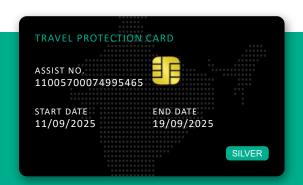


A NAME: BHAVANYAA THANAKUMAR

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

ASSIST FEES: 2166(INCL GST @ 18%)



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24x7 helpline: +91 8448582205



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 incorrect.

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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.1189.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

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

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 29/01/2022

Policy Details	
Certificate Of Insurance No.	5700074995465
Plan Name	A2A - Silver 50000 Excl
Sum Insured	USD 50000
Policy Period - Start Date	From: 11/09/2025
Policy Period - End Date	19/09/2025
Trip Type	Single Trip
Total No. of Travel Days	9
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	
BHAVANYAA THANAKUMAR	Member	A59068287	29/01/2022	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	
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			

- 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





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

ASSIST FEES: 4121(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 incorrect.

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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.2113.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

Daliau Dataila

KAVITHA SELVARAJA 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu Tamil Nadu-620006

vignesh@cholantours.com
Mobile No.: 8925868110

Client ID: 51482005

Date of Birth: 16/07/1984

5700074995464
A2A - Silver 50000 Excl
USD 50000
From: 11/09/2025
19/09/2025
Single Trip
9
Excluding USA and CANADA
Single Premium

Details of Insured Pre-existing Nominee Name & Passport Date of Relationship Name diseases/conditions Number Birth Relation KAVITHA A59068316 16/07/1984 Exclusions: LEGAL HEIR & Legal Heir Member SELVARAJA

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 <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			

- 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]

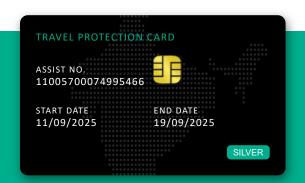
Reason: I'am The Author





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

ASSIST FEES: 5357(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.

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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.2113.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

KRISHNA VENI KRISHNAN 4, Annai Ave, Srirangam, Vasanth Nagar Extn, Kollidakarai, Srirangam, Tiruchirappalli, Tamil Nadu Tamil Nadu-620006 vignesh@cholantours.com

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 04/12/1964

Policy Details	
Certificate Of Insurance No.	5700074995466
Plan Name	A2A - Silver 50000 Excl
Sum Insured	USD 50000
Policy Period - Start Date	From: 11/09/2025
Policy Period - End Date	19/09/2025
Trip Type	Single Trip
Total No. of Travel Days	9
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	
KRISHNA VENI KRISHNAN	Member	A59203515	04/12/1964	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	
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	

- 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



A NAME: NARKUMARAN SELVARAJA

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

ASSIST FEES: 2166(INCL GST @ 18%)



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

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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.1189.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

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

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 11/05/1990

Policy Details	
Certificate Of Insurance No.	5700074995467
Plan Name	A2A - Silver 50000 Excl
Sum Insured	USD 50000
Policy Period - Start Date	From: 11/09/2025
Policy Period - End Date	19/09/2025
Trip Type	Single Trip
Total No. of Travel Days	9
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
NARKUMARAN SELVARAJA	Member	A59203514	11/05/1990	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

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	

- 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



A NAME: THANAKUMAR BALAKRISHNAN

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

ASSIST FEES: 4121(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.

Travel hassle-free with...

TRAVEL ASSISTANCE







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 incorrect.

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.2113.00 (Incl GST) towards covering the risk benefits, on behalf of the above-mentioned insured.

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

Mobile No. : 8925868110

Client ID: 51482005

Date of Birth: 16/10/1980

Policy Poteile		
Policy Details		
Certificate Of Insurance No.	5700074995468	
Plan Name	A2A - Silver 50000 Excl	
Sum Insured	USD 50000	
Policy Period - Start Date	From: 11/09/2025	
Policy Period - End Date	19/09/2025	
Trip Type	Single Trip	
Total No. of Travel Days	9	
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
THANAKUMAR BALAKRISHNAN	Member	A70640666	16/10/1980	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

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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