



Registered Office :19, Reliance Centre , Walchand Hirachand Marg, Ballard Estate, Mumbai 400 038

### RELIANCE TRAVEL CARE POLICY - FOR SCHENGEN POLICY SCHEDULE

<b>Policy Issuing Office :</b>	<b>Policy Servicing Office Code &amp; Address :</b> 9202
570- Rectifier House, Naigaum Cross Road, Wadala- (W), Mumbai-400031, Maharashtra, India	570- Rectifier House, Naigaum Cross Roa MUMBAI,MUMBAI MAHARASHTRA India 400031
<b>Policy No :</b>	<b>Intermediary Code :</b> Direct

<b>Proposer Details:</b>				
<b>Name of the Proposer</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Address</b>	<b>Contact No.</b>
	20-Dec-1988	Others		

<b>Details of the Insured Person :</b>						
<b>Name of the Insured Person</b>	<b>Date of Birth</b>	<b>Insured Relationship with the proposer</b>	<b>Passport No</b>	<b>Pre-Existing illness/ injury/ condition if any</b>	<b>Suffering Since</b>	<b>Under Medication</b>
	20-Dec-1988	Self		No	NA	No

<b>Nominee Details</b>			
<b>Nominee Name</b>	<b>Date of Birth</b>	<b>Relationship with proposer</b>	<b>Address of Nominee</b>
Kanchana J			

<b>Address of the Insured :</b>	
<b>Email-ID :</b>	<b>Telephone No:</b> <b>Mobile No :</b>

**Name of Countries to be visited :**

**Policy Period :** From 00:00 Hrs on 20-Sep-2015 to 19-Oct-2015 midnight or Date of return of Insured whichever is earlier

**Name of the Plan Opted :** Standard

**Trip Type:** Single

Coverage	Sum Insured (In Euros)	Deductible (In Euros)
Medical Expenses Including Transportation and Evacuation	50000	50
Dental Care Expenses	500	50
Loss of Passport	300	25
Total Loss of Checked baggage	500	
Delay of Checked Baggage	100	12 Hours
Personal Accident	15000	
AD and D Common Carrier	2500	
Personal Liability	50000	
Compassionate visit	Return Fare for any one accompanying person - spouse / child / family doctor	
Limit for Any one Illness including transportation and evacuation cover	9000	50

**Warranties/Conditions:**

- 1)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
- 2)Warranted that the Insured / Insured Person(s) has no past history of any illness / hospitalization
- 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 medical expenses incurred during the period of insurance which arise out of any pre-existing disease/ condition shall be admissible only if it is related to any life threatening condition and such payment shall be restricted to 7,500 Euros per insured person subject to sum insured.
- 6) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons is excluded

<b>Net Premium :</b>	₹ 924/-
<b>Service Tax:</b>	₹ 129.36/-
<b>Total Premium :</b>	₹ 1053/-

**Service Tax Registration No: AABCR6747BST001**  
**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 this 29-Jul-2015

For and on behalf of Reliance General Insurance Company Limited

*(Signature)*

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 Insurance Policy

**Medical Assistance & Emergency Services are implemented by our Service Providers-**

**EUROP ASSISTANCE INDIA PVT. LTD.**  
C-301, Business Square,  
Andheri-Kurla Road,Chakala,  
Andheri (E),Mumbai – 400093, 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:**

Singapore, Thailand, Hongkong is 001 800 10101022, USA – 8774714686, Canada – 8776266511,  
Australia – 0011 800 10101022, Japan - 0033010 800 10101022, 001010 800 10101022,  
Israel - 014 800 10101022, South Africa – 09 800 10101022 and for the following countries- Netherlands, Belgium, Italy, Norway, Poland, New Zealand, Portugal, United Kingdom, Malaysia, China, Taiwan, Sweden, Austria, Czech Republic, Denmark, France, Greece, Hungary, Germany, Spain, Switzerland - 00 800 10101022

<b>Dedicated National Toll Free Help Line :</b> 1800 209 5522	<b>Land Line Numbers:</b> +91 22 67347843 & +91 22 67347844
<b>E-mail:</b> reliance@europ-assistance.in	<b>Fax Number:</b> +91 22 67347888

**Website:** www.europ-assistance.com  
**Consolidated Stamp duty Paid vide GRAS GRN No. MH006126164201415E dated 02 March 2015\*\* \*\* 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](mailto: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.

Intermediary Name & Code : Direct Direct

Intermediary Contact No.: 022-30479600,11111111

Insurance is the subject matter of Solicitation. IRDA of India Registration No. 103.

Corporate Identity Number U66603MH2000PLC128300

Reliance General Insurance Co. Ltd.

Registered office : Reliance Center19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400001

Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate,Wadala (W), Mumbai 400031

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License

An ISO 9001:2008 Certified Company

**Reliance Travel Care Policy - Online Proposal Form with Proposal No R29071502785**

Please find attached herewith Policy No. 9202252833002537 which has been issued based on the details furnished to us by Proposer / Insured Person:-Lohith Kumar

**Proposer Details:**

Name of the Proposer	Date of Birth	Occupation	Address	Contact No.
Lohith Kumar	20-Dec-1988	Others	Pr...	

**Details of Insured Person**

Name	Date of Birth	Relationship with Proposer	Passport Number	Pre-Existing illness/ injury/ condition if any	Suffering Since	Under Medication	Professional Sports person
		Self		No	NA	No	

**Nominee Details**

Nominee Name	Date of Birth	Relationship with proposer	Address of Nominee

Proposer Name : Lohith Kumar  
 Whether Resident of India : Yes  
 Mailing Address : # 4th Floor, Hosur Road, 7th Palya Ma Dominos Pizza Restaurant, Bangalore, Karnataka - 560016  
 Address of residential property Insured : # 4th Floor, Hosur Road, 7th Palya Ma Dominos Pizza Restaurant, Bangalore North, Karnataka India 560016  
 Telephone No. : Mobile No. 98454 49 70  
 E-mail id : lohitkumar@gmail.com  
 Visa Type : None  
 Policy Period : From 20-Dec-2017 to 19-Dec-2018  
 Plan : Leisure  
 Trip Type : Leisure  
 Purpose of Visit : Leisure

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)
  - 1) Is / are not travelling against advice of Medical Practitioner
  - 2) Is / are not on Waiting list for any Medical treatment
  - 3) Is / are not travelling for the purpose of obtaining Medical treatment
  - 4) Have not received a terminal prognosis for a medical condition before Journey
  - 5) Being in India before taking cover and commencement of Trip
  - 6) Having Declared 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, Thalassaemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy
  - 6) Being Resident Indian
  - 7) 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 non-disclosure 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 authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information. Yes/No (non selection, the option shall be constructed as "Yes" by the Company).
- XIII. 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.
- XIV. 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 (Under Section 41 of Insurance Act 1938)**

- 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 punishable with fine, which may extend to five hundred rupees.