exclusing U.S.
Premium Paid	Rs. 4634.00 (Premium Rs 3927 + CGST Rs 0 + IGST Rs 706.86 + SGST Rs 0 + UGST Rs 0)
Nominee Name	Mohammed Bilal Manekia

Details of Insured

Insured Name	Client ID	Relationship	Passport Number	Date of Birth	Sum Insured	Pre-existing diseases/conditions	Other PED
Shakira Manekia	65874299	MEMBER	P6538768	28-Apr-1972	USD 100000	NONE	NO

Schedule of Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
1	Hospitalization Expenses: In-Patient Care: Sub-limits as per Clause 2.1.1.H	Up to SI; Upto 10% of SI for Life Threatening Conditions for PED;Additional100% of SI for Accidental Hospitalization	USD 100
2	Hospitalization Expenses - Out-Patient Care	Upto USD 50,000	USD 100
3	Daily Allowance	USD 25 per day; Maximum 5 days	2 DAYS
4	Up-gradation to Business Class	Upto USD 1,000	N.A.
5	Dental Expenses	Upto USD 300	USD 100
6	Personal Accident	USD 15,000	N.A.
7	Medical Evacuation	Upto USD 50,000	N.A.
8	Repatriation of Mortal Remains	Upto USD 50,000	N.A.
9	Trip Cancellation & Interruption	Upto USD 1,000	N.A.
10	Trip Delay	USD 500	12 HOURS
11	Loss of Checked-in-Baggage	USD 100	N.A.
12	Delay of Checked-in-Baggage	USD 100	12 HOURS
13	Loss of Passport	USD 300	N.A.
14	Personal Liability	Upto USD 100,000	USD 100

Contact for Policy Servicing & Claim Reimbursement
Religare Health Insurance Company Limited,Vipul Tech Square, Tower C, 3rd Floor, Sector – 43,Golf Course Road, Gurgaon - 122009 Fax : 1800-100-5577 Call us : 1800-102-4488 E-mail : travelassistance@religare.com (for claims) customerfirst@religarehealthinsurance.com (for policy servicing)

Contact details for Assistance (Outside India)	
Name of the Assistance Service Provider - Falck Global Assistance	
US and Canada Toll free number: +1 8443013135/ +18443013146	
From the Rest of the World : +91 124 4498760 (Call Back Facility)	Fax No: +91 124 4006674
Email : travelassistance@religare.com	Website: www.religarehealthinsurance.com

Intermediary Details

Name	Code	Contact Number
Coverfox Insurance Broking Pvt Ltd	20012865	7718883203

For **Religare Health Insurance Company Limited**

Authorized Signatory
Service Branch : RHICL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon , Haryana - 122009 Branch Contact No. : 1800-102-4488

Date of Issue : 12-Feb-2019
IRDA Registration Number - 148
Product: EXPLORE

Place of Issue : Gurgaon, Haryana

SAC: 997136 and Description of Service: Travel insurance services GSTIN No.: 06AADCR6281N1ZW

Consolidated Stamp Duty paid vide E-Challan GRN no. 0042327665 dated 30 Nov 2018, RCM Applicability- N/A

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 & Conditions, Annexures and other documents. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email customerfirst@religarehealthinsurance.com or contact the Company at **1800-102-4488** .

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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SHAKIRA MANEKIA

Policy Number
13740556

DOB
28-Apr-1972

Validity
14-Feb-2019 to 05-Apr-2019

Ab Health Hamesha

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Falck Global Assistance

Assistance Service Provider - Falck Global Assistance

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1 844 301 3135 | +1 844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
Fax	+91 124 4006674
E-mail	travelassistance@religare.com

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurugram - 122009 (Haryana)
Website: www.religarehalthinsurance.com Call: 1800-102-4488 | 1860-500-4488
E-mail: customerfirst@religarehealthinsurance.com

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

IRDA Registration No. 148