



Reliance HealthGain Policy Schedule

Policyholder Details	
Policy Number: 920222228280212621	Proposal/Covernote No: R24052287020
Name: MR. SANJAY JAGGANATH DUSANE . .	Customer ID:
Correspondence Address & Place of Supply: A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR NASHIK ,BEHIND SATYAM SWEET , NASHIK, MAHARASHTRA, 422009	Policy Servicing Branch: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063 MUMBAI MUMBAI MAHARASHTRA 400055
Contact No: 9422583661	Tax Invoice No. & Date: R24052287020 & 24/05/2022
Email-ID : 04.sanjay@gmail.com	GSTIN/UIN of Policyholder:
Date of Birth (DD/MM/YY): 04/08/1967	Gender: Male

Plan Details					
Cover Type	Individual	Tenure (Years)	1	Premium Payment Mode	Single
Plan Name	PlanA	BusinessType	Renewal	Previous Policy No	920222128280086482
Policy Period	Start Date: 14/06/2022	End Date:	13/06/2023	Renewable Date	14/06/2023

Details of the Insured	1	2	3	4	5	6
Name	MS. CHAITALEE SANJAY DUSANE . .					
Gender	Female					
Relationship	Daughter					
Date of Birth(DD/MM/YYYY)	30/01/2001					
Pre-existing Disease - Name	NO					
Pre-existing Disease - Since	NA					
Insured with the Company, since	01/01/1900					
Base Sum Insured (Individual)	600000					
Base Sum Insured (Family Floater)	NA					
Cumulative Bonus(Individual)	200000					
Cumulative Bonus(Family Floater)	NA					

VLE ID	VLE Name	UIN	VLE Contact Number
17BRG276	JAINUINE INSURANCE BROKERS PVT LTD	9850049400	

Intermediary Code	Intermediary Name	Intermediary Contact No	POS UID Aadhaar No. / PAN No.

Premium Details	Amount (₹)	Details
Basic Premium	5875.00	
Loading : Underwriting	0.00	
Discount	0.00	
Net Premium	5875.00	
CGST (@ 9.00 %)	528.75	
SGST (@ 9.00 %)	528.75	
Total Premium	6933.00	

GSTIN:27AABCR6747B1ZG,HSN: 997133
Description of Services:Accident and Health Insurance Service
*As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year"

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/300/2022/(Validity Period Dt.30/03/2022 to 30/03/2023)/1380" date 28th Mar 2022 at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir

Nominee Details

Name	SANJAY JAGGANATH DUSANE .	Date Of Birth	04/08/1967	Relationship with proposer	Self
Address of Nominee	A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR NASHIK ,BEHIND SATYAM SWEET ,NASHIK,MAHARASHTRA,422009				

Benefits Table

Benefit	Basis of Offering	Benefit	Basis of Offering
Hospitalisation Expenses	Medical Expenses incurred as Inpatient hospitalization Day care Treatment	Wellness	a- Doctor Anytime /Free Health Helpline: The InsuredPerson shall have the option of seeking medical advice from a Medical Practitioner through the telephonic or online mode b- Health Portal: The InsuredPerson shall have the option to access health related information and services through the Company's/designated website
Pre Hospitalisation Expenses	Pre-hospitalization up to 60 days	Cumulative Bonus	33 1/3 % increase in Base SumInsured for every claim free year Max up to 100% of Base SumInsured 33 1/3 % decrease in Base SumInsured for every claim year Max up to earned Cumulative Bonus
Post Hospitalisation Expenses	Post-hospitalization up to 60 days	Reinstatement of Base Sum Insured	Once re-instatement upto 100% of Base Sum Insured
Domestic Road Ambulance	Upto Rs 1500 per Hospitalization	Call Option	Insured, subject to sublimit of 20% for related Illness/ injury
Donor Expenses	Upto 50% of Base SumInsured subject to maximum of Rs 5 lacs	Claim Servicing Guarantee	Once at the end of every consecutive 4 claim free years
Domiciliary Hospitalization	Upto 10% of the Base SumInsured subject to a maximum of Rs 50,000		Cashless Claims – 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents Re-imburement Claims – 1% for every delay of 21 days beyond 21 days of receipt of all information/documents Maximum – 6% for a claim

Endorsements

Particular
Room Category

Contact details for Policy & Claims Servicing	Policy Servicing	Claim Servicing
Name	Customer Service Team	R Care
Correspondence Address	Reliance General Insurance Company Limited Winway Building,2nd & 3rd floor, 11/12, Block No - 4, Old No-67, South Tukoganj, Indore (M.P.) - 452001	Reliance General Insurance,1-89/3/B/40 to 42/ks/301 , 3rd floor,Krishe Block, Krishe Sapphire,Madhapur, Hyderabad.Pin code-500081
E-mail ID	rgicl.services@relianceada.com	Rgicl.rcarehealth@relianceada.com
Contact No	NA	NA
Fax No		(022) 48903009
Website	www.reliancegeneral.co.in	www.reliancegeneral.co.in
Paid No	(022) 48903009	(022) 48903009

Please Note:

For Reliance General Insurance Co. Ltd.

