

**Datasheet - 'EXPLORE'**

Date : 19 Dec 2023

Mr Lalit Mohan Joshi  
D64 Dev Home Society  
Bindukhera Danpur , Kichha , Kichha 263153 , Uttarakhand 05  
dubeyrk95@gmail.com

Dear Mr Lalit Mohan Joshi,

This is in reference to information provided by you for Explore Asia. In this regard, we would like to confirm that we have accepted the risk and the policy is issued in accordance with the details shared by you. We are issuing you this Pre-Issuance Form as a proxy to the details provided by you.

In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail

The relevant details of your policy are:

**Policy Details**

Geographical Scope	Plan Name	Sum Insured	Type of Trip	Policy Period	Total no. of /n travel days
Asia	Explore Asia	USD 1,00,000.00	SINGLE	From 24-Dec-2023 to 22-Jan-2024	30 days

**Details of Insured**

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Lalit Mohan Joshi	MEMBER	02-Jun-1990	Male	USD 1,00,000.00	Y6928033	NONE	NO

**Additional Details**

Have any of the above mentioned person(s) to be insured been diagnosed / hospitalized for any illness / injury during the last 48 months?

<b>Insured 1</b>
N

Have you ever claimed under any travel policy?

<b>Insured 1</b>
N

<b>Name of Nominee</b>
Rachita Pandey (SPSE)

Please go through the details as furnished above vis-a-vis provided in the policy certificate.

Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at <https://www.careinsurance.com/contact-us.html> for necessary changes/rectification. In the absence of any communication from you within 15 days of the risk inception date of the Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.



The details mentioned in above proposal form has been verified through OTP N

Team Care Health Insurance

**Care Health Insurance Limited**

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)  
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @

 Care Health- Customer App	 WhatsApp 8860402452	Self Help Portal: <a href="https://www.careinsurance.com/self-help-portal.html">www.careinsurance.com/self-help-portal.html</a>  Submit Your Queries/Requests: <a href="https://www.careinsurance.com/contact-us.html">www.careinsurance.com/contact-us.html</a>
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Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at dubeyrk95@gmail.com In case of any change in e-mail id and non-receipt of any of above document, please contact on our website :- <https://www.careinsurance.com/contact-us.html> immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

**Policy Certificate - EXPLORE**

Mr Lalit Mohan Joshi  
 D64 Dev Home Society  
 Bindukhera Danpur , Kichha , Kichha 263153 ,  
 Uttarakhand 05  
[dubeyrk95@gmail.com](mailto:dubeyrk95@gmail.com)

**Policy Details**

Certificate Of Insurance No.	76343054
Plan Name	Explore Asia
Sum Insured	USD 1,00,000.00
Policy Period - Start Date	00:00 hrs 24-Dec-2023
Policy Period - End Date	Midnight 22-Jan-2024
Trip Type	SINGLE
Total No. of Travel days	30 days
Geographical scope	Asia
Nominee Name (Relation)	Rachita Pandey (SPSE)
Premium Paid	Rs.928.00 Premium Rs.787+CGST Rs0.00+IGST Rs141.61+SGST Rs0.00+UGST Rs0.00
Premium Payment Mode	Single Premium



Mobile No:XXXXXX6091  
 Client ID : A6266546  
 Date of Birth : 02-Jun-1990

**Details of Insured**

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases
Lalit Mohan Joshi	MEMBER	02-Jun-1990	Male	USD 1,00,000.00	Y6928033	NONE

\*Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and condition. We will not be covering any expenses incurred due to quarantine in hotel/hospital/Home or any other facility

**Schedule of Benefits**

S No.	Name of Benefits	Sum Insured	Deductibles
1	In-Patient Care	Up to SI	US \$ 100
2	Out-patient Care Treatment	Up to SI	US \$ 100
3	Daily Allowance	US \$ 25 per day, max 5 consecutive days	2 DAYS
4	Up-gradation to Business Class	Up to US \$ 1,000	N.A.
5	Dental Treatment	Up to US \$ 300	US \$ 100
6	Personal Accident	US \$ 15,000	N.A.
7	Trip Cancellation	Up to US \$ 1,000	N.A.
8	Trip Interruption	Up to US \$ 500	N.A.
9	Trip Delay	\$25 per each set of 4 hours delay; Up to 150 \$	N.A.
10	Loss of Checked-in Baggage	Up to US \$ 500	\$50
11	Delay of Checked-in Baggage	US \$ 100	12 HOURS
12	Loss of Passport and/or International Driving License	US \$ 300; Max. US \$ 100 in case of loss of IDL	N.A.
13	Personal Liability	Up to US \$ 100,000	US \$ 100
14	Hijack Distress Allowance	\$100 per day for max. 5 consecutive days	N.A.
15	Missed Flight Connection	Up to \$300	6 HOURS
16	Automatic Trip Extension	Up to 7 consecutive days	\$100
17	Arrangement of Emergency Medical Evacuation	Up to base SI ( Part of Policy Sum Insure)	\$100
18	Repatriation of Mortal Remains	Up to US \$ 10,000	N.A.
19	Life Threatening Condition due to PED	Up to 10%; Max. up to \$10000	N.A.

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Self Help Portal:  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:  
[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

**Intermediary Details**

Name	Code	Contact Details
Care Health Insurance Ltd.	Direct	<a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a>

Contact for Policy Servicing & Claim Reimbursement	Contact for Policy Servicing & Claim Reimbursement
<p><b>Care Health Insurance Limited</b>                      Call us : 1800-102-4488 / 1800-102-6655                      E-mail : <a href="mailto:travelassistance@careinsurance.com">travelassistance@careinsurance.com</a>                      Website: <a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a></p>	<p><b>Name of the Assistance Service Provider - Falck Global Assistance</b>                      US and Canada Toll free number : +1 8443013135/ +18443013146                      Any other country: +91 124 4498760 (Call Back Facility)                      Fax No. : +91 124 4006674                      E-mail : <a href="mailto:travelassistance@careinsurance.com">travelassistance@careinsurance.com</a> (for claims)                      Website : <a href="http://www.careinsurance.com">www.careinsurance.com</a></p>

**For Care Health Insurance Limited**



**Authorized Signatory**

**Date of Issue :** 19 Dec 2023  
**Place of Issue :** Gurgaon, Haryana  
**Service Branch :** Vipul Tech Square TowerC3rd Floor Sector43Golf Course Road Gurgaon Haryana 122009Gurgaon,Haryana,122009  
**Branch Contact No. :** Nil

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 Sep 2023, RCM Applicability- N/A  
 SAC: 997133 and Description of Service: Accident and Health Insurance Services State  
 GSTIN No.: 06AADCR6281N1ZW  
 UIN :RHITOP20134V031920



If the premium so remitted is not realized and credited to the Company's bank a/c, the Company's assumption of liability under this Policy shall stand void ab initio

**Note:**

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy. In case this Policy is issued on "Single Trip" basis, the Policy can be extended as per the provisions of Clause 5.11 of the Policy Terms and Conditions

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**care** HEALTH INSURANCE

Lalit Mohan Joshi

**Policy No.**

76343054

**DOB**

02-Jun-1990

**Validity**

24-Dec-2023 To 22-Jan-2024

**care** HEALTH INSURANCE



**Assistance Service Provider - Falck Global Assistance**

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1844 301 3135   +1844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
E-mail	travelassistance@careinsurance.com

 [www.careinsurance.com](http://www.careinsurance.com)

Care Health Customer App



WhatsApp 8860402452



Submit Your Queries/Requests: [www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.

**IRDAI Registration No. 148**