



**Royal Sundaram General Insurance Co. Limited**

(Formerly Known as Royal Sundaram Alliance Insurance Company Limited)  
"Vishranthi Melaram Towers" No.2/319, Rajiv Gandhi Salai  
(OMR), Karapakkam, Chennai - 600097.  
Registered Office: 21, Patullos Road, Chennai 600 002.  
Toll: 18602580000/18604250000 Mobile: 94444 48899.  
Email:customer.services@royalsundaram.in, Website: www.royalsundaram.in  
IRDA Registration No.102 | CIN-U67200TN2000PLC045611

June 30, 2022

Mr AMIT ASHOKSA KOSANDAL  
KANCHANWADI A-2-1 RAJ VALLY  
NATH VALLY JAVAL  
AURANGABAD.  
Maharashtra  
431001

Re: BYS0000023000100

Branch code : M8



Dear Mr AMIT ASHOKSA KOSANDAL,

Thank you for choosing Royal Sundaram for your Bharat Yatra Suraksha, Royal Sundaram General Insurance Co. Limited policy. We are delighted to have you as our customer.

We are enclosing the following documents pertaining to the above plan:

- 1.Policy Schedule
- 2.Policy Terms & conditions

Please keep these documents in a safe place as they form part of our contract with you. We request you to verify the above documents and ensure everything is in order. In case of any discrepancies, please contact us immediately

Should you have any queries, you may contact our Customer Service Officers at the numbers mentioned below.

Assuring you of our best services at all times.

Yours Sincerely

Duly Authorized Signatory

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Customer Services

Call: 18602580000/18604250000, Email: [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in)

Bharat Yatra Suraksha, Royal Sundaram General Insurance Co. Limited | UIN RSATIDP22118V012122



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**Bharat Yatra Suraksha, Royal Sundaram General Insurance Co. Limited**  
**Schedule of Insurance**

|                        |   |
|------------------------|---|
| Policy Number          | BYS0000023000100                                |
| Date of Issuance       | June 30, 2022                                   |
| Type of Cover          | Individual Cover                                |
| Proposer Name          | AMIT ASHOKSA                                    |
| Proposer Address       | KANCHANWADI A-2-1 RAJ VALLY NATH<br>VALLY JAVAL |
| Proposer Gender        | Male  |
| Proposer Date Of Birth | 21/10/1979                                      |
| Proposer PAN No.       | ARRPK9633M                                      |
| Mobile number          | 9423339058                                      |
| Email Id               | AMIT.KOSANDAL@GMAIL.COM                         |



**Intermediary Details**

|                 | Intermediary Details   |
|-----------------|--|
| Name            | Jainuine Insurance Brokers Pvt. Ltd                                  |
| Code            | BR500066   |
| Contact Number  |  |
| Landline Number | -  |
| Address         | 1st Floor Ramdayal Plaza Near Kiran Tea Navi Peth , Jalgaon 425001 - |
| Aadhar Number   |  |
| PAN Number      |  |

|                      |                   |            |
|----------------------|-------------------|------------|
| Period of Insurance  | Policy Start Date | 27/06/2022 |
|                      | Policy End Date   | 26/07/2022 |
| Place of Origin      | AURANGABAD        |            |
| Place of Destination | AMARNATH YATRA    |            |

**Schedule of Benefits:**

| Plan   | Mode of Travel Covered      | Limit on Distance |
|--------|-----------------------------|-------------------|
| Plan E | Taxi Cab/Bus/Train/Air/ship |                   |

**Insured Details**

| Sl.No | Name of the Insured Person(s) | Date of Birth | Gender | Relationship with Proposer | Nominee Name          | Relationship with the Insured Person | Premium (Rs) | Pre-existing Disease / Ailment/ Condition |
|-------|-------------------------------|---------------|--------|----------------------------|-----------------------|--------------------------------------|--------------|---|
| 1     | AMIT ASHOKSA<br>KOSANDAL      | 21/10/1979    | Male   | SELF                       | ARTI AMIT<br>KOSANDAL | WIFE                                 | 791.58       | NONE                                      |

