

Bajaj Allianz General Insurance Company Ltd

Regd. Office - GE Plaza, Airport Road, Yerwada, Pune - 411006 (India)

OPTIONAL TRAVEL INSURANCE COVER FOR E-TICKET PASSENGERS OF IRCTC

Certificate of Insurance

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :	GE Plaza, Airport Road, Yerwada, Pune-411006, Phone No :020-66026666
Certificate Number	OG-19-9911-6408-00000001
Master Policy No	OG-19-9999-9960-00000041
Name and Address of the Group	Indian Railway Catering and Tourism Corporation 12th floor, IRCTC Corporate 12 Office Statesman House, Barakhamba Road, New Delhi Pin 110001.
Organizer/Group Policy holder	Indian Railway Catering and Tourism Corporation
Trip	From 17/10/2019 21:10:00 To 18/10/2019 08:30:00
Originating Station	JAMMU TAWI
Destination Station	MEERUT CITY

INSURED DETAILS						
PNR NO. 2846536121, TRANSACTION NO.100001968675934						
Passenger Name	Age	Gender	Ref.No.(Policy No.)	Nominee Name	Relationship	Nominee Mobile
LAKSHY PUNDIR	13	M	31071927172452	SUSHILA SINGH	OTHER	XXXXXXXXX96
SANDEEP KUMAR SI	40	M	31071929811989	SUSHILA SINGH	MOTHER	XXXXXXXXX96
SUNITA SINGH	38	F	31071956284241	SUSHILA SINGH	OTHER	XXXXXXXXX96
KULDEEP SINGH	42	M	31071956529807	SUSHILA SINGH	OTHER	XXXXXXXXX96
MRADULA SINGH	37	F	31071973692029	SUSHILA SINGH	OTHER	XXXXXXXXX96
GUNIKA	16	F	31071979560877	SUSHILA SINGHH	OTHER	XXXXXXXXX96

PREMIUM DETAILS	
Premium	Rs.2.49
IGST(18%)	Rs.0.45
Total	Rs.2.94

Trip means the actual departure of train from the originating station to actual arrival of train at the destination station as mentioned in booked ticket through which insurance cover has been opted and premium paid, including 'process of entraining' and 'process of detraining' the train.

SUM INSURED DETAILS				
Death	Permanent total disability	Permanent partial disability	Hospitalisation expenses for Injury	Transportation of mortal remains
Rs.10,00,000/-	Rs.10,00,000/-	Rs.7,50,000/-	Rs.2,00,000/-	Rs.10,000/-
Table of Benefits				
As per Group Personal Accident Policy Terms and Conditions attached.				

The premium for this Policy is received from the beneficiary through the Group Policy Holder – Indian Railway Catering and Tourism Corporation

Encl : Annexure 1 – Claims procedure & documentation and Important Exclusions under the Policy

Please quote the Certificate Number and Customer Reference Number in all your correspondence.

IN WITNESS WHEREOF, this Policy of Insurance has been signed on 31-07-2019

GSTIN: 27AABCB5730G1ZX

PAN NUMBER: AABCB5730G



Optional Travel Insurance Cover for E-Ticket Passengers of IRCTC

UIN:BAJPAGP19068V011819

IRDAI Registration Number:113

For Bajaj Allianz General Insurance Co. Ltd

Authorised Signatory

For help and more information: Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free) OR e-mail us at bagichelp@bajajallianz.co.in

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Annexure -1

Claims Procedure & Documentation

(i) The Insured or his nominee or legal heir shall deliver to the nearest office of the Insurance Company, not later than 4 months from the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

The Insured or his nominee or legal heir shall tender to the Insurance Company all reasonable information, assistance and proofs in connection with any claim here under.

(ii) Proof in accordance with the policy details shall be furnished to the Insurance Company in connection with all matters upon which a claim is based.

