

NAME : GEERJANUN BISNAUTHSING

• ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006 TAMIL NADU-620006

ASSIST FEES: 11045(INCL GST @ 18%)



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Insurance Assistance: customersupport@asego.in Claim Assistance: claims@asego.in



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Note: Assistance provided by Asego Global Assistance Private Limited, Insurance underwritten by Care Health insurance Limited.

Disclaimer: Asego engages with various third-party providers for all physical assistance such as roadside assistance. home repairs, gift delivery etc. Apart from telephonic assistance, if any such services are availed through a third - party provider, customer to bear the cost incurred.

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Group Travel Insurance for Policy holder has been issued at Delhi by Care Health insurance Limited. This confirmation, issued under the signatures of the insured, represents the availability of benefit to the below mentioned insured Person, who is a permanent employee of the insured, or a dependent of a permanent employee of the insured or a customer of the insured, details are as specified below, subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy, but not exceeding the Sum Insured as specified in Certificate of Insurance. This Certificate, issued under the facsimile signature of Care Health Insurance, represents the availability of benefit to the above mentioned Insured Person. Through the master policy holder, Care Health Insurance Co. Ltd. has received an amount Rs.5777.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

Geerjanun Bisnauthsing 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu 620006 Tamil Nadu-620006 vignesh@cholantours.com

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 11/06/1956

Policy Details			
Certificate Of Insurance No.	5700074995470		
Plan Name	A2A - Silver 50000 Excl		
Sum Insured	USD 50000		
Policy Period - Start Date	From: 20/10/2025		
Policy Period - End Date	31/10/2025		
Trip Type	Single Trip		
Total No. of Travel Days	12		
Zone	Excluding USA and CANADA		
Premium Payment Mode	Single Premium		

Details of Insured						
	Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation
	Geerjanun Bisnauthsing	Member	2061276	11/06/1956	Exclusions :	Legal Heir & Legal Heir

	e or beliefits		
S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
2	Daily Allowance	USD 50 per day for 10 days	NA
3	Compassionate Visit	USD 2500	USD 100
4	Medical Evacuation	USD 50000	NA
5	Repatriation of Mortal Remains	USD 50000	USD 100
6	Personal Accident	USD 25000	NA
7	Loss of Checked-in Baggage	USD 500	USD 50
8	Loss of Passport	USD 250	USD 50
9	Personal Liability	USD 100000	USD 100
10	Pandemic Including COVID-19	USD 10% of SI	USD 100
11	Trip Cancellation and Interruption	USD 750	USD 100
12	Missed connection	USD 500	USD 6 Hrs
13	Trip Delay	USD 250	USD 12 Hrs
14	Missed Carrier	INR 1000	INR 3 Hrs
15	Identity Document Theft	USD 500	USD 100

16	Pre-Existing Disease in case of Life-Threatening Medical Condition	USD 1500	USD 100
17	Adventure Sports Injury	USD 10000	USD 100
18	Additional Services	USD Included	NA

Care Health Insurance Limited

Call us: 1800-102-4488 / 1800-102-6655
Email: travelassistance@careinsurance.com

Website: https://www.careinsurance.com/contact-us.html

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance

Canada Toll free number: +1 8443013135 / +18443013146 Any Other country : +91 124 4498760 (Call Back Facility)

Fax No: +91- 124- 4006674

Email: travelassistance@careinsurance.com
(For claims) Website: www.careinsurance.com

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at vignesh@cholantours.com. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-102-4488 immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

For Care Health Insurance Limited



Authorized Signatory

Date of Issue: 12/08/2025
Place of Issue: Gurgaon, Haryana

Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

Gurgaon, Haryana, 122009

Branch Contact No.: Nil

Scan the code to authenticate policy

For Detailed Terms & Conditions of your Travel Insurance Policy Kindly <u>Click here</u> or paste the link "https://asego.co/asegotravel/Group-Explore-KYPB-For-Web-Low.pdf" on your browser.

Consolidated Stamp Duty paid vide E-Challan GRN no. 98297160 dated 15 Aug 2023, RCM Applicability- N/A SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 29AADCR6281N1ZO

UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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.

