



RELIANCE TRAVEL CARE POLICY - FOR INDIVIDUAL
POLICY SCHEDULE

Policy Issuing Office :	Policy Servicing Office Code 9202
RELIANCE GENERAL INSURANCE COMPANY LIMITED 6TH FLOOR, OBEROI COMMERZ, INTERNATIONAL BUSINESS PARK, OBEROI GARDEN CITY, OFF WESTERN EXPRESS HIGHWAY, GOREGAON (EAST), MUMBAI – 400 063	6TH FLOOR, OBEROI COMMERZ, INTERNATIONAL BUSINESS PARK, OBEROI GARDEN CITY, OFF WESTERN EXPRESS HIGHWAY, GOREGAON (EAST), MUMBAI 400 063 MAHARASHTRA INDIA
Policy No : 920222228170072903	Intermediary Code : 22P35172
Tax Invoice No. & Date : R15082201971 & 01/05/2023	

Proposer Details :				
Name of the Proposer	Date of Birth	Occupation	Communication Address & Place of Supply	Contact No.
Mr. RAJAT KUMAR SHARMA	12/07/1999	Others	VILL SOGALPUR, PO GHANOUR TEH RAJPURA, PATIALA, PUNJAB 140702	9321786220

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. RAJAT KUMAR SHARMA	12-Jul-1999	Self	S5988531	No	NA	No

Nominee Details

Nominee Name	Date of Birth	Nominee Relationship with proposer
SANJEEV KUMAR		Father

Address of the Insured :	VILL SOGALPUR, PO GHANOUR TEH RAJPURA, PATIALA, PUNJAB 140702		
Email-ID :	pinky.gadkar40@gmail.com	Telephone No :	Mobile No : 9321786220
Geographical Coverage :	Excluding USA and Canada	Group corp ID :	
Name of Countries to be visited :			
Policy Period :	From 00:00 Hrs on 02-May-2023 To 11-May-2023 midnight or Date of return of Insured whichever is earlier		
Name of the Plan Opted :	Standard		
Trip Type:	Single		

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	300	25
Total loss of checked Baggage	500	NA
Delay Of Checked In Baggage	100	
Personal Accident	15000	NA
Accidental Death Common Carrier	2500	NA
Personal Liability	50000	NA
Compassionate Visit	Return Fare for any one accompanying person - spouse / child / family doctor	NA

Warranties/Conditions:

- 1 The maximum no of travel days under a single trip that may be insured are 14 days
- 2 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.
- 3 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%.
- 4 Warranted that the trip is for the purpose of leisure or personal business not for any other purpose including employment.
- 5 Warranted that any claim arising out of sporting activities in so far as they involve the training of participation in competitions of professional or semiprofessional sportspersons is excluded
- 6 Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and conditions.

Net Premium ` 643.00
 IGST (@ 18.00%) ` 115.74
 Total Premium : ` 759.00
 GSTIN : 27AABCR6747B1ZG , HSN :997142
 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 Tax Rules 2017.

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

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 1800 3009 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@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.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 NO.CSD/411/2022/ (Validity Period from Dt. 21/07/2022 to Dt. 15/07/2023) /3178 DT.21 JUL 2022” 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 1 800 3009(toll free). The Benefits which are mentioned in this Schedule shall only be available under the Policy.

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 R15082201971

Please find attached herewith Policy No. 920222228170072903 which has been issued based on the details furnished to us by Proposer / Insured Person:- Mr. RAJAT KUMAR SHARMA

Proposer Details :

Name of the Proposer	Date of Birth	Occupation	Communication Address & Place of Supply	Contact No.
Mr. RAJAT KUMAR SHARMA	12/07/1999	Others	VILL SOGALPUR, PO GHANOUR TEH RAJPURA, PATIALA, PUNJAB 140702	9321786220

GSTIN / UIN of the Proposer :

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. RAJAT KUMAR SHARMA	12-Jul-1999	Self	S5988531	No	NA	No	No

Nominee Details

Nominee Name	Date of Birth	Nominee Relationship with proposer
SANJEEV KUMAR		Father

Whether Resident of India : Yes

Mailing Address : VILL SOGALPUR, PO GHANOUR TEH RAJPURA, PATIALA, PUNJAB 140702
 Address of residential property : VILL SOGALPUR, PO GHANOUR TEH RAJPURA, PATIALA, PUNJAB 140702
 Insured
 Telephone No. : Mobile No. : 9321786220
 E-mail id : pinky.gadkar40@gmail.com
 Visa Type : NA Geographical : Excluding USA and Canada
 Policy Period : From: 02-May-2023 To: 11-May-2023 Coverage
 Plan : Standard
 Trip Type : Single
 Purpose of Visit : Leisure or business

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)

- Is / are not travelling against advice of Medical Practitioner
- Is / are not on Waiting list for any Medical treatment
- Is / are not travelling for the purpose of obtaining Medical treatment
- Have not received a terminal prognosis for a medical condition before Journey
- Being in India before taking cover and commencement of Trip
- 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, Thalasemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy.
- Being Indian Citizen
- Purpose of visit either Leisure or Business



- 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.
- XII.I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- XIII.I further declare that the premium is being paid from my credit/debit card/internet bank account.

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 ammended 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.

