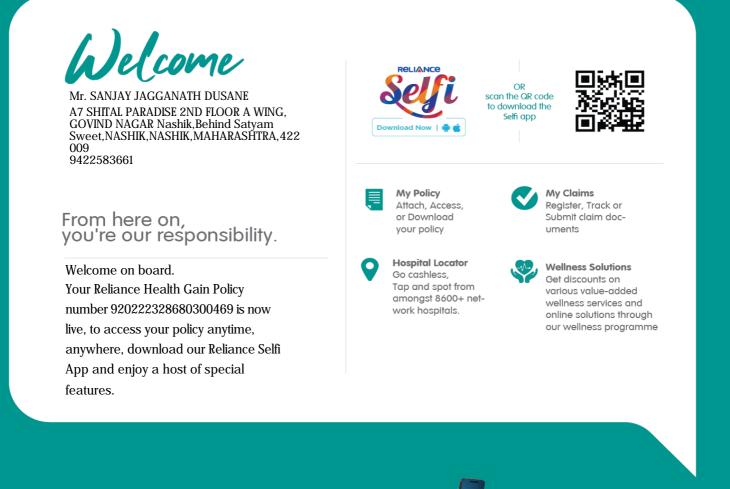
GENERAL | Reliance Live Smart



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🕟 reliancegeneral.co.in 022 4890 3009 (Paid) I 1800 3009 (Toll Free) \bigcirc 74004 22200 (WhatsApp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited

An ISO 9001:2015 Certified Company

RELIANCE GENERAL



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RELIANCE HEALTH GAIN POLICY - POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	: 920222328680300469	9 Proposal No	: R23052353680
Policyholder Name	Mr. SANJAY JAGGANA DUSANE	TH Policy Issuance Date	: 23/05/2023
Tax Invoice No. & Date	: R23052353680 & 23/0	05/2023 GSTIN/UIN of Policyholde	er :
Correspondence Address & Place of Supply	A7 SHITAL PARADISE 2 FLOOR A WING, GOVIN NAGAR Nashik,Behind Sweet,NASHIK,NASHIK ASHTRA,422009	D Satyam Policy Issuing Branch &	Corporate Office(Servicing) 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	Email ID	: 04.sanjay@gmail.com
Date of Birth	: 04/08/1967	Business Type	: Renewal
Gender	: Male	Zone	: A
POLICY DETAILS	oany Lin	allance	ance yed
Cover Type :	Individual	Plan Opted : Pl	us
Base Sum Insured :	600000	Policy Tenure : 1	year
Policy Period Start Date & : Time:	14/06/2023 At 00:01 Hrs		3/06/2024 At 23:59 Hrs.
Previous Policy No. & end : Date	920222228280212621 13/06/2023	Renewable Date : 14	1/06/2024
Room Category* :	Single Private air-conditioned roo	m	de la compañía de la comp
Loyalty Cover	Please refer renewal benefit secti	on 5.3 loyalty cover for coverage deta	ails
Premium Payment Frequency :	Lump Sum	Jan .	and the second
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	50 320	6.05	100 V

#### INTERMEDIARY DETAILS

JAINUINE INSURANCE BROKERS PVT	17BRG276	9850049400	6
Intermediary Name NA	Intermediary Code NA	Intermediary Contact No	POSP ID
VLE Name	VLE ID	VIE Contact No	mpants Reliat
Reliance General Insurance G	on	leitance General Ineurance Co	mpany Lin. Rolland

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nen	0800	2.01	JI'	alle	
DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER	4
Name of the Insured Person	Ms. CHAITALEE SANJAY DUSANE			Q ²	Pol
Gender	: Female	20	0		
Date of Birth	: 30/01/2001			<u>`````````````````````````````````````</u>	
Relationship with Policyholder	: Daughter	0			
Insured with the Company, since					2
UHD	: 2825070042874	0	<u> </u>		Nº.
Any Pre-existing Disease	: No				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Pre-existing Disease – Name		29	0		
Pre-existing Disease – Since	: NA			2	
Permanent exclusions (if any ) as agreed by the customer	: _0110	- A-ON	- Mailla	Limit?	
Special Remarks/Conditions	: 6°			<u></u>	
Cumulative Bonus (`) Floater	:0	S ²	2	2	00
Cumulative Bonus Sub-Limit (`)	: 0				
Cumulative Bonus (`) Individual	: 400000	- ALCO		8	
Insured Person covered under : Health Insurance with any Company, Since (If, yes)	: NA	- Active Contraction of the Cont	Insura	A Limite	فم
PREMIUM DETAILS		AMOUNT	Discount Details	200	-010
Zone		А	20		
Base Premium		5377			
Addon Premium (If any)	0	0.00	ano.	60-	
Loading (if any)		0	CUTO	COL	
Discount (if any)	- C ²	0	110	J.V.	00
Total Premium excluding Taxes ar	nd Levies	5377.00	10.	25.3	- Ollo
CGST (9.00%)	N NOT	483.93	01	24	8.0
SGST (9.00%) Total Premium including Taxes as	nd I price	483.93 6345.00	0		
	<u></u>		no	60	
GSTIN :27AABCR6747B1ZG, HSN : Consolidated Stamp duty Paid vide MAR 2023" at General Stamp Offic	e Letter of Authorisation "NO.LOA	/CSD/662/2023/(Validity	Period Dt.27/03/2023 to	o Dt.01/12/2023)/1156 I	)T.27
NOMINEE DETAILS Name of Nominee	: SANJAY JAGGANATH DUS	SANE Relationship v	with Policyholder : Self	£	

Date of Birth	: 04/08/1967	Address of Nominee	A7 SHITAL PARADISE 2ND FLOOR A WING, GOVIND NAGAR Nashik,Behind Satyam Sweet,NASHIK,NASHIK,MAHARAS HTRA,422009
Contact No. / Mobile No.	:	Email ID	:
APPOINTEE DETAILS	20 ⁰ à	a la	
Name of Appointee	10 : 20	Relationship with Nominee	- offer
Date of Birth	:	Address of Appointee	0
Contact No. / Mobile No.	:	Email ID	

#### **RELI**ANCE

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#### NOTE

The maximum liability of the Company to pay the claims under this Policy is limited to Total Liability defined in the Policy Wordings. Please refer the policy wordings for detailed information and understanding of the coverages.

