

You have made a wise choice Here's your Accident Insurance

Group Personal Accident

Policy Certificate Number: COI2407130600337300588543 RGICL Policy Reference ID: 130492429142032755



Powered by

Reliance General Insurance Company Limited.

(A company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDAI) vide Regd.No.103)



A quick look at your

Certificate of Insurance

On receipt of full premium, Policy number **COI2407130600337300588543**, RGICL Policy Reference ID **130492429142032755**, has been issued on **13/07/2024** at **Mumbai**, by **Reliance General Insurance Company Limited** to the below mentioned Insured as specified in the Policy.

The policy is issued to the customers of Phonepe Pvt Ltd, which bears the **Master Policy No.920292329140000253** by an authorised signatory of Reliance General Insurance Company Limited, and offers the benefits mentioned under the policy - not exceeding the sum insured. Conditions and exclusions as per the filed policy wordings.

Valid in India		Number of members
Policy Certificate Number COI2407130600337300588543	Risk start date 13/08/2024	Risk end date 12/08/2025
RGICL Policy Reference ID 130492429142032755		

Who's covered

AJEET KUMAR SINGH 30 year(s)				
Insured Relationship with Proposer	SELF	Sum Insured	Rs.3,00,000	
Date of Birth	06-Feb-1994	Nominee	Legal Heir	
Email	ajeeteee04@gmail.com			

Premium

Rs. 22.42
Rs. 0.00
Rs. 0.00
Rs. 124.58

Comprehensive coverage details

An extensive list of all benefits and their cover value in your policy

Accidental Death

Sum Insured: Rs.3.00.000

In case of injury occurred within twelve calendar months of the accident be the sole and direct cause of death of of Insured Person, the capital sum insured stated in the Policy schedule hereto, applicable to such Insured Person

The accident needs to have occurred during the policy period.



Permanent Total Disablement

Sum Insured: Rs.3.00.000

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

- Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire
 foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule
 hereto applicable to such Insured Person.
- Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto, applicable to such Insured Person

The accident needs to have occurred during the policy period.

Special Conditions

- This policy will be valid only to registered customers / members of PhonePe
- The policy will be issued on self only basis and as per the name captured in the official ID of the customer at phonepe application. No
 endorsements related to name will be allowed.
- The Policy will not cover Insured / Insured Person who is less than 18 years and more than 65 years of age (as on completed Birthday).
- Warranted that the policy risk start date shall commence post 30 days from premium payment date.
- In case of Claim payment under Accidental Death (AD) or Permanent Total Disabilities (PTD) there will be no further claim accepted either for AD or PTD.
- The Company's total liability for an Individual in aggregate shall not exceed Individual Sum Insured issued in a single policy irrespective of no. of Covers/Certificates issued. Given such scenario the first policy will be taken into consideration and all other policies would be void-ab-initio and premium will be forfeited by Insurance company.
- The policy is only applicable to earning individuals and Individual sum insured cannot be more than 100 times of the monthly gainful income or sum insured specified whichever is less, subject to condition that no customer is involved in any hazardous activity.
- At the time of claims settlement ITR/BoA/c's (books of accounts) will be verified, if the actual income is less than the income declared at
 the time of purchase of policy, claims will be settled at substandard basis as per current income.
- · Claim proceeds shall be given to the Insured/nominee/family/legal heir of the deceased person as the case may be.
- At the time of claim if there are any wrong declarations related to occupation/Income/Existing diseases/any other material information
 the company reserves the right to reject the claim basis wrongful/mis declaration.
- · Once policy is issued, endorsement will be allowed basis risk evaluation.
- The premium refund/cancellation of policy will be as per refund grid mentioned in the policy wording.
- In the event of any incorrect representation, the liability shall be upon the Policyholder.

Important Notes and Major Exclusions

Liability to make payment for any claim under this policy with respect to an Insured Person, is subject to the following

- Payment of benefits shall not be available in respect of death, injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of the policy
- · Intentional self-injury, suicide or attempted suicide or whilst under the influence of intoxicating liquor or drugs.
- Professional sports team in respect of specific benefit for inability to perform
- · Venereal disease or insanity
- Servicing-on duty with any armed forces
- Terrorism, War, war-like situation, invasion or in consequence thereof or nuclear risk

- Payment of compensation in respect of death, permanent total disablement of Insured person arising or resulting from the Insured Person committing any breach of law with criminal intent
- Crew of aircraft and ship naval, military, airforce personnel, policemen, firemen, Armed forces, fishermen are excluded from scope of this policy
- · Animal bite/Insect/Snake bite is not covered
- · Employers' liability, occupational disease.
- · Perils of the sea are excluded from the scope of the policy.
- · Any loss sustained while performing or participating in any of the following occupations or events shall not be covered Working in mines, explosives, electrical installations on high tension electric lines, racing, circus personnel, skiing, mountaineering, hunting, gliding, river rafting, winter sports, ice hockey, polo and occupations related to Risk category 3 people are out of scope of the policy

The above list of exclusions is not exhaustive. Kindly refer to the policy wordings for exclusions and Terms/Conditions.

Assistance

For claims, endorsements/modifications and cancellations, reach out to Reliance General Insurance Company Limited through any of the following channels



National Toll Free Number

For 24*7 assistance, reach the insurer at

18003009



Email address

For emails, reach the insurer at

rgicl.rcarehealth@relianceada.com



Postal Address

To contact insurer by postal mail, reach at

Reliance General Insurance, No. 1-89/3/B/40, to 42/ks/301, 3rd floor, Krishe Block, Krishe, Sapphire, Madhapur, Hyderabad - 500001

> For and On behalf of Reliance General Insurance Co. Ltd

> > **Authorized Signatory**

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.Enf-1/LOA/CSD/06/2023/4851/23(Validity Period Dt.29/11/2023 to Dt.01/11/2024)Date 30 Nov 2023" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

Customer Declaration

I, on behalf of all the insured [as stated by me], understand that this policy has been issued, purely based on the information vis-à-vis declaration, as provided by me to PhonePe Insurance Broking Services Private Limited. I, further understand that the policy shall not be valid from its inception [void ab initio], if any of such information provided by me, stands incorrect. I fully understand that this policy shall not cover any pre-existing medical condition(s)/injury(ies)/illness(es) /deformity(ies), complication(s) and likewise, arising from them, whether declared or undeclared.

I'm in good health with no history of disability(permanent or temporary)/trauma/stroke or any pre existing disease/disability which can impact the underwriting decision of the policy, i also hereby confirm that i am not insured under any other individual/Group Personal Accident insurance with any other insurance company where the total sum insured is exceeding 100 times of the monthly income. In case the same is found at the time of claims I authorise company to settle the claims on proportionate basis.

This is an electronically generated document and does not require a signature.

Intermediary: PhonePe Insurance Broking Services Private Ltd. (IRDA/DB 822/20), IMD Code - 21BRG666, Phone - 022-68727888