RELIANCE GENERAL INSURANCE | Live Smart

Signed by:Reliance General Insurance Company Limited
Date:2024.11.15

reliancegeneral.co.in
022 4890 3009
74004 22200

Reliance Travel Care Policy - Corporate Short Term

Policy Issuing 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. Branch Contact No. : 080-30586049	**Policy Servicing Office Name & Address - BANGALORE III** No.28, 5th Floor, Southern Portion East Wing, Centenary Building, M.G. Road, BANGALORE, BANGALORE, KARNATAKA - 560001 Phone No. : 080-30586049
Certificate No. - 141592428221007069	**Master Policy No. - 920292428220000044**

Br. Code- 11BRG500-80004321-14151	**PSO No. -** 140001	**Dept. -** TRAVEL	**Intermediary Code -** 11BRG500

Tax Invoice No & Date : Y111524019814 & 15-Nov-2024

Details of the Insured

Name of the Policy Holder	ORN VACATIONS PRIVATE LIMITED
Address of the policy holder	5TH FLOOR, RMZ LATITUDE COMMERCIAL, BELLARY ROAD, HEBBAL KEMPAPURA, BENGALURU URBAN, KARNATAKA, 560024

Details of the Insured Person

Name of the Insured Person	Passport No.	Gender	Nominee Name	Relationship of the Nominee with the Insured Person	Date of Birth
VINOD KUMAR	**P9807508**	**MALE**	SAROJ RANI	SPOUSE	13 Mar 1965

Communication Address & Place of Supply	HOUSE NO 442, GIANI ZAIL SINGH NAGAR, ROPAR, RUPNAGAR, PUNJAB - 140001
E mail id	INTL@TRIPFACTORY.COM
Telephone Number	8284844471
GSTIN / UIN Of Insured :	
Geographical Coverage	EXCLUDING USA / CANADA
Country Visiting	
Policy Period	**From 22-Dec-2024 time 00:00 to 08-Jan-2025 time 00:00 18 Days**
Name of the Plan opted	**ORN VACATION EXCL USA & CANADA STANDARD PLAN**
Any Pre existing disease	NO

POLICY COVERAGE	Sum Insured (in USD)	Deductible (in USD)
Accidental Death - Common Carrier	2500	Nil
Any one accident applicable only for age 61 to 70 years	20000	Nil
Any one illness applicable only for age 61 to 70 years	12000	Nil
Compassionate Visit	Return Fare for anyone accompanying person spouse /child/family doctor	Nil
Delay of checked in Baggage	100	12hours
Dental Treatment	500	50
Loss of Passport	300	25
Medical Expenses Including Transportation Evacuation and Repatriation of Mortal Remains	50000	50
Personal Accident	15000	Nil
Personal Liability	50000	Nil
Total Loss of Checked in baggage	500	Nil

Consolidated Stamp duty Paid vide Letter of Authorization No. NO LOA/ENF-1/CSD/62/2024-25/(Validity Period Dt. 01/10/2024 to Dt. 01/12/2025)/4634 Date 25-09-2024 dated : 25 Sep 2024 at General Stamp Office, Mumbai.
** Not Applicable for the State of Jammu & Kashmir.

#Warranted that:

Net Premium:	Rs. 874.00
IGST : (18.00%)	Rs.157.32
Total Premium:	Rs.**1031.00**

In witness whereof this policy has been signed at Mumbai on **: 15-Nov-2024**

Subject to the terms, conditions and exclusions of the Reliance Travel Care Insurance Policy issued vide Master Policy indicated above.

GSTIN : 29AABCR6747B1ZC SAC : 997142 Description of Services :Freight Insurance & Travel Insurance

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

“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”.

Grievance Clause:-

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 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,Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor,19/19,24th Main Road,JP Nagar,Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in

For and on behalf of Reliance General Insurance Company Limited.