#### CONDITIONS

#### Waiting Period

- 1. 36 Months Pre-Existing Disease waiting period (Code: Excl01)
- 2. 24 months Specified disease/procedure waiting period (Code:Excl02)

#### **EXCLUSIONS**

Below are the Standard Exclusions

- a. Investigation & Evaluation (Code:Excl04)
- b. Rest Cure, rehabilitation and respite care (Code:Excl05)
- c. Obesity/ Weight Control (Code:Excl06)
- h. Excluded Providers (Code:Excl11)
- i. Substance Abuse and Alcohol (Code: Excl12)
- j. Wellness and Rejuvenation (Code:Excl13)
- k. Dietary Supplements & Substances (Code:Excl14)

- d. Change-of-Gender treatments (Code:Excl07)
- e. Cosmetic or Plastic Surgery (Code: Excl08)
- f. Hazardous or Adventure sports(Code:Excl09)
- g. Breach of law (Code: Excl10
- . Refractive Error (Code: Excl15)
- m. Unproven Treatments-Code (Code: Excl16)
- n. Sterility and Infertility (Code: Excl17)
- o. Maternity Expenses (Code Excl 18)

In addition to above below mentioned are Specific Exclusions applicable to this Policy

- p. Treatment outside Discipline
- q. Hearing Aids and spectacles
- r. External durable medical equipment
- s. Sleep Apnea
- t. External Congenital Anomaly
- u. Artificial Life support equipments
- v. Non-payable items
- w. Outpatient Treatment

- x. Overseas Treatment
- y. Self-injury
- z. Documentation charges
- aa Charges other than Reasonable & Customary Charges
- ab. RMO charges and Service charge
- ac. Nuclear Attack.
- ad. War

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions related to the Covers listed above

#### ENDORSEMENTS

Serial No: Particulars

#### CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited Correspondence Address: Reliance General Insurance. Winway Building 2nd and 3rd Floor, 11/12 Block No - 4, Old No - 67, South Tukoganj, Indore (M.P) - 452001 Email ID : rgicl.services@relianceada.com Contact No.: 022-4890 3009 (paid) Website: www.reliancegeneral.co.in Toll Free No.: 1800 3009

#### CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited Correspondence Address: Reliance General Insurance. No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad - 500081 Email ID : rgicl.rcarehealth@relianceada.com Contact No.: 022-4890 3009 (paid) Website: www.reliancegeneral.co.in Toll Free No.: 1800 3009

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#### PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited
- The Base Sum Insured has been enhanced under the Policy on the request of the Policyholder to exercise the Benefit-5.2 Call Option for Enhancement of Base Sum Insured
- Subject otherwise to the terms and conditions of Policy Wording click here
- In the event of any incorrect representation, the liability shall be upon the Policyholder
- 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 at 022-41112600 for necessary changes/rectification/documents required.

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#### 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.

Details of the offices of the Insurance Ombudsman are

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 IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit RDAI website www.irdai.gov.in. Toll free number: 1800 4254 732

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

#### PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, 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

For Reliance General Insurance Co. Ltd.

Authorised Signatory

## GENERAL INSURANCE



The coverage's under Reliance HealthGain Policy are listed below:

Sr. No.	Covers	Plus
8.	A Instr	Benefit-Hospitalization Cover:
1.1	Hospitalization Expenses: • In Patient Treatment • Day Care Treatment • Accommodation Bonus	This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment or Day Care Treatment including the expenses incurred on AYUSH Treatment up to the Sum Insured Accommodation Bonus: Additional fixed daily amount of ` 1000 shall be payable only if Insured undergoes Hospitalization for In-Patient Treatment and occupies Twin sharing Room or below
1.2	Domestic Road Ambulance	This benefit indemnifies the Insured Person on availing Ambulance services offered by a Hospital or by an Ambulance service provider up to `1500 per hospitalization \n For Intercity Ambulance (beyond 100km): up to `20,000
1.3	Domiciliary Hospitalization	This benefit pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization within the Sum Insured, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days
1.4	Modern Treatment	This benefit indemnifies for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods up to 50% of Base Sum Insured
1.5	Pre Hospitalization	Coverage for Pre-hospitalization upto 60 days, within the Sum Insured
1.6	Post Hospitalization	Cover for Post-hospitalization upto 60 days, within the Sum Insured
1.7	Organ Donor Expenses	This benefit indemnifies for the medical expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on Insured Person during the Policy Year. Up to 50% of Base Sum Insured, subject to maximum of $\gtrsim$ 5 lakhs
	T	Benefit -Extra Cover
2.1	Reinstatement of Base Sum	On subsequent claim one reinstatement up to 100% of Base Sum Insured for unrelated illness/injury, sub-limit of 20% of Base Sum Insured for related illness/injury.
2.2	Extra Sum Insured	This benefit provides an additional 20% of Base Sum Insured on same claim, in single hospitalization after exhaustion of Base Sum Insured under the Policy
	÷	
60	Sull	Benefit Personal Accident Cover
3.1	Accidental Death Cover	Not Applicable
	Gene	Benefit - Critical Illness Cover
4.1	Waiver of Premium	Vot Applicable
Roll	neralmsuran	npany Limited Gellance Gellance Confit Med
4 ¹⁰	ance Ge	con united e General Iner Company Lin Relif

