

**Group Explore-Policy Certificate  
Endorsement Copy**

**Issued At:** Gurgaon

**Issue Date:** 29-Oct -2021

**Details of Policyholder**

**Name of the Policyholder**

**: PARAGLIDING ASSOCIATION OF INDIA**

E-403 KRISHNA DIAMOND APARTMENTS SAHAKARNAGAR  
BANGLORE KARNATAKA:560092

STATE CODE

29

**Details of Intermediary**

**Intermediary name**

**: CARE HEALTH INSURANCE LIMITED**

**Intermediary code**

**20015969**

**Intermediary Contact No**

**: +1800-102-4488**

**Policy Details:**

Policy No.

34976422

Policy Period Start Date

: From 10 Oct, 2021 00.00 hours

Policy Period End Date

: To 09 Oct, 2022 Midnight

Policy Type

: Individual

**Premium Schedule & Rate**

Annual Premium

: 0.85

GST

: .15

Total premium

: 1.00

**Details of Insured Members**

Eligibility criteria for the Insured Members : Customers of **PARAGLIDING ASSOCIATION OF INDIA**

### Premium Details

Age group	Geographical Scope	Trip Type	Maximum Trip Duration	Rate in INR*	Sum Insured
18 to 70 Years	India	Multi Trip	1 days	Premium table below	11 Lacs

Coverage Amount	Rider (hobby pilots) Policy Premium Including GST	Professional Pilot Policy Premium Including GST
5 Lacs	2799	3990
10 Lacs	3999	5899
20 Lacs	7199	NA
40 Lacs	12999	NA
50 Lacs	15999	NA

### Details of Members:

S No.	Basic Details	Particulars
1	Family Structure	Individual from 18 to 70 years
2	Total No. of Insured Members	1,25,000
3	Policy Type	Selective Policy
4	Funding Type	Non- Contributory
5	Type of Industry	Transportation
	Relationship with Insured	Non Employer-Employee
6	Age Band	18 - 70 years
7	Health Card	E-card
8	Claim Servicing	In house
9	Sum Insured Type	Flat Sum Insured
10	Maximum trip duration	As per table above mentioned
11	Purpose of trip	Leisure/Business trip

**The Policy excludes country of residence**

**Benefit Coverage:**

Coverage Amount	Personal Accident	Hospitalisation due to Injury	ADVENTURE SPORTS	Emergency Evacuation Expenses	Domestic AMBULANCE
5 Lacs	Upto SI	11 LACS	Upto SI	25 LACS	25000
10 Lacs	Upto SI	11 LACS	Upto SI	25 LACS	25000
20 Lacs	Upto SI	11 LACS	Upto SI	25 LACS	25000
40 Lacs	Upto SI	11 LACS	Upto SI	25 LACS	25000
50 Lacs	Upto SI	11 LACS	Upto SI	25 LACS	25000

**Note :**

- Maximum Amount of Rs. 5 Lacs payable per incident in case of Emergency Evacuation Expenses
- For Professional Pilots who are member of this Paragliding Association they can enroll maximum up to 10 lac SI.

**Notes:**

1. All terms and conditions as per Above Benefit

**Claims servicing team / Third Party Administrator (TPA) details**

Name of TPA/In-house : Care Health Insurance Limited  
Address : Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon -122001 . (Haryana)  
Phone : 1800-102-4488  
Fax : 1800-200-6677  
Email id : [claims@careinsurance.com](mailto:claims@careinsurance.com)  
Website : [www.careinsurance.com](http://www.careinsurance.com)

Premium Payment by : Policyholder

For Care Health Insurance Limited



Authorized Signatory

**Registered office address** – Care Health Insurance Company Limited, 5th Floor, 19 Chawla House, Nehru Place, New Delhi -110019

**Correspondence Office:** Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon -122001 . (Haryana)

CIN – U66000DL2007PLC161503 Service Tax Registration No: AADCR6281NSD001

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

The contract will be cancelled ab-intio in case the consideration under the policy is not realized.

“Consolidated Stamp Duty paid vide E-Challan GRN no. 80837922 dated 18 Aug 2021”

RCM Applicability- N/A