-Attached with this Policy Schedule are the Policy Terms and Conditions, Endorsements, and Annexures. Please ensure that you (Policyholder) have received, read and understood all these documents. If you (Policyholder) have not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us on 022 48903009(Paid no).

- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy. In the event of any incorrect representation, the liability shall be upon the Policyholder.

- The Benefits which are mentioned in this Schedule shall only be available under the Policy.

- 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.



Authorised Signatory

Reliance General Insurance Company Limited

PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of ₹ 6933.00 from Mr. Sanjay Jagganath Dusane . . towards payment of health insurance premium as per the details mentioned above.

The premium paid for this policy is eligible for applicable tax benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.

Name of the Policyholder	MR. SANJAY JAGGANATH DUSANE . .
Correspondence Address	A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR NASHIK ,BEHIND SATYAM SWEET ,NASHIK,MAHARASHTRA,422009
Policy Number	920222228280212621
Issue Date	24/05/2022
Place	Mumbai

For Reliance General Insurance Co. Ltd.



Authorised Signatory

Please Note :

- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us on 022 48903009(Paid) for necessary changes/rectification.

- These documents must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh Schedule in the case of any alteration in the Policy. In the event of incorrect representation of this declaration, the liability shall be upon the Policyholder. 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.

-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.

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

Know your policy

Remember to carefully go through the policy documents and confirm your details.

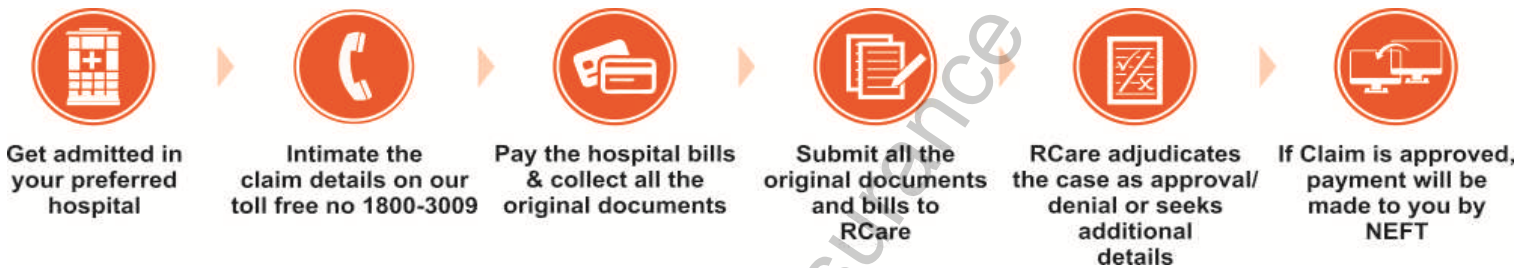
In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on **022 48903009(Paid No)** or visit any of our branches or mail us at rgicl.services@relianceada.com

Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.

How to register a Claim - Cashless



How to register a Claim - Reimbursement



What documents do you require to register a Claim

1. Duly filled Claim form.
2. Discharge summary details, Final Hospital Bill (detailed breakup), interim bills & Payment Receipts.
3. Doctor's consultation papers.
4. Photo Id proof of insured & patient.
5. All original investigation reports & all pharmacy bills, supported by doctor prescriptions.
6. Implant sticker / invoice, if used (Eg. lens details in cataract case, stent details in angioplasty).
7. Medico Legal Certificate (MLC) for all accident cases.
8. For miscellaneous charges - detailed bills with supporting prescription of the consulting doctor.
9. Copy of Health card & any other related documents.
10. CTS 2010 compliant original Cancelled Cheque which should bear printed name of account holder, IFSC Code & Account No.

Note: As soon as a claim occurs, please intimate immediately to our call centre **022 48903009(Paid No)**. Delay in intimation would result in the violation of policy condition.

How to renew your policy conveniently



Payment Modes



The content on this page is for additional information & should not be considered as part of the policy document / Schedule

Name : Ms. CHAITALEE SANJAY DUSANE . .
Date of Birth : 30/01/2001
Gender : Female
UHID : 2825070042874
Policy No : 920222228280212621
Valid Upto : 13/06/2023



Scan the QR code for details

Call 1800 3009(Toll Free) 022 4890 3009(Paid) 7400422200
Email: rgicl.rcarehealth@relianceada.com

Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is must in case of hospitalization
- To avail cashless facility at our Network hospitals, please produce your Health cards & Photo ID proof of the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in

RCare

Reliance General Insurance
No 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe block, Krishe Sapphire,
Madhapur,Hyderabad-50008

IRDAI Registration No. 103 Reliance General Insurance Company Limited.
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:**RELHLIP21514V022021.
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RGI/MCOM/HL-11/HEALTH CARD/Ver 1.2/060617