

**Datasheet - 'EXPLORE'**

Date : 10 Jan 2024

Ms Sujatha Kattula

H.no-5-6, ambedkar Street

Tadiparru, Undrajavaram Mandal , Undrajavaram , Undrajavaram 534227 , Andhra Pradesh 37

dubeyrk95@gmail.com

Dear Ms Sujatha Kattula,

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 50,000.00 | SINGLE       | From 10-Jan-2024 to 03-Feb-2024 | 25 days                     |

**Details of Insured**

| Name            | Relationship | Date of Birth | Gender | Sum Insured   | Passport Number | Pre-existing diseases | Other PED |
|-----------------|--------------|---------------|--------|---------------|-----------------|-----------------------|-----------|
| Sujatha Kattula | MEMBER       | 01-May-1980   | Female | USD 50,000.00 | S1598214        | 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>   |
| Kattula Prakasrao (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

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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)

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**

Ms Sujatha Kattula  
 H.no-5-6, ambedkar Street  
 Tadiparru, Undrajavaram Mandal , Undrajavaram ,  
 Undrajavaram 534227 , Andhra Pradesh 37  
[dubeyrk95@gmail.com](mailto:dubeyrk95@gmail.com)

**Policy Details**

|                              |   |
|------------------------------|---|
| Certificate Of Insurance No. | 77421161  |
| Plan Name                    | Explore Asia  |
| Sum Insured                  | USD 50,000.00   |
| Policy Period - Start Date   | 00:00 hrs 10-Jan-2024   |
| Policy Period - End Date     | Midnight 03-Feb-2024  |
| Trip Type                    | SINGLE  |
| Total No. of Travel days     | 25 days   |
| Geographical scope           | Asia  |
| Nominee Name (Relation)      | Kattula Prakasrao (SPSE)  |
| Premium Paid                 | Rs.903.00<br>Premium Rs.765+CGST Rs0.00+IGST Rs137.71+SGST Rs0.00+UGST Rs0.00 |
| Premium Payment Mode         | Single Premium  |



Mobile No:XXXXXX6091  
 Client ID : A7848297  
 Date of Birth : 01-May-1980

**Details of Insured**

| Name            | Relationship | Date of Birth | Gender | Sum Insured   | Passport Number | Pre-existing diseases |
|-----------------|--------------|---------------|--------|---------------|-----------------|-----------------------|
| Sujatha Kattula | MEMBER       | 01-May-1980   | Female | USD 50,000.00 | S1598214        | NONE                  |

\*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    | Repatriation of Mortal Remains                         | Up to US \$ 10,000                               | N.A.        |
| 18    | Life Threatening Condition due to PED (Optional Cover) | Up to 10%; Max. up to \$10000                    | US \$ 100   |

**Note :** This Policy covers all Schengen countries plus countries like Bulgaria, United Kingdom, Croatia, Cyprus and Romania.

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 Sector-43, Gurugram-122009 (Haryana)  
 IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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

**For Care Health Insurance Limited**



**Authorized Signatory**

**Date of Issue :** 10 Jan 2024

**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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|   |   |  |
|---|---|--|
| <br>Care Health-<br>Customer App | <br>WhatsApp<br>8860402452 | Self Help Portal:<br><a href="http://www.careinsurance.com/self-help-portal.html">www.careinsurance.com/self-help-portal.html</a><br><br>Submit Your Queries/Requests:<br><a href="http://www.careinsurance.com/contact-us.html">www.careinsurance.com/contact-us.html</a> |
|---|---|--|

**care** HEALTH INSURANCE

Sujatha Kattula

**Policy No.**

77421161

**DOB**

01-May-1980

**Validity**

10-Jan-2024 To 03-Feb-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**