• Below Sublimit is applicable from the age 66 Years up to the age of 75 years for Emergency Medical Expense

Sublimit Applicable- from 66 Years- 75 Years			
Room Rent including Boarding & lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day		
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day		
Operation Theatre charges (inclusive Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim		
Anesthesia	25% of the surgery cost payable per claim		
Ambulance Services	US \$ 500 per Claim / € 375 per Claim		
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim		
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim		
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim		

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 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
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.



Date:[Date]

Reason: I'am The Author



NAME : GODAVREE SHAMA BISNAUTHSING

ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006
TAMIL NADU-620006

ASSIST FEES: 2889(INCL GST @ 18%)



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Godavree shama bisnauthsing 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu 620006 Tamil Nadu-620006 vignesh@cholantours.com

Mobile No.: 8925868110

Client ID: 51482005

Date of Birth: 18/08/1989

Policy Details			
Certificate Of Insurance No.	5700074995472		
Plan Name	A2A - Silver 50000 Excl		
Sum Insured	USD 50000		
Policy Period - Start Date	From: 20/10/2025		
Policy Period - End Date	31/10/2025		
Trip Type	Single Trip		
Total No. of Travel Days	12		
Zone	Excluding USA and CANADA		
Premium Payment Mode	Single Premium		

Details of Insured							
Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation		
Godavree shama bisnauthsing	Member	1828965	18/08/1989	Exclusions :	Legal heir & Legal Heir		

	e or beliefits		
S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
2	Daily Allowance	USD 50 per day for 10 days	NA
3	Compassionate Visit	USD 2500	USD 100
4	Medical Evacuation	USD 50000	NA
5	Repatriation of Mortal Remains	USD 50000	USD 100
6	Personal Accident	USD 25000	NA
7	Loss of Checked-in Baggage	USD 500	USD 50
8	Loss of Passport	USD 250	USD 50
9	Personal Liability	USD 100000	USD 100
10	Pandemic Including COVID-19	USD 10% of SI	USD 100
11	Trip Cancellation and Interruption	USD 750	USD 100
12	Missed connection	USD 500	USD 6 Hrs
13	Trip Delay	USD 250	USD 12 Hrs
14	Missed Carrier	INR 1000	INR 3 Hrs
15	Identity Document Theft	USD 500	USD 100

16	Pre-Existing Disease in case of Life-Threatening Medical Condition	USD 1500	USD 100
17	Adventure Sports Injury	USD 10000	USD 100
18	Additional Services	USD Included	NA

Care Health Insurance Limited

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Email: travelassistance@careinsurance.com

Website: https://www.careinsurance.com/contact-us.html

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance

Canada Toll free number: +1 8443013135 / +18443013146 Any Other country: +91 124 4498760 (Call Back Facility)

Fax No: +91- 124- 4006674

Email: travelassistance@careinsurance.com
(For claims) Website: www.careinsurance.com

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at vignesh@cholantours.com. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-102-4488 immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

For Care Health Insurance Limited



Authorized Signatory

Date of Issue: 12/08/2025
Place of Issue: Gurgaon, Haryana

Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

Gurgaon, Haryana, 122009

Branch Contact No.: Nil

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Consolidated Stamp Duty paid vide E-Challan GRN no. 98297160 dated 15 Aug 2023, RCM Applicability- N/A SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 29AADCR6281N1ZO

UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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.

• Below Sublimit is applicable from the age 66 Years up to the age of 75 years for Emergency Medical Expense

Sublimit Applicable- from 66 Years- 75 Years			
Room Rent including Boarding & lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day		
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day		
Operation Theatre charges (inclusive Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim		
Anesthesia	25% of the surgery cost payable per claim		
Ambulance Services	US \$ 500 per Claim / € 375 per Claim		
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim		
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim		
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim		

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 please feel free to write to us at https://www.careinsurance.com/contact-us.html
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.



