

Datasheet - 'STUDENT EXPLORE'

Date : 12 October 2018

[REDACTED]
 23 Bhaskara Bpcl Staff Quarters
 [REDACTED]
 Behind Jessie Moses School
 [REDACTED]
 Tamil Nadu

Dear [REDACTED]

This is in reference to information provided by you for Student Explore Plus. 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	Policy Period
Worldwide Ex. US,Canada &India	Student Explore Plus	USD 100000	From 25-Mar-2019 To 24-Sep-2019

Details of the Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases
[REDACTED]	SON	[REDACTED]	MALE	USD 100000	[REDACTED]	[REDACTED]

Nominee Details

Name of Nominee	Relationship
[REDACTED]	FATH

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

Policy Certificate - Student Explore

23 Bhaskara Bpci Staff Quarters,
 Behind Jessie Moses School,



Mob No :
 Client ID: 62757999
 Date of Birth: 07-Jan-1956

Policy Details

Policy No.	13160217
Plan Name	Student Explore Plus
Policy Period - Start Date	00:00 hrs 25-Mar-2019
Policy Period - End Date	Midnight 24-Sep-2019
Total No. of Travel Days	184 days
Cover Type	Individual
Geographical Scope	Worldwide Ex. US,Canada &India
Premium Paid	Rs. 4025.00 (Premium Rs 3411 + CGST Rs 0 + IGST Rs 613.98 + SGST Rs 0 + UGST Rs 0)
Nominee Name (Relation)	

Details of Insured

Insured Name	Client ID	Gender	Date of Birth	Relationship with Proposer	Passport Number	Pre-existing diseases/conditions
	62758000	M		SON		NONE

Educational Institute Details

Name of Institute	Educational Course Details	Address
TU Clausthal	Mechanical Engineering	Adolph-Roemer-Strae 2A 38678 Clausthal-Zellerfeld,Germany

Sponsor Details

Sponsor's Name	Date of Birth	Relationship with Insured
		FATHER

Intermediary Details

Name	Code	Contact Number
Uday Yatnalli	20100748	8073259343

Benefits

S.No	Name of Benefits	Sum Insured	Deductibles
1	Medical Expenses	Up to US \$ 100,000	US \$ 100
2	In-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100
3	Pre-Existing Disease Cover in Life Threatening Medical Condition	Up to 10% of Sum Insured of Medical Expenses	US \$ 100
4	Extended Cover in the Country of Residence	Up to Sum Insured of Medical Expenses	US \$ 100
5	Out-patient Care	Up to Sum Insured of Medical Expenses	US \$ 100
6	Repatriation of Mortal Remains (Part of Sum Insured of Medical Expenses)	Up to US \$ 7,500	N.A.
7	Medical Evacuation (Part of Sum Insured of Medical Expenses)	Up to US \$ 7,500	N.A.
8	Dental Expenses	Up to US \$ 250	US \$ 50
9	Accidental Death	\$ 15,000	N.A.
10	Permanent Total Disablement	% of Accidental Death Sum Insured payable as per the Insured Events defined in Policy terms and condition	N.A.
11	Permanent Partial Disablement	% of Accidental Death Sum Insured payable as per the Insured Events defined in Policy terms and condition	N.A.
12	Loss of Checked-in Baggage	Up to US \$ 500	N.A.
13	Loss of Passport	US \$ 150	US \$ 50
14	Personal Liability	Up to US \$ 100,000	US \$ 200
15	Study interruption	Up to US \$ 7,500	N.A.
16	Sponsor Protection	Up to US \$ 10,000	N.A.
17	Bail Bond	Up to US \$ 500	N.A.
18	Coverage at home country	Up to 5% of Sum Insured of Medical Expenses	US \$ 100

Special Conditions

No	Special Conditions
1	Additional Services
	Medical Assistance Services
	Medical Service Provider Referral
	Arrangement of Hospital Admission
	Arrangement of Compassionate Visit
	Embassy Referral

Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019 Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009

Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call us: 1800-200-4488 / 1860-500-4488

Premium Details

Particulars	Amount (in Rs.)
Basic Premium	3411
Goods & Services Tax (GST)	613.98
Total Premium	4025

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 / 1860-500-4488
E-mail : travelassistance@religare.com
E-mail : customerfirst@religare.com (for Policy servicing)
Website: www.religarehealthinsurance.com

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - **Falck Global Assistance**
US and Canada Toll free number: +1 8443013135/ +18443013146
Any other country: +91 124 4498760 (Call Back Facility)
Fax No.: +91 124 4006674 **E-mail:** travelassistance@religare.com (for claims)
Website: www.religarehealthinsurance.com

For Religare Health Insurance Company Limited



Authorized Signatory

Date of Issue : 12-Oct-18

Place of Issue : Gurgaon, Haryana

Consolidated Stamp Duty paid vide E-Challan GRN no. 0039063813 dated 12 Sep 2018, RCM Applicability- N/A
SAC: 997136 and Description of Service: Travel insurance services GSTIN No.: 06AADCR6281N1ZW

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 and Conditions and Annexures. Please ensure that have been received, read and understood. If any of these documents, please email at customerfirst@religarehealthinsurance.com or write to the Company. This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.

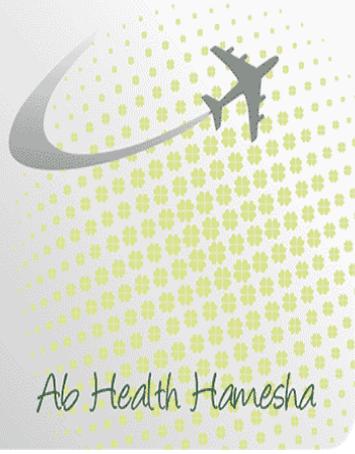
Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019 Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009

Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call us: 1800-200-4488 / 1860-500-4488



Health Insurance



PAVAN REDDY ENUGA

Policy Number 13160217 | DOB 20-May-1994

Validity 25-Mar-2019 to 24-Sep-2019



Assistance Service Provider - Falck Global Assistance

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

Table with 2 columns: Contact Method and Helpline Number

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