Category-General Insurance Business Service 00440005

Authorized Signatory

Note : The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

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.In case of non receipt of the policy terms and conditions, please ensure to obtain the same from the Agent / Our nearest Office / from our Website http://www.reliancegeneral.co.in

Medical Assistance & Emergency Services are provided by our Service Provider, Europ Assistance who are at your Service 24*7 during trip duration.

Europ Assistance India Pvt Ltd.
7th Floor, Star Hub, Bldg No. 2,Near ITC Maratha Hotel,Sahar, Andheri East, Mumbai – 400 059.

Please provide Immediate intimation of any claim / requirement for emergency assistance while abroad to ensure that the Claim is not prejudiced. Please contact the International Toll Free Helpline numbers given below.

europ assistance

In case of any requirement for emergency assistance whilst abroad, please contact the toll free helpline numbers given below:

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017

Singapore and Thailand — 001-80099441111, Hong Kong — 001-80099441111 and 006-80099441111, USA — 18337426673, Canada -011-80099441111 , Australia —0011-80099441111, Japan — 001-010-80099441111 and 010-80099441111, Israel — 00-80099441111 and 014-80099441111, Greece —86002038017, Argentina, Austria, Belgium, China, Czech Republic, Denmark, France, Germany, Hungary, Italy, Malaysia, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, South Africa, Spain, Sweden, Switzerland, Taiwan & United Kingdom — 00-80099441111

Dedicated National Toll Free Help Line : 1800 209 5522	**Land Line : +91 22 67347843 & +91 22 67347844**	**Fax Number: +91 22 67347888**
Email : reliance@europ-assistance.in	**Website: www.europ-assistance.com**	

Intermediary Code/Name : 11BRG500 / COVERMITRA INSURANCE BROKING PVT LTD

Intermediary ContactNo: 9920457640

Reliance Travel Care Insurance Policy - Online Proposal Form

Proposal Form No..: Y111524019814

Proposer/Insured Details

1.Name of the Proposer/Insured (Mr./Mrs./Ms.)	VINOD KUMAR				
2.Address	HOUSE NO 442, GIANI ZAIL SINGH NAGAR, ROPAR, RUPNAGAR, PUNJAB - 140001				
Residence Number					
Gender	MALE	Passport No.	P9807508	Mobile No.	8284844471
PAN No.			UID Aadhar No.		
Email Id	INTL@TRIPFACTORY.COM	Nationality		DOB	13 Mar 1965

Nominee Details

Name of Nominee	DOB	Relationship with Proposer
SAROJ RANI		SPOUSE

Details of Pre-existing Condition

Pre-existing illness / Injury / Condition if any	Suffering Since	Under Medication
No		

Trip Details

1. Master Policy No. -	920292428220000044		
2. Name of Master Policy Holder	ORN VACATIONS PRIVATE LIMITED		
3. Sum Insured Opted	50000	4. Geographical Scope	EXCLUDING USA / CANADA
5. Name of the Plan opted	ORN VACATION EXCL USA & CANADA STANDARD PLAN		
6. Date of Journey	22 Dec 2024	Date of Return	08 Jan 2025
7. Does the plan trip involve any kind of sporting activity			
8. Countries that you are visiting			
9. Trip Duration	18		

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.in 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 by the Proposer

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 & commencement of trip.
6) Being resident Indian.

ii. 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, Thalasemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy (Applicable if declared PED).

iii. Purpose of visit either Leisure or Business

iv. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.

v. 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.

vi. 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.

vii. 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.

viii. 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.

ix. 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.

x. 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 nondisclosure 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.

xi. 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.

xii. 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.

xiii I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

xiv 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.

xv I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

xvi I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contact.

Place BANGALORE III Date: 15 Nov 2024 Signature _____

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 crimerelated to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of thestatutes, directly or indirectly governing the prevention of money laundering in India.

Signature: _____ Date 15 Nov 2024 Place BANGALORE III

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _ _ _ _ _ _ _ _ _ _language. I further confirm & declare that contents read over & explained to me have been understood by me.