Documentation required:

In case of Death Claim:

Submit the duly filled in claim form signed by nominee/legal heir along with the NEFT mandate details and cancelled cheque with the following documents:

- Report of the Railway Authority confirming the accident of the train or untoward incident
- Report of the Railway Authority confirming the accident of the train or untoward incident
- Report of the Railway Authority carrying the details of the passengers declared dead.
- Duly Completed Personal Accident Claim Form signed by Nominee / Legal Heir along with the NEFT mandate details & cancelled cheque
- Photo identity proof of nominee
- For Death Claims, claim will be settled only to nominee declared at the time of buying insurance through IRCTC portal
- In absence of nominee, claim will be paid to Legal Heir only – as per Legal Heir / Succession Certificate

In case of Disablement Claim:

- Report of the Railway Authority confirming the accident of the train or untoward incident
- Report of attending doctor confirming the extent of disability.
- Medical bills corresponding to doctor's prescription.
- Duly Completed Personal Accident Claim Form signed by insured / Nominee
- Attested copy of disability certificate from Civil Surgeon of that Hospital in which the treatment has undergone stating percentage of disability.
- Attested copy of FIR.
- All X-Ray / Investigation reports and films supporting to disablement.
- Claim form with NEFT details & cancelled cheque of the beneficiary
- Photograph before & after disability

In case of Hospitalization Expenses for Injury

- Report of the Railway Authority confirming the accident of the train or untoward incident
- Discharge summary
- Original Hospital Bills and medical bills corresponding to doctor's prescription
- Advance and final receipts (All receipts shall be numbered, signed and stamped)
- Prescriptions for medicines
- Diagnostic Test Reports, X Ray, Scan, ECG and others including doctor's advice demanding such tests)
- Cash memos/bills for medicines purchased from outside

Claims Settlement /Rejection

1. Benefits payable under this policy will be paid within 15 days of the receipt of last necessary document.
2. The Insurance Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached
3. All claims under this Policy shall be payable in Indian Currency.
4. The Insurance Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days the date

of acceptance.



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5. No Claim is admissible beyond 365 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.

6. No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.

7. At the time of claim settlement, Insurance Company may insist on KYC documents of the insuree/nominee/legal heir as per the relevant AML guidelines in force

GENERAL CONDITIONS

1. Notice

Every notice and communication to the Insurance Company required by this Policy shall be in writing to the nearest office of Insurance Company through which this Insurance is affected.

2. Fraud – Forfeiture of Cover

If any claim shall be in any respect fraudulent or if any fraudulent means or devices be used by the Insured or anyone acting on the Insured's behalf to obtain benefit under this Policy all benefit hereunder shall be forfeited.

3. Arbitration

In the event any dispute arises between the Parties out of or in connection with this Agreement, including the validity thereof, the Parties hereto shall endeavor to settle such dispute amicably in the first instance. The attempt to bring about an amicable settlement shall be treated as having failed as soon as one of the Parties hereto, after reasonable attempts, which shall continue for not less than 30 days, gives a notice to this effect, to the other party in writing. In case of any dispute, controversy or claim arising out of or relating to this Agreement, the Services or any matter or issue arising there from ('Dispute') shall be resolved in accordance with Arbitration and conciliation Act 1996. Such dispute, controversy, or claim shall be referred to the Sole Arbitrator to be mutually appointed by the parties as per the provisions of "The Arbitration and Conciliation Act-1996". In case, the parties fail to appoint Sole Arbitrator within 30 days, the event shall be referred to a three member Arbitral tribunal. One member each shall be appointed by both the parties. They shall, within 30 days of their appointment, mutually decide on the name of the third arbitrator. Arbitration proceedings shall be deemed to commence only on the first date of meeting of all the three arbitrators. The award of the arbitrator shall be final and binding on the parties to this contract. The venue of the Arbitration shall be New Delhi. The fees and expenses of the Arbitration Tribunal all other expenses of the Arbitration shall be borne jointly by the Parties in equal proportion and shall be governed by Circular No.

2011/IRCTC/Co/Legal/App. Arbitrator dated 05.09.2012. The Parties submit to the exclusive jurisdiction of the Courts of Delhi. This Agreement shall be interpreted in accordance with Indian law.

4. Grievances:

In case the Insured is aggrieved in any way, the Insured may contact the Insurance Company at the specified address, during normal business hours for the following grievances:

- a. Any partial or total repudiation of claims by the Insurance Company.
- b. Any dispute regard to premium paid or payable in terms of the policy.
- c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d. Delay in settlement of claims.
- e. Non-issue of any insurance document to customer after receipt of the premium.
- f. The Insured may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of the Insurance Company (ies) is located.

5. Jurisdiction: The Policy is subject to the laws of India and the jurisdiction of its Courts in New Delhi only.