**Details of Covers Opted / Sum Insured / Deductible**

**Mandatory Benefits:**

| Sl.No | Name of the Insured Person(s) | *Hospitalization Expenses due to | Accidental Death | Permanent Total | Permanent Partial | Repatriation of Mortal | Automatic trip extension |
|-------|-------------------------------|----------------------------------|------------------|-----------------|-------------------|------------------------|--------------------------|
|-------|-------------------------------|----------------------------------|------------------|-----------------|-------------------|------------------------|--------------------------|

Customer Services

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|   |                       | Accident* |         | Disability (PTD) | Disability (PPD) | Remains |     |
|---|-----------------------|-----------|---------|------------------|------------------|---------|-----|
| 1 | AMIT ASHOKSA KOSANDAL | 1000000   | 5000000 | 5000000          | 5000000          | 100000  | YES |

\*Deductible of Rs.500/- only

**Optional Benefits (Only applicable benefits will appear):**

| Sl.No | Name of the Insured Person(s) | Compassionate Allowance (Max No. of 7daysonly) | #Trip Delay (applicable only for air travel) (beyond 3 hour) |
|-------|-------------------------------|--|--|
| 1     | AMIT ASHOKSA KOSANDAL         | 100000   | 500  |

# Deductible of 3 hours

## Deductible of Rs.10000/- only

Please visit below link, to download the detailed policy terms and conditions.

<https://www.royalsundaram.in>

**Premium Details**

| Net Premium ((₹)) | CGST(9.0 %) | SGST(9.0 %) | Gross Premium ((₹)) |
|-------------------|-------------|-------------|---------------------|
| 791.58            | 71.24       | 71.24       | 934.06              |

| Receipt Number | MOR8927469 | Receipt Date | 27/06/2022 |
|----------------|------------|--------------|------------|
|----------------|------------|--------------|------------|

This Schedule forms part of terms and conditions attached herewith. Please quote the policy number in all your correspondence.

Provided that in the case of a policy of general insurance where the remittance made by the proposer or the policy holder is not realized by the insurer, the policy shall be treated as void ab initio

This schedule of insurance is a valid document. You can print and use the same as and when the need arises. Consolidated Stamp Duty Paid to the Government of Tamil Nadu

IN WITNESS WHEREOF, this Schedule of insurance has been signed at CHENNAI on Issued at

Agent/Broker name:Jainuine Insurance Brokers

Agent/Broker License Code:BA505589

Agent/Broker Contact no:

For Royal Sundaram General Insurance Co. Limited

**Authorized Signatory**

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## GST Invoice

Royal Sundaram General Insurance Co. Limited  
M8 : M8-Aurangabad Branch  
Address:  
2nd Floor, "Sakar", CTS No.18030, Above Axis Bank, Adalat Road, Kranti Chowk,  
AURANGABAD - 431001, MAHARASHTRA  
GSTIN: 27AABCR7106G1ZJ

Policy Number : BYS0000023000100  
GST Invoice Number : BYS000002300000  
Invoice Date : 27/06/2022

Insured/Recipient Name and Address:  
AMIT ASHOKSA KOSANDAL  
KANCHANWADI A-2-1 RAJ VALLY, NATH VALLY JAVAL  
AURANGABAD.  
State: MAHARASHTRA  
Pincode: 431001  
Place of Supply: MAHARASHTRA  
State Code : 27

Accounting code of service :997133  
Accident and health insurance services

|                 |    |          |
|-----------------|----|----------|
| Taxable Premium |    | ₹ 791.58 |
| CGST            | 9% | ₹ 71.24  |
| SGST            | 9% | ₹ 71.24  |
| Gross Premium   |    | ₹ 934.06 |

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Signature

**Note:**This document is digitally signed

This document is electronically generated. This document should be issued along with the Policy document. This document stands invalid, if issued separately