Date:[Date]

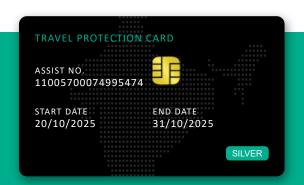
Reason: I'am The Author



A NAME: JEEWANTEE BISNAUTHSING

ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006
TAMIL NADU-620006

ASSIST FEES: 7142(INCL GST @ 18%)



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Jeewantee Bisnauthsing 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu 620006 Tamil Nadu-620006 vignesh@cholantours.com

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 01/07/1966

Policy Details			
Certificate Of Insurance No.	5700074995474		
Plan Name	A2A - Silver 50000 Excl		
Sum Insured	USD 50000		
Policy Period - Start Date	From: 20/10/2025		
Policy Period - End Date	31/10/2025		
Trip Type	Single Trip		
Total No. of Travel Days	12		
Zone	Excluding USA and CANADA		
Premium Payment Mode	Single Premium		

Details of Insured						
	Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation
	Jeewantee Bisnauthsing	Member	1673982	01/07/1966	Exclusions :	Legal Heir & Legal Heir

	e or beliefits		
S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
2	Daily Allowance	USD 50 per day for 10 days	NA
3	Compassionate Visit	USD 2500	USD 100
4	Medical Evacuation	USD 50000	NA
5	Repatriation of Mortal Remains	USD 50000	USD 100
6	Personal Accident	USD 25000	NA
7	Loss of Checked-in Baggage	USD 500	USD 50
8	Loss of Passport	USD 250	USD 50
9	Personal Liability	USD 100000	USD 100
10	Pandemic Including COVID-19	USD 10% of SI	USD 100
11	Trip Cancellation and Interruption	USD 750	USD 100
12	Missed connection	USD 500	USD 6 Hrs
13	Trip Delay	USD 250	USD 12 Hrs
14	Missed Carrier	INR 1000	INR 3 Hrs
15	Identity Document Theft	USD 500	USD 100

16	Pre-Existing Disease in case of Life-Threatening Medical Condition	USD 1500	USD 100
17	Adventure Sports Injury	USD 10000	USD 100
18	Additional Services	USD Included	NA

Care Health Insurance Limited

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Email: travelassistance@careinsurance.com

Website: https://www.careinsurance.com/contact-us.html

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance

Canada Toll free number: +1 8443013135 / +18443013146 Any Other country: +91 124 4498760 (Call Back Facility)

Fax No: +91- 124- 4006674

Email: travelassistance@careinsurance.com
(For claims) Website: www.careinsurance.com

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue: 12/08/2025
Place of Issue: Gurgaon, Haryana

Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

Gurgaon, Haryana, 122009

Branch Contact No.: Nil



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Consolidated Stamp Duty paid vide E-Challan GRN no. 98297160 dated 15 Aug 2023, RCM Applicability- N/A SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 29AADCR6281N1ZO

UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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.

• Below Sublimit is applicable from the age 66 Years up to the age of 75 years for Emergency Medical Expense

Sublimit Applicable- from 66 Years- 75 Years					
Room Rent including Boarding & lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day				
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day				
Operation Theatre charges (inclusive Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim				
Anesthesia	25% of the surgery cost payable per claim				
Ambulance Services	US \$ 500 per Claim / € 375 per Claim				
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim				
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim				
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim				

- 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
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.



Date:[Date]

Reason: I'am The Author



NAME : KESHAV HAZAREESING

• ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006 TAMIL NADU-620006

ASSIST FEES: 2889(INCL GST @ 18%)



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Mobile No.: 8925868110

Client ID: 51482005

Date of Birth: 22/01/1991

Policy Details				
Certificate Of Insurance No.	5700074995473			
Plan Name	A2A - Silver 50000 Excl			
Sum Insured	USD 50000			
Policy Period - Start Date	From: 20/10/2025			
Policy Period - End Date	31/10/2025			
Trip Type	Single Trip			
Total No. of Travel Days	12			
Zone	Excluding USA and CANADA			
Premium Payment Mode	Single Premium			

Details of Insured							
	Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation	
	Keshav Hazareesing	Member	2029495	22/01/1991	Exclusions :	Legal Heir & Legal Heir	

S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
2	Daily Allowance	USD 50 per day for 10 days	NA
3	Compassionate Visit	USD 2500	USD 100
4	Medical Evacuation	USD 50000	NA
5	Repatriation of Mortal Remains	USD 50000	USD 100
6	Personal Accident	USD 25000	NA
7	Loss of Checked-in Baggage	USD 500	USD 50
8	Loss of Passport	USD 250	USD 50
9	Personal Liability	USD 100000	USD 100
10	Pandemic Including COVID-19	USD 10% of SI	USD 100
11	Trip Cancellation and Interruption	USD 750	USD 100
12	Missed connection	USD 500	USD 6 Hrs
13	Trip Delay	USD 250	USD 12 Hrs
14	Missed Carrier	INR 1000	INR 3 Hrs
15	Identity Document Theft	USD 500	USD 100