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Sr. No.       Cover       Plus         Sr. No.       Cover       Plus         Benefit -Renewal Benefits         5.1       Cumulative Bonus       On renewal the Base Sum Insured increases by 33.33% for every claim free Policy Year, subjemaximum of 100% of Base Sum Insured and decreases by 33.33% of Base Sum Insured for claim year.         5.2       Call Option for Enhancement of Base Sum Insured       After 4 continuous and consecutive claim free Policy years, if Policyholder avails this benefit the enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated C Bonus         5.3       Loyalty Cover       At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover         Year-wise availability of Sum Insured for Loyalty Cover       Year-wise availability of Sum Insured for Loyalty Cover	0.0H
Benefit -Renewal Benefits         1       Cumulative Bonus       On renewal the Base Sum Insured increases by 33.33% for every claim free Policy Year, subj maximum of 100% of Base Sum Insured and decreases by 33.33% of Base Sum Insured for claim year.         2.       Call Option for Enhancement of Base Sum Insured       After 4 continuous and consecutive claim free Policy years, if Policyholder avails this benefit the Bonus         3.       Loyalty Cover       After 4 continuous and consecutive claim free Policy years, if Policyholder avails this benefit the Bonus         3.3       Loyalty Cover       At the end of each completed and continuous Policy Year, the Company shall provide Loyalty C the Policyholder(who is also an Insured Person) under the Policy.         Vear - wise availability of Sum Insured for Loyalty Cover Policy Year       Accidental Death and Permanent Total Disability Maximum       Critical Illness       Hospital Cash Insured or 25 Institution of 2	e Smar
1       Cumulative Bonus       On renewal the Base Sum Insured increases by 33.3% for every claim free Policy Year, subject increases by 33.3% of Base Sum Insured for Calim year.         2.2       Call Option for Enhancement of Base Sum Insured and Insured will be sum of expiring Policy's Base Sum Insured of Base Sum Insured on the Policy Insured will be sum of expiring Policy's Base Sum Insured and accumulated C Bonus         3.3       Loyalty Cover       At the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover         4       the end of each completed and continuous Policy Year, the Company shall provide Loyalty Cover       Vear-wise availability of Sum Insured for Loyalty Cover         8       Policy Year       Accidental Death and Permanent Total       Critical Illness       Hospital Cash       Leave Company Shall provide Loyalty Cover         8       Maximum       50% of Base Sum Insured or 25 lakhs, whichever is lower       30 days of payment 1 0 Beach in the Policy Policy Year is lower       So days of payment 20 days of Policy Year 20 days for Policy Year 20 days of	
amaximum of 100% of Base Sum Insured and decreases by 33.33 % of Base Sum Insured for dammuer.         2       Call Option for Enhancement of Base Sum Insured       After 4 continuous and consecutive claim free Policy years if Policy's Base Sum Insured and accumulated C Bonus         3       Loyalty Cover       At the end of each completed and continuous Policy's Base Sum Insured and accumulated C Bonus         3       Loyalty Cover       At the end of each completed and continuous Policy Year, the Company shall provide Loyalty C ever         Policy Year       Accidental Death and Permanent Total       Critical Illness       Hospital Cash Component Total         Maximum       50% of Base Sum Insured       30 days of payment 30 day of payment 30 days	80
of Baše Sum Insured       enhanced Sum Insured will be sum of expiring Policy's Base Sum Insured and accumulated C Bonus         3       Loyalty Cover       At the end of each completed and continuous Policy Year, the Company shall provide Loyalty C the Policyholder(who is also an Insured Person) under the Policy.         3       Loyalty Cover       Year-wise availability of Sum Insured for Loyalty Cover         Policy Year       Accidental Death and Permanent Total       Critical Illness         Disability       Maximum       50% of Base Sum Insured or 25 lakhs, whichever is lower       30 days of payment       30 days of payment         ************************************	
the Policyholder(who is also an Insured Person) under the Policy.          Year-wise availability of Sum Insured for Loyalty Cover         Policy Year       Accidental Death and Permanent Total       Critical Illness       Hospital Cash       Leave Composition         Maximum       50% of Base Sum Insured       50% of Base Sum Insured or 25       30 days of payment       30 day         Imit       or 25 lakhs, whichever is Iower       Insured or 25       Iakhs, whichever is lower       30 days of payment       30 day         Accidental Death and Permanent Total       Prive       Prive       Prive       Prive       Prive         Over       Plus       Benefit-Value Added Covers:       Plus       Plus       Plus       Prive       Prive <td></td>	
Policy YearAccidental Death and Permanent Total DisabilityCritical IllnessHospital CashLeave Comp n BeMaximum limit50% of Base Sum Insured or 25 lakhs, whichever is lower50% of Base Sum Insured or 25 lakhs, whichever is lower30 days of payment aver30 days30 daysCoverPlusPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlusDisabilityPlusPlusPlus <td>over to</td>	over to
Permanent Total Disability       Critical Illness       Hospital Cash n Be       Com n Be         Maximum limit       50% of Base Sum Insured or 25 lakhs, whichever is lower       50% of Base Sum Insured or 25 lakhs, whichever is lower       30 days of payment apym       30 days of payment apym         Cover       Plus       Plus         Enefit-Value Added Covers:       Plus         I       Wellness Services       This is a Service benefit in which Insured Person can seek Medical advice through telephonic or mode         2       Claim Service Guarantee       Cashless Claim - 1% of Delayed Claim Amount(for delay beyond 6 hours to 12 hours ).additional every additional delay of 6 business hours         3       Policy Service Guarantee       In the event of delay in the process of issuing a Policy beyond 10 Working days from date of recorder and completed documents, the Company shall provide a onetime additional amount	
Imit       or 25 lakhs, whichever is lower       Insured or 25 lakhs, whichever is lower       payme is lower         Imit       or 25 lakhs, whichever is lower       lakhs, whichever is lower       payme is lower         Cover       Plus       Plus       Plus         Benefit-Value Added Covers:       Plus       Plus         Wellness Services       This is a Service benefit in which Insured Person can seek Medical advice through telephonic or mode         Claim Service Guarantee       Cashless Claim - 1% of Delayed Claim Amount(for delay beyond 6 hours to 12 hours ),additional every additional delay of 6 business hours         Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days),additional 1% for every additional delay of 6 business hours         Maximum limit - 6% of Delayed Claim Amount         Policy Service Guarantee       In the event of delay in the process of issuing a Policy beyond 10 Working days from date of recurred and completed documents, the Company shall provide a onetime additional amount of the process of issuing a Policy beyond 10 Working days from date of recurred and completed documents, the Company shall provide a onetime additional amount of the process of issuing a Policy beyond 10 Working days from date of recurred and completed documents, the Company shall provide a onetime additional amount of the process of issuing a Policy beyond 10 Working days from date of recurred and completed documents, the Company shall provide a onetime additional amount of the process of issuing a Policy beyond 10 Working days from date of recurred and completed documents, the Company shall provide a onetime additio	ensatio efit
o.       Cover       Price         Benefit-Value Added Covers:       Benefit-Value Added Covers:         1       Wellness Services       This is a Service benefit in which Insured Person can seek Medical advice through telephonic or mode         2       Claim Service Guarantee       Cashless Claim - 1% of Delayed Claim Amount( for delay beyond 6 hours to 12 hours ), additional every additional delay of 6 business hours         8       Policy Service Guarantee       Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days), additional 1% for every additional delay of 6 business hours         3       Policy Service Guarantee       In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working additional amount of the process of issuing a Policy beyond 10	
o.       Cover       Price         Benefit-Value Added Covers:       Benefit-Value Added Covers:         1       Wellness Services       This is a Service benefit in which Insured Person can seek Medical advice through telephonic or mode         2       Claim Service Guarantee       Cashless Claim - 1% of Delayed Claim Amount( for delay beyond 6 hours to 12 hours ), additional every additional delay of 6 business hours         8       Policy Service Guarantee       Reimbursement Claim-1% of Delayed Claim Amount(for delay beyond 21 days to upto 42 days), additional 1% for every additional delay of 6 business hours         3       Policy Service Guarantee       In the event of delay in the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working days from date of receiver additional amount of the process of issuing a Policy beyond 10 Working the procese of the process of issuing a Policy beyond 10 Workin	'
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<ul> <li>days), additional 1% for every additional delay of 6 business hours</li> <li>Maximum limit - 6% of Delayed Claim Amount</li> <li>Policy Service Guarantee</li> <li>In the event of delay in the process of issuing a Policy beyond 10 Working days from date of received and completed documents, the Company shall provide a onetime additional amount of the process of the proce</li></ul>	1% for
3 Policy Service Guarantee In the event of delay in the process of issuing a Policy beyond 10 Working days from date of received and completed documents, the Company shall provide a onetime additional amount of	
Applicable only for the first Policy Year.	
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Reliance