_____

_____

_____

Signature/Thumb Impression of the Proposer::_____

Identified by Name & Signature :_____

Date: 15 Nov 2024 Place BANGALORE III

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. 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 inrespect 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 premiumshown 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 inaccordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Reliance Travel Care Policy - Corporate Short Term Plan	
2	Policy number	141592428221007069	
3	Type of Insurance Product/Policy	Payment on Indemnity and Benefit Basis (As per plan coverage opted)	
4	Sum Insured (Basis) Along with amount	Individual Sum Insured- $ 50,000	
5	Policy Coverage (What the policy covers?) (Policy clause Number/s)	**POLICY COVERAGE**	Section 4
		Accidental Death - Common Carrier	
		Any one accident applicable only for age 61 to 70 years	
		Any one illness applicable only for age 61 to 70 years	
		Compassionate Visit	
		Delay of checked in Baggage	
		Dental Treatment	
		Loss of Passport	
		Medical Expenses Including Transportation Evacuation and Repatriation of Mortal Remains	
		Personal Accident	
		Personal Liability	
		Total Loss of Checked in baggage	

6	Exclusions (What the policy does not covers)	1) This policy is applicable to all registered customers who successfully booked flight ticket through ORN Vacations 2) Warranted that every customer shall have a unique membership ID issued by ORN Vacations 3) Warranted that policy to be issued to the customers who is the citizen of republic of India, having permanent place of residence in India and have valid passport of India. 4) Warranted that policy cannot be issued to foreign nationals, Indian nationals residing in Foreign, Foreign nationals residing in India. 5) Warranted that insured was within the territory of India at the time of issuance of the certificate and before the commencement of the trip 6) Warranted that Purpose of visit will be for leisure or personal business only. 7) The policy will not covered insured/ Insured person who is less than 03 months and more than 70 years of age (as on completed birthday) 8) Warranted that the Insured / Insured Person(s) has no past history of any illness / hospitalization. 9) If Point No. 8 is "Yes" Warranted that Declaration 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, Thalasemia will render this policy null and Void-ab-initio and the Company shall have no liability under the policy clean health history. 10) Any expenses related to pre existing illness/ disability/diseases and its related complications/ consequences are not payable under the policy. 11) 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%. 12) Repatriation of Mortal remains USD 7,000 13) Insurance cover shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on behalf of the beneficiary to obtain insurance benefit. 14) 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. 15) For details on coverage, exclusion, terms and conditions the certificate should be read with master policy issued to ORN Vacations Private Limited vide policy no. 920292428220000044 16) Proposal form is mandatory. "Please note that the sales process will be reviewed by the Insurer on interval of every quarter as per direction issued by IRDAI vide its Circular Ref. No. IRDAI/HLT/CIR/MISC/ 174/09/2019 dated 27th September 2019. Exclusion : 1. Any Pre-existing medical conditions and its related complications/ consequences. 2. Travelling against the advice of a physician 3. Receiving or are on a waiting list for a specified medical treatment 4. Travelling to receive treatment abroad 5. Under given terminal prognosis for a medical condition "6. Partial loss of checked baggage – Only the loss of your entire baggage is covered, not partial loss" 7. War or nuclear perils in the country you're visiting 8. Any Travel to Declined countries: -Afghanistan, Myanmar (Burma), Democratic Republic of Congo, East Timor, Eritrea, Iran, Iraq, Liberia, Libya, North Korea, Rwanda, Sierra Leone, Somalia, Sudan, Syria, Yemen, Congo, Republic of (Brazzaville), Timor-Leste (East Timor), Zaire, Ukraine, Pakistan. The list of declined countries may undergo change from time to time depending on the geo-political situation in the respective country. 9. Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Republic of India 10. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.	Section 5