16	Pre-Existing Disease in case of Life-Threatening Medical Condition	USD 1500	USD 100
17	Adventure Sports Injury	USD 10000	USD 100
18	Additional Services	USD Included	NA

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Name of the Assistance Service Provider - Falck Global Assistance

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue: 12/08/2025
Place of Issue: Gurgaon, Haryana

Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

Gurgaon, Haryana, 122009

Branch Contact No.: Nil

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Sublimit Applicable- from 66 Years- 75 Years			
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Ambulance Services	US \$ 500 per Claim / € 375 per Claim		
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim		
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim		
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim		

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please
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 please feel free to write to us at https://www.careinsurance.com/contact-us.html
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.



Date:[Date]

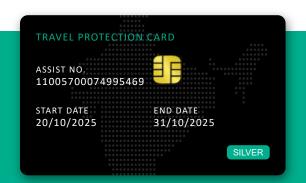
Reason: I'am The Author



NAME: PHOOLESSWURSING BISNAUTHSING

• ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006 TAMIL NADU-620006

ASSIST FEES: 11045(INCL GST @ 18%)



You can now enjoy exclusive travel assistance including insurance benefits on your trip. Kindly ensure to carry this document for a pleasant travel experience.

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24x7 Medical Assistance

Lifestyle Assistance

Domestic Roadside Assistance

TRAVEL INSURANCE



Arranged with an IRDAI authorised underwriter - Care Health insurance Limited.

Travel Support Services







Emergency Assistance

Expert Intensive Care & Consultation

24/7 Customer Helpline

Ask for help



24x7 helpline: +91 8448582205



Insurance Assistance: customersupport@asego.in Claim Assistance: claims@asego.in



asego.in

Note: Assistance provided by Asego Global Assistance Private Limited, Insurance underwritten by Care Health insurance Limited.

Disclaimer: Asego engages with various third-party providers for all physical assistance such as roadside assistance. home repairs, gift delivery etc. Apart from telephonic assistance, if any such services are availed through a third - party provider, customer to bear the cost incurred.

Keep travelling, because the world is waiting for you and we are always by your side.

BON VOYAGE!



Group Travel Insurance for Policy holder has been issued at Delhi by Care Health insurance Limited. This confirmation, issued under the signatures of the insured, represents the availability of benefit to the below mentioned insured Person, who is a permanent employee of the insured, or a dependent of a permanent employee of the insured or a customer of the insured, details are as specified below, subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy, but not exceeding the Sum Insured as specified in Certificate of Insurance. This Certificate, issued under the facsimile signature of Care Health Insurance, represents the availability of benefit to the above mentioned Insured Person. Through the master policy holder, Care Health Insurance Co. Ltd. has received an amount Rs.5777.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

Phoolesswursing Bisnauthsing 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu 620006 Tamil Nadu-620006 vignesh@cholantours.com

Mobile No.: 8925868110

Client ID: 51482005

Date of Birth: 20/08/1959

Policy Details					
Certificate Of Insurance No.	5700074995469				
Plan Name	A2A - Silver 50000 Excl				
Sum Insured	USD 50000				
Policy Period - Start Date	From: 20/10/2025				
Policy Period - End Date	31/10/2025				
Trip Type	Single Trip				
Total No. of Travel Days	12				
Zone	Excluding USA and CANADA				
Premium Payment Mode	Single Premium				

Details of Insured							
Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation		
Phoolesswursing Bisnauthsing	Member	1562161	20/08/1959	Exclusions :	Legal Heir & Legal Heir		