Reliance Health Gain Policy. UIN. RELHLIP22229V032122.

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#### GENERAL INSURANCE





# Premium Certificate for the purpose of the surger

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 6345.00 from Mr. SANJAY JAGGANATH DUSANE towards payment of health insurance premium for policy 920222328680300469 for the period 14/06/2023 to 13/06/2024 issued on 23/05/2023.

The premium paid for this policy is eligible for applicable 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.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

### Know what's in here for you.

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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 1800 3009 (toll free) or visit any of our branches or mail us at raicl.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.

### Reimburse your registered claim.





Intimate the claim details on our toll free no 1800-3009

Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/ denial or seeks additional details

If Claim is approved, payment will be made to you by NEFT

### Got the documents to register a claim?

#### For All Claims

- Complete filled claim form (all pages) duly filled & signed by the Insured/Claimant
- Copy of Photo ID proof of the Insured / Nominee (PAN / Driving Licence / Passport Copy / Ration Card)
- Original CTS 2010 complaint cancelled cheque with printed name / account no. of the Insured / Claimant

#### In case of Permanent Total Disability

- Disability certificate issued by the Govt. Medical Officer mentioning the disability percentage
- Complete treatment record like discharge summary, consultation papers with supporting investigation reports like X-ray / MRI etc
- Colored and clear photographs of disable person showing the disability
- Income proof like pay slips / salary slips prior to the date of loss

#### In Case of Personal Accident Death

- Attested copy of First Information Report (In case of Death & Permanent Total Disability)
- Attested copy of Post Mortem Report (In case of Death)
- Attested copy of Death Certificate (In case of Death)

#### In case of Temporary Total Disability

- Medical certificate confirming the disability period and the probeble date to resume duty / service
- Complete treatment record like discharge summary, consultation
- papers with supporting investigation report like x-ray / MRI etc.
- Copy of medical legal certificate (if made)
- Leave certificate from the employer
- Income proof like pay slips / salary slips prior to the date of loss

*Any other document as required by the Company to assess the claim



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IRDAI Registration No. 103 Reliance General Insurance Company Limited

#### GENERAL **INSURANCE**

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)	TITLE	25		DESCRIPTION		all	Refer to Policy Clause Numbe
	duct Name	Reliance Health	Gain Policy				
	at am I covere		······	S.G.NO.	ALCO		3.1
	ce Gener	medical expenses expenses incurred b.This benefit pay Hospitalization for Plan Plus & Power	incurred on In-P l on AYUSH Treat s fixed daily amo In-Patient Treatr : Twin sharing R	ount of Rs 1000,if the nent and occupies th	Day Care Treatme Insured Person un ne following Room	nt including the ndergoes	3.1.1
	ce General	b. Domestic Road Person up to an a Hospitalization on Ambulance servic	d Ambulance - ' mount of Rs. 1,50 availing Ambula e provider. The b	This benefit indemnif 00 , Rs. 3,000 or actuance services offered enefit is extended to ation cost beyond 100	ies the Policyhold ual (as per Plan o l by a Hospital or provide Rs 2000(	pted), per by an	3.1.2
	neral	c. Domiciliary Ho the medical exper	spitalization - The ses incurred dur at the condition f	his cover pays reason ing Domiciliary Hosp for which the medica	nable and custom pitalization as defi	ned under this	3.1.3
	C. C.	under this benefit	for the medical e	e up to 50% or 100% expenses incurred du r Domiciliary Treatme	uring the Policy Ye	ar on Inpatient	3.1.4
	(a)	A.T.	n Expenses for a	- This cover indemni period of 60 days an er Plan opted)			3.1.5 3.1.6
~	ce Gene.	f. Organ Donor E 50% of Base Sum opted), incurred d	xpenses - This c Insured subject t uring Hospitaliza	over indemnifies the 1 to maximum of Rs. 5 ation, in respect of do on during the Policy V	Lakhs or 10 Lakh onor for any organ	s (as per plan	3.1.7
e l'		Extra Cover		on during the roney i			3.2
	of all	0	of Base Sum In um Insured for ur	sured - On subsequ nrelated illness/injury	ent claim,one reir	of Base Sum	3.2.1
	ce Genu	h. Extra Sum Insu on same claim, in Policy	ıred - This benef single hospitaliz	it provides an additio ation after exhaustio	onal 20% of Base n of Base Sum Ins	Sum Insured	
	meral	Personal Accider i. Accidental Dea of Base Sum Insur the Policy Year, Ins direct cause of his	nt th Cover - This b ed subject to min sured Person sus /her death.	penefit provides Perso nimum of Rs 1 lakh to tains an injury from a Plan-Power and Pla	onal Accident Dea the Insured Pers an Accident which	on, if during	3.3 3.3.1