<table>
<tr><td>7</td><td>Waiting period
Time period during which specified diseases/treatments are not covered
It is counted from the beginning of the policy coverage.</td><td>Delay of checked in Baggage - 12hours</td><td>-</td></tr>
<tr><td>8</td><td>Financial limits of coverage
I Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</td><td><table>
<tr><th>POLICY COVERAGE</th><th>Sum Insured (in USD)</th></tr>
<tr><td>Accidental Death - Common Carrier</td><td>2500</td></tr>
<tr><td>Any one accident applicable only for age 61 to 70 years</td><td>20000</td></tr>
<tr><td>Any one illness applicable only for age 61 to 70 years</td><td>12000</td></tr>
<tr><td>Compassionate Visit</td><td>Return Fare for anyone accompanying person spouse /child/family doctor</td></tr>
<tr><td>Delay of checked in Baggage</td><td>100</td></tr>
<tr><td>Dental Treatment</td><td>500</td></tr>
<tr><td>Loss of Passport</td><td>300</td></tr>
<tr><td>Medical Expenses Including Transportation Evacuation and Repatriation of Mortal Remains</td><td>50000</td></tr>
<tr><td>Personal Accident</td><td>15000</td></tr>
<tr><td>Personal Liability</td><td>50000</td></tr>
<tr><td>Total Loss of Checked in baggage</td><td>500</td></tr>
</table></td><td></td></tr>
<tr><td></td><td>ii Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</td><td>Not applicable</td><td></td></tr>
<tr><td></td><td>iii Deductible (It is a specified amount:
-up to which an insurance company will not pay any claim, and
-which will be deducted from total claim amount (if claim amount is more than the specified amount)</td><td><table>
<tr><th>POLICY COVERAGE</th><th>Deductible</th></tr>
<tr><td>Delay of checked in Baggage</td><td>12hours</td></tr>
<tr><td>Dental Treatment</td><td>50</td></tr>
<tr><td>Loss of Passport</td><td>25</td></tr>
<tr><td>Medical Expenses Including Transportation Evacuation and Repatriation of Mortal Remains</td><td>50</td></tr>
</table></td><td></td></tr>
<tr><td></td><td>iv. Any other limit (as applicable)</td><td>Not applicable</td><td></td></tr>
<tr><td>9</td><td>Claims/Claims Procedure</td><td>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.
Turn Around Time (TAT) for claims settlements
i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents.
ii. TAT for cashless final bill authorization – 4 hours from receipt of complete documents.
iii. For reimbursement claims - TAT for Reimbursement Claims – 7 to 10 workings days from the date of receipt of last necessary document.
Please find below the details /link -
i. Network Hospital details- www.reliancegeneral.co.in / For email correspondence while in overseas/India customers can write to us at: reliance@europ-assistance.in
ii. Helpline number- (91-22-67347843, 91-22-67347844) / For customers who are calling from India, National Toll-Free Number (1800 209 5522)
iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- www.reliancegeneral.co.in / For email correspondence while in overseas/India customers can write to us at: reliance@europ-assistance.in
iv. Downloading/getting claim form- www.reliancegeneral.co.in</td><td>Section 6.11</td></tr>
</table>

10	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 – 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	
11	Grievances/Complaints	a. Details of Grievance redressal officer refer the link (https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx b. IRDAI 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.	Section 7.27
12	Things to remember	Free Look cancellation: Not Applicable Policy renewal: Not Applicable Migration and Portability: Not Applicable Change in Sum Insured:Not Applicable Moratorium Period: Not Applicable	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policyholder “Material facts” for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk	Section 7.1

The enclosed Customer Information Sheet bearing reference number CIS\policy number 141592428221007069 is an essential part of your policy schedule, please acknowledge that you have read and understood the CIS on the communication sent on your registered mobile number/e-mail ID.

Disclaimer : The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read and understood the benefits and details of the product as mentioned in this sheet.

Place:RUPNAGAR

Date:11/15/2024 **(Signature of the Policyholder)**