

Datasheet - 'EXPLORE'

Date : 27 May 2017

 Mr Sudhir Kumar
 Pocket B/24B Dda S.F.S Flats
 Mayur Vihar Phase 3
 New Delhi
 New Delhi 110096
 Delhi
visa@journeymytrip.com

Dear Mr Sudhir Kumar,

This is in reference to your above mentioned proposal no. for Europe (without sublimit). 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
Europe	Europe (without sublimit)	EUR 30000	SINGLE	From 27-May-2017 To 05-Jun-2017	10

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Sudhir Kumar	MEMBER	28-Mar-1963	MALE	EUR 30000	K6367711	NONE	NO

Additional Details

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

Insured I
No

Have you ever claimed under any travel policy?

Insured I
No

Nominee Details

Name of Nominee
mamta soni

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 1800-200-4488 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

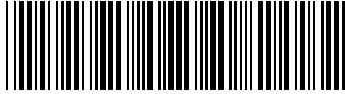


Health
Insurance

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at visa@journeymytrip.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 1800-200-4488 immediately.

Policy Certificate - Explore

Mr Sudhir Kumar,
Pocket B/24B Dda S.F.S Flats,
Mayur Vihar Phase 3,
New Delhi,
New Delhi 110096 Delhi
visa@journeymytrip.com



Policy No. : 11323309
Mobile No. : 9599076202
Client ID : 56385441
Date of Birth : 28-Mar-1963

Policy No.	11323309
Plan Name	Europe (without sublimit)
Sum Insured	EUR 30000
Policy Period - Start Date	00:00 hrs 27-May-2017
Policy Period - End Date	Midnight 05-Jun-2017
Trip Type	Single
Total No. of Travel Days	10 days
Geographical Scope	Europe
Premium Paid	Rs. 641.00 (Premium 557.00 + Service Tax 83.55)
Nominee Name	mamta soni

Details of Insured

Insured Name	Client ID	Relationship	Passport Number	Date of Birth	Sum Insured	Pre-existing diseases/conditions	Other PED
Sudhir Kumar	56385441	MEMBER	K6367711	28-Mar-1963	EUR 30000	NONE	NO

Schedule of Benefits

S.No.	Name of Benefits	Sum Insured	Deductibles
1	Hospitalization Expenses: In-Patient Care	Up to SI; Upto 10% of SI for Life Threatening Conditions for PED; Additional 100% of SI for Accidental Hospitalization	EURO 75
2	Hospitalization Expenses - Out-Patient Care	Upto EURO 30,000	EURO 75
3	Daily Allowance	EURO 25 per day; Maximum 5 days	2 DAYS
4	Up-gradation to Business Class	Upto EURO 750	N.A.
5	Dental Expenses	Upto EURO 300	EURO 75
6	Personal Accident	EURO 10,000	N.A.
7	Medical Evacuation	Upto EURO 30,000	N.A.
8	Repatriation of Mortal Remains	Upto EURO 30,000	N.A.
9	Trip Cancellation & Interruption	Upto EURO 750	N.A.
10	Trip Delay	EURO 300	12 HOURS
11	Loss of Checked-in-Baggage	EURO 100	N.A.
12	Delay of Checked-in-Baggage	EURO 100	12 HOURS
13	Loss of Passport	EURO 250	N.A.
14	Personal Liability	Upto EURO 75,000	EURO 75
15	Note :	This Policy covers all Schengen countries plus countries like Bulgaria, United Kingdom, Croatia, Cyprus and Romania.	

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 : 1800-200-4488 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
Religare Health Insurance Co. Ltd.	Direct	1860-500-4488

Service Tax Registration No: AADCR6281NSD001

Consolidated Stamp Duty paid vide E-Challan GRN no. 27383823 dated 24th May 2017

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 **1800-200-4488**.

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.

For Religare Health Insurance Company Limited

Authorized Signatory
Branch Details : RHICL, Nehru Place, New Delhi, Delhi - 110019 Branch Contact No. : 011-66250048

Date of Issue : 27-May-2017
IRDA Registration Number - 148
Product: EXPLORE

Place of Issue : Nehru Place, New Delhi

Religare Health Insurance Company Limited

Correspondence Address: Vipul Tech Square, Tower C, 3rd Floor, Sector - 43, Golf Course Road, Gurgaon - 122009 Registered Office Address: D-3, P3B, District Centre, Nehru Place, New Delhi - 110 017
IRDA Registration No.- 148 CIN:U66000DL2007PLC161503 UIN:IRDA/NL-HLT/RH/P-T/VI/23/14-15 Website:www.religarehealthinsurance.com E-mail:customerfirst@religarehealthinsurance.com Call us: 1800-200-4488



SUDHIR KUMAR

Policy Number DOB
11323309 28-Mar-1963

Validity
27-May-2017 to 05-Jun-2017

Ab Health Hamesha

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, Gurgaon - 122009 (Haryana)
Website: www.religarehealthinsurance.com Call: 1800-200-4488 | 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