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0	200	00	. Sto		1100
Critical illn	ess				3.4
		enefit waives off the re	enewal Policy pre	mium for one vear	3.4.1
in case of f For long ter Policy Prem This benefi	irst Diagnosis of any rm policies, the Con ium. t is provided once ir	y of the listed(mention npany shall waive off n the lifetime of the Po	ed in Policy word one-year propor licyholder	lings)Critical Illness.	\$
This benefit Renewal E	it shall be applicabl	e for Plan-Power and	Plan-Prime		0.5
		11 01	d D C	I II 00.000/	3.5 3.5.1
for every cl	aim free Policy Year	newal benefit increase r, subject to a maximu Base Sum Insured for	um of 100% of Ba	se Sum Insured	5.5.1
l. Call Opti consecutive	on for Enhanceme e claim free Policy Ye	ent of Base Sum Insu ears, if Policyholder av ; Policy's Base Sum Ins	red - After 4 con vails this benefit t	tinuous and hen enhanced Sum	3.5.2
	Cover: At the end	of each completed an	nd continuous Po	licv Year. the	3.5.3
		Cover to the Policyhol			3.5.3.1
under the H	* • •	cover to the roneynor			3.5.3.2
	0	h +Permanent Total D	isability		3.5.3.3 3.5.3.4
Policy Year	3: Accidental Death	n +Permanent Total Di n +Permanent Total D	isability+ Critical		3.5.3.5
Policy Year	5: Accidental Death	n +Permanent Total D	isability+ Critical	Illness+ Hospital	le.
	ve Compensation B	enefit.			
Value Add	ed Services				3.6
	s Services-This is a ephonic or online m	service benefit in whic ode	h Insured can se	ek Medical advice	3.6.1
delay in pro manner: i. Cashless	ocessing of claim fo Claims - 1% for eve	-The Company is liabl r Benefit-Hospitalizati ry delay of 6 hours be	on Expenses in th	ne following	3.6.2 (i,ii)
ii. Re-imbu all informat	ion/documents	% for every delay of 2 6% Delayed Claim An	C.C.	days of receipt of	ę
beyond 10 documents	Working days from	- In the event of delay date of receipt of all ll provide a one time a per Plan opted)	required and co	mpleted	3.6.3
	0.5				

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Sa	- SE	allon allo	-35	o ^o
		- C ²		
2	Optional Covers			3.7
	q. Enchanced Covers	C ^C	250	1
		us:This benefit is an extension to Bene		3.7.1.1
		he condition to reduce Cumulative Bor	nus in case of a	
11	claim in immediate previous Po	-	·	3.7.1.2
d'o		Base Sum Insured: On subsequent cla		0.7.1.2
- off	of Base Sum Insured for related	ured on unrelated illness or injury, sub	-IIMIt of 100%	
20		efit pays the Reasonable and Customa	rv expenses	3.7.1.3
	which are listed in Annexure -		ay expenses	1 A A
		ovides an additional 100% of Base Sun	n Insured	3.7.2
		ame claim, after exhaustion of Base Su		
11	This benefit supersedes Benefi		2.5	
of or	S. Change in Room rent Limit:	This benefit gives an option to Policyho	lder to change	3.7.3
200	the allowable Room Category	- Q ²		
S	t. Reduction in Pre-Existing Wa	iting Period: This benefit reduces the	Pre-Existing	3.7.4
	Waiting Period to 24 months o			
		ible: The benefit gives an option to the		3.7.5
		y choosing (10000,25000,50000,100000	))as the	
11	Voluntary annual Aggregate I		1	3.7.6
No		is benefit waives off the Co-Payment c		5.7.0
- en		nount, applicable on Policies where at age of the Insured Person (or eldest In		
G	in case of Family Floater Policy		Surca reison	
	w. Hospital Cash:	, is of feats and above		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	i. In Patient Cash: This benefit p	pays equal to selected Daily Cash Amo	ount, max up	3.7.7.1
		pany has accepted the claim under Be		
11	Patient Treatment.			*
50		n additional 100% of selected Daily Ca		3.7.7.2
00		spitalization, provided the Company h	as accepted	
G	the claim under Benefit - In Pa			
	Minimum Hospitalization of 72 x. Convienience Cover	hours is must under this benefit		3.7.8
	0.00	lipstion limit. The barriet and and	Dro.	3.7.8 3.7.8.1
		lization limit: The benefit, enhances th s and Post Hospitalization limit to 180		3.7.8.2
11		idemnifies up to 7.5% of Base Sum Ins		3.7.8.3
ex'e		the expenses incurred on availing Air A		0
COL	services			
2		nnifies up to Rs. 1000 per Hospitalization	on on availing	3.7.8.4
	registered Radio cab operator		Sec. 1	11
		enefit pays a lumpsum amount of Rs. 1		3.7.9
		ne Insured Person is hospitalized for a	minimum	3.7.9.1
	period of 7 continuous and cor	nsecutive days		