S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
2	Daily Allowance	USD 50 per day for 10 days	NA
3	Compassionate Visit	USD 2500	USD 100
4	Medical Evacuation	USD 50000	NA
5	Repatriation of Mortal Remains	USD 50000	USD 100
6	Personal Accident	USD 25000	NA USD 50
7	Loss of Checked-in Baggage	USD 500	
8	Loss of Passport	USD 250	USD 50
9	Personal Liability	USD 100000 USD 10% of SI	USD 100
10	Pandemic Including COVID-19		USD 100
11	Trip Cancellation and Interruption	USD 750	USD 100
12	Missed connection	USD 500	USD 6 Hrs
13	Trip Delay	USD 250	USD 12 Hrs
14	Missed Carrier	INR 1000	INR 3 Hrs
15	Identity Document Theft	USD 500	USD 100

16	Pre-Existing Disease in case of Life-Threatening Medical Condition	USD 1500	USD 100
17	Adventure Sports Injury	USD 10000	USD 100
18	Additional Services	USD Included	NA

Care Health Insurance Limited

Call us: 1800-102-4488 / 1800-102-6655
Email: travelassistance@careinsurance.com

Website: https://www.careinsurance.com/contact-us.html

Contact details for Assistance (Outside India)

Name of the Assistance Service Provider - Falck Global Assistance

Canada Toll free number: +1 8443013135 / +18443013146 Any Other country: +91 124 4498760 (Call Back Facility)

Fax No: +91- 124- 4006674

Email: travelassistance@careinsurance.com
(For claims) Website: www.careinsurance.com

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id at vignesh@cholantours.com. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-102-4488 immediately. Request for Policy Extension needs to be made at least one day prior to policy end date.

For Care Health Insurance Limited



Authorized Signatory

Date of Issue: 12/08/2025
Place of Issue: Gurgaon, Haryana

Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

Gurgaon, Haryana, 122009

Branch Contact No.: Nil

Scan the code to authenticate policy

For Detailed Terms & Conditions of your Travel Insurance Policy Kindly <u>Click here</u> or paste the link <u>"https://asego.co/asegotravel/Group-Explore-KYPB-For-Web-Low.pdf"</u> on your browser.

Consolidated Stamp Duty paid vide E-Challan GRN no. 98297160 dated 15 Aug 2023, RCM Applicability- N/A SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 29AADCR6281N1ZO

UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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.

• Below Sublimit is applicable from the age 66 Years up to the age of 75 years for Emergency Medical Expense

Sublimit Applicable- from 66 Years- 75 Years		
Room Rent including Boarding & lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day	
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day	
Operation Theatre charges (inclusive Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim	
Anesthesia	25% of the surgery cost payable per claim	
Ambulance Services	US \$ 500 per Claim / € 375 per Claim	
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim	
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim	
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim	

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- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.



Date:[Date]

Reason: I'am The Author



A NAME: SHEETUL BISNAUTHSING

ADDRESS: 4, ANNAI AVE, SRIRANGAM, VASANTH NAGAR EXTN, KOLLIDAKARAI, SRIRANGAM, TIRUCHIRAPPALLI, TAMIL NADU 620006
TAMIL NADU-620006

ASSIST FEES: 2889(INCL GST @ 18%)



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Sheetul Bisnauthsing 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu 620006 Tamil Nadu-620006 vignesh@cholantours.com

Mobile No.: 8925868110

Client ID: 51482005

Date of Birth: 03/01/1995

Policy Details	
Certificate Of Insurance No.	5700074995471
Plan Name	A2A - Silver 50000 Excl
Sum Insured	USD 50000
Policy Period - Start Date	From: 20/10/2025
Policy Period - End Date	31/10/2025
Trip Type	Single Trip
Total No. of Travel Days	12
Zone	Excluding USA and CANADA
Premium Payment Mode	Single Premium

Details of Insured					
Name	Relationship	Passport Number	Date of Birth	Pre-existing diseases/conditions	Nominee Name & Relation
Sheetul Bisnauthsing	Member	1769507	03/01/1995	Exclusions :	Legal heir & Legal Heir

S No.	Name of Benefits	Sum Insured	Deductibles
1	Emergency Medical Cover	USD 50000	USD 100
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Care Health Insurance Limited

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Authorized Signatory

Date of Issue: 12/08/2025
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Service Branch: Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road,

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Branch Contact No.: Nil



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GSTIN No.: 29AADCR6281N1ZO

UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15

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Date:[Date]

Reason: I'am The Author