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Preventive Care Cover         S. 7.9.2           3.7.9.2         3.7.9.2           3.7.10         3.7.10           8.         Second Or towards the diagnostic or preventive medical best fisticat in Policy wordings) taken by the Insured Persons in the Policy         3.7.10           8.         Second Or Res. 3500 (as per Plan opted) towards the expenses (or the vaccine fisticated in policy wordings) taken by the Insured Persons in the Policy         3.7.10           9.         Preventive Care Cover         3.7.10           10.         Res. 2000 or Res. 3500 (as per Plan opted) towards the expenses (or the vaccine fistic from 50% of Base Sum Insured This benefit inform 50% of Base Sum Insured This benefit inform 50% of Base Sum Insured This benefit inform 50% of Base Sum Insured This benefit indemnifies up to Rs. 3000 or Rs. 30000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error in the withite addec of the Medical Practitioner         3.7.11           9.         Visito Correction: This benefit indemnifies up to Rs. 3000 or Rs. 10000 (as per plan opted) for availing second medical option from a Medical Practitioner within hudia and predice or rol mot bravards time. Care Treatment for any of the treatments (listed in the Policy wordings) ander the Policy         3.7.11.1           9.         Visit are the mation         3.7.11.2           10.         Rea Cover: This benefit pays a fixed daily amount of Rs. 1000 towards chud in the Policy wordings) ander the Policy         3.7.11.2           11.         Home Care Cover: This		0		A S	105
3         V. Preventive Care Cover         3.7.9.2           4         Health Checkup: At the end of every Policy Year, this benefit indemnifies up to Is: 3000 lowards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy         3.7.10           7         V. Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to Is: 2. Smart Cover         3.7.10           8         V. Sciench Treatment limits: This benefit indemsifies up to Rs: 3000 or Rs: 3500 (as per Plan opted) towards the expenses for the vaccine discillation policy wordings) taken by the Insured Persons in the Policy         3.7.10.2           1         Change in Modern Treatment limits: This benefit indemsifies up to Rs: 3000 or Rs: 100000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner         3.7.11.1           1         Home Care Treatment: This benefit indemnifies up to Rs: 3000 or Rs: 5000 (as per plan opted) for navaling second medical option from a Medical Practitioner within India as Family Care Cover         3.7.11.1           1         Home Care Treatment: This benefit indemnifies up to Rs: 5000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other modelings) under the Policy         3.7.11.2           1         Home Care Treatment: This benefit negative addy amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other modelings and the Policy         3.7.11.3           3			ed Gene	Tech	+ = / ive Smart
3     What are the major     3.7.11.3       3     What are the major     What are the major Alborid Science       3     What are the major     3.7.11.3       3     What are the major     3.7.10.1       1     Large in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured Prosons in the Policy     3.7.10.2       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment Indemnifies up to 8.5000 or 8.5000 (as per plan opted) for the medical expenses incurred to accore the order of the Modern Insured for the medical expenses incurred to accore the medical expen	NCE MARKE	INSURANCE	60	Se leci	
3     What are the major     3.7.11.3       3     What are the major     What are the major Alborid Science       3     What are the major     3.7.11.3       3     What are the major     3.7.10.1       1     Large in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured Prosons in the Policy     3.7.10.2       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured     3.7.10.3       1     Change in Modern Treatment Indemnifies up to 8.5000 or 8.5000 (as per plan opted) for the medical expenses incurred to accore the order of the Modern Insured for the medical expenses incurred to accore the medical expen	J.	en and	Hant	anco	60
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3000 towards the diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy       3.7.10         1       Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to B. S. 3000 or Rs. 3500 (as per Plan opted) forwards the expenses for the vaccine flisted in policy wordings) taken by the Insured Persons in the Policy       3.7.10.         2       Smart Cover       3.7.10.         1       Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured To 100% of Base Sum Insured This benefit in applicable only for Plan - Plus and Plan - Power       3.7.10.2         1       Change in Modern Treatment limits: This benefit increases the Modern Treatment Initis the spentse incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner       3.7.11.         1       Dian opted for availing second medical option from at Medical Practitioner within India       3.7.11.         2       Second Optimics: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (Bided in the Policy wordings) under the Policy       3.7.11.3         2       Home Care Treatment: This benefit indemnifies the lasured for the medical expenses incurred towards Home Care Treatment for any of the treatments (Bided in the Policy wordings) under the Policy       3.7.11.3         3       Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 y	0	y. Preventive Care Cover	r	N	×
3       taken by the Insured Persons in the Policy       3.7.10         8       x000 or Rs. 3500 (as per Plan opted) (awards the expenses for the vaccine (listed in policy wordings) taken by the Insured Persons in the Policy       3.7.10.2         1       Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured 1000% of Base Sum Insured 100% of Base Sum In	200	^{i.} Health Checkup: At th	e end of every Policy Year, t	his benefit indemnifies up to	Rs 3.7.9.2
iii       Vaccination Cover: At the end of every Policy Year, this benefit indemnifies up to Rs. 2000 or Rs. 3500 (as per Plan opted) towards the expenses for the vaccine (listed in policy wordings) taken by the insured Persons in the Policy       3.7.10.1         iii Steid in policy wordings) taken by the insured Persons in the Policy       3.7.10.2         iii Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured This benefit is applicable only for Plan- Plus and Plan- Power       3.7.10.3         iii Vision Correction: This benefit indemnifies up to Rs. 5000 or Rs. 100000 (as per plan opted) for the medical expenses incured for correction of eyesight due to refractive error on the written advice of the Medical Practitioner       3.7.11         iii: Second Opinion: This benefit indemnifies up to Rs. 5000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India ara. Family Care Cover       3.7.11.2         ii: Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Ilome Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy       3.7.11.2         ii: Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses of age.       3.7.11.3         iii: Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age.       3.7.11.3         iii: Child Care Cover: Stis benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child co	101			tests (listed in Policy wording	s)
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3       What are the major         3       What are the major         3       What are the major         1       Change of Hostic Wordings taken by the Insured Persons in the Policy         2       Smart Gover         1       Change in Modern Treatment limits: This benefit increases the Modern Treatment limit from 50% of Base Sum Insured to 100% of Base Sum Insured This bonefit is applicable only for Plan. Plus and Plan. Power       3.7.10.3         10       Vision Correction: This benefit indemnifies up to Rs. 50000 or Rs. 100000 (as per plan opted) for the medical expenses incurred for correction of eyesight due to refractive error on the written advice of the Medical Practitioner       3.7.11         11       Second Opinion: This benefit indemnifies up to Rs. 3000 or Rs. 5000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India aa. Family Care Cover       3.7.11         14       Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred by the Companion Iowards accommodation, transportation, food or any other miscellaneous expenses.       3.7.11.3         15       Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards cuite in the Policy wordings is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions.       4         16       Investigation & Evaluation (Code:Excl04)       1.8.2.0.00 (courset for 1)       4         17       Investigation & Evaluation (Code:Excl05)			0	-	
3       What are the major exclusion in the policy working as partial list of the policy working as partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions.       3.7.10.2         3       What are the effect of the medical expanses incured to the policy document for correction of the condication in must benefit indemsed to the policy exclusions.       3.7.11.3         3       Exclusion in the policy working a partial list of the policy exclusions.       3.7.11.3         3       Exclusion in the policy working a partial list of the policy exclusions.       3.7.11.3         3       Exclusion in the policy working a partial list of the policy exclusions.       3.7.11.3         3       Exclusion in the policy working a partial list of the policy exclusions.       4.4         4       Executed (Code:Excl01)       1.5         5       Exclusion in the policy working a partial list of the policy exclusions.       4.4         6       Consent or Plastic Surgery (Code:Excl03)       5.1000 towards child correct on the complete list of exclusions.         3       What are the major exclusion in the policy working a partial list of the policy exclusions.       4.4         4       Exclusion in the policy       6.2       4.4         5       Exclusion in the role is of exclusion.       5.1000 towards child correct is conditioned to the solicy document for the complete list of exclusions.       4.4         6 </td <td>20</td> <td></td> <td>-</td> <td>-</td> <td></td>	20		-	-	
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III.       Second Opinion: This benefit indemnifies up to Rs. 3000 or Rs. 5000 (as per plan opted) for availing second medical opinion from a Medical Practitioner within India       3.7.11         aa.       Family Care Cover       3.7.11         I.       Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy       3.7.11.         I.       Companion Cover: This benefit pays a fixed daily amount of Rs. 1000 towards expenses incurred by the Companion towards accommodation, transportation, food or any other miscellaneous expenses. Minimum 72 hours of Hospitalization is must       3.7.11.3         III.       Child Care Cover: This benefit pays a fixed daily amount of Rs. 1000 towards child care expenses for any one dependent child covered under the Policy up to 12 years of age. Minimum 72 hours of Hospitalization is must       3.7.11.3         3       What are the major policy       Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: <ul> <li>a.</li> <li>Investigation &amp; Evaluation (Code:Excl04)</li> <li>B. Rest Cure, rehabilitation and respite care (Code:Excl05)</li> <li>Cosmetic or Plastic Surgery (Code: Excl09)</li> <li>B. Breach of law (Code: Excl09)</li> <li>B. Breach of law (Code: Excl09)</li> <li>B. Breach of law (Code: Excl03)</li> <li>K. Dietary Supplements &amp; Substances (Code: Excl14)</li> <li>K. Dietary Supplements &amp; Substances (Code: Excl14)</li> <li>K. Beitary Supplements &amp; Substances (Code: Excl14)</li></ul>					1.000
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n. Sterility and Infertility (Code: Excl17)	20			an	
o. Maternity Expenses (Code - Excl 18)	- OF			GUI	
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IRDAI Registration No. 103 Reliance General Insurance Company Limited

#### An ISO 9001:2015 Certified Company

#### **RELI**ANCE

#### GENERAL INSURANCE



S		CIN.
	Specific Exclusions	
200	p. Treatment outside Discipline	
1	q. Hearing Aids and spectacles	60
29	r. External durable medical equipment	
	s. Sleep Apnea	
	t. External Congenital Anomaly	6
	u. Artificial Life support equipment's	300
GO	v. Non-payable items	
-0	w. Outpatient Treatment	
and	x. Overseas Treatment	
e en la	y. Self-injury	S.
	z. Documentation charges	
	aa. Charges other than Reasonable & Customary Charges	
3	bb. RMO charges and Service charge	300
- 5	cc. Nuclear Attack	
6	dd. War	
Waiting Per		4.1.1
	24 months waiting period for Specified disease/procedure waiting period code	4.1.2
2.9	(Code: Exclo2)	
	c. 30 Days Waiting Period (Code: Excl03)	4.1.3
	d. 15 days Waiting Period for treatment of Covid-19	4.2.1
Payment Ba	Payment on indemnity basis for all covers except for Accommodation Bonus, Accidental Death Cover, Loyalty Cover and Hospital Cash, Convalescence Cover, Companion Cover	100
	and Child Care Cover which are on Benefit basis	
Loss Sharing	In case of a claim, this policy requires you to share the following costs:	
Loss brianny	Expenses exceeding the following Sub-Limits	010
201	a. Domestic Road Ambulance: Plan-Plus up to 1500 per hospitalization and Intercity	3.1.2
S	(beyond 100 km) ambulance cost: Rs 20000 per hospitalization Plan-Power: up to	
	3000 per hospitalization and Intercity (beyond 100km) ambulance cost: Rs 20000	
1.12	per hospitalization Plan Prime: Actuals (even for intercity transportation beyond	30
60	100km) b. Modern Treatment: Plan-Plus and Power: up to 50% of Base Sum Insured	3.1.4
		3.1.4
- CC-		5.1.7
10	subject to maximum of 5 lacs	\$°
25	Plan-Prime: Up to 50% of Sum Insured subject to maximum of 10 lacs d. Air Ambulance: 7.5% of Base Sum Insured or Rs 5 Lakhs whichever is higher.	
	e. Radio Taxi: 1000 per Hospitalization	3782
	f. Health Checkup: 3000	3.7.8.2 3.7.8.3
Ger	<ul><li>f. Health Checkup: 3000</li><li>g. Vaccination Cover: Plan - Plus &amp; Power: 2000 and Plan - Prime: 3500</li></ul>	3.7.8.3
Ge Ger	f. Health Checkup: 3000	

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IRDAI Registration No. 103 Reliance General Insurance Company Limited

#### An ISO 9001:2015 Certified Company

#### ReliAnce

#### GENERAL INSURANCE

# Tech+ = live Smart

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	Renewal Benefits	а. (	Cumulative Bonus		- C	3.5.1
	60		Call Option for Enhancement of Base	Sum Insured	to the	3.5.2
	S		oyalty Cover		5	3.5.3
			Vaiver of Premium	P. 11.	- Cart	3.4.1
			uaranteed Cumulative Bonus(if app		1 / 1 1	3.7.1.1
	Cancellation	a. a P J b. n	he Policyholder may cancel this Poli on event, the Company shall refund olicy Period as per the rates detaile The Company may cancel the policy ondisclosure of material facts, fraue written notice	premium on s d in the policy at any time o	hort term rates for the unexpired terms and conditions. n grounds of misrepresentation,	5.1.7
	20		Cashless Service: Insured may refe			6.1.2 (i)
à	Claims	Anney	xure-C to the Policy Wordings and f	or updated He	ospital Network details refer the	0.0
	and Contend in	ls.asp b. For subm specif	//www.reliancegeneral.co.in/Insura x?network=Hospitals Reimbursement of Claim : For reiml it the necessary documents to TPA/ ied here under	oursement of	claims the insured person may	6.1.2 (ii)
è		Sr no.	Type of Claim	Gon	Prescribed Time limit	
		1	Reimbursement of hospitalization and pre hospitalization expenses	day care	Within fifteen days from completion of hospitalization	
	callel	2	Reimbursement of post expenses hospitalization treatment	post	Within fifteen days from completion of post hospitalization	1.er
	20	For de	etails on claim procedure please refe	er the policy d	ocument	
200	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address –			R. C.	
	and the	Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No 022- 41112600			100	

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#### GENERAL INSURANCE

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Grievances/ Complaints	(https b.IRD) c. Insu	5.1.17			
Insured's Rights	a. F				
	b. L	5.1.10			
	() R n	5.1.8			
	d. Right to port the from one company to another company (E-mail us at rgicl.services@ relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj Indore (M.P) -452001 Contact No 022-41112600			5.1.9	
	e. C	5.2.6			
	f. N	3.2.6			
	S	Sr no. Type of Claim	Prescribed Time limit		
		¹ Pre-Authorization	Within six hours of receipt of necessary document	<u>6</u>	
Gener		2 Reimbursement of hospitalizatio day care and expenses	n, Within twenty one days of date of receipt of last necessary document.	1 co	
Insured's Obligations Disclaimer Note: T	Non-o	5.2.4			
	Complaints Insured's Rights	Grievances/ Complaints b.RD. c. Insu have Insured's Rights a. F a. F b. L c. R d. R d. R f. N f. N f. N Insured's Please	Grievances/ Complaints(https://www.reliancegeneral.co.in/Insuran b.IRDAI Integrated Grievance Managemen c. Insurance Ombudsman - The contact del have been provided as Annexure-B of PolicInsured's Rightsa. Free Look period of 15 days from the d applicable at the inceptionb. Lifelong renewability (except on certain c. Right to migrate from one product to a (E-mail us at rgicl.services@relianceada Reliance General Insurance, Winway Bu no-67, South Tukoganj. Indore(M.P) -45 Contact No 022-41112600d. Right to port the from one company to rgicl.services@ relianceada.com and Fc General Insurance, Winway Building 2 South Tukoganj Indore (M.P) -452001 Contact No 022-41112600e. Charge in SI during the policy term or rgicl.services@relianceada.com f. Norms on TAT for Pre-Auth and SettlenSr no.Type of Claim 11Pre-Authorization 22Reimbursement of hospitalizatio day care and expensesInsured'sPlease disclose all pre-existing disease/s o	Complaints       b.IkDAI Integrated Grievance Management System-https://igms.irda.gov.in/         c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document         Insured's Rights       a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception         b.       Lifelong renewability (except on certain specific grounds)         c.       Right to migrate from one product to another product of the company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor,11/12 Block No-4,Old no-67, South Tukoganj. Indore(M.P) -452001         Contact No 022-41112600       d. Right to port the from one company to another company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4,Old no-67, South Tukoganj Indore (M.P) -452001         Contact No 022-41112600       e. Change in SI during the policy term or at the time of renewal E-mail us at rgicl.services@relianceada.com         f.       Norms on TAT for Pre-Auth and Settlement of reimbursement.         f.       Sr       Type of Claim         1       Pre-Authorization       Within six hours of receipt of necessary document         2       Reimbursement of hospitalization, day care and expenses       Within twenty one days of date of receipt of last necessary document.         1       Pre-aetisting disease/s or condition/s before buyin	

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#### Premium Illustration

Reliance

Premium (Rs.) Sum insured (Rs (Rs.) Sum insured (Rs Premium (Rs.) Sum (Rs.) Premium Discount, if after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount after discount	
(Rs.) (Rs.) any discount (Rs.) for all any discount (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.)	Sum insured (Rs.
51 years 14,524 5 lakhs 14,524 13,072 5 lakhs	<u>s</u>
44 years         7,551         5 lakhs         7,551         10%         6,796         5 lakhs         25,691         0%         25,691	5 lakhs
25 years 5,055 5 lakits 5,055 4,550 5 lakits	0 lakiis
18 years 3,428 5 lakhs 3,428 3,085 5 lakhs	
Total Premium for all members of the family is Rs. 30,558 when each member is covered separately.Total Premium for all members of the family is Rs. 27,502 when they are covered under a single policy.Total Premium when policy is opted basis is Rs. 25,691	on floater

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POLICY NO: 920222328680300469	VALID UPTO:13/06/2024	REG. MOBILE NO:	9422583661
Insured Name	Date Of Birth	UHID	. ×
Ms. CHAITALEE SANJAY DUSANE .	. 30/01/2001	2825070042874	00

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#### Please quote your UHID No. for assistance

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

#### **RCare Health:**

Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

#### IRDAI Reg. No. 103.

#### **Reliance General Insurance Company Limited**

Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Health Gain Policy. UIN: RELHLIP22229V032122

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