

**CUSTOMER INFORMATION SHEET**

This document provides key information about your policy. You are also advised to go through your policy documents.

SI NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER																																				
1.	Name of Insurance Product/ Policy	Reliance Personal Accident 360Shield																																					
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX																																					
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit (the policy has elements of both the above) The details by each cover are available in Section 8 Coverage Summary of the Policy Wording																																					
4.	Sum Insured (Basis)	<p><b>Dynamic as per plan opted on the basis of cover opted (Table of Benefits).</b></p> <table> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Table of Benefit Opted</th><th>Sum Insured</th></tr> <tr><td>1.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>2.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>3.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>4.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>5.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>6.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>7.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> <tr><td>8.</td><td></td><td>Table A/ Table B/ Table C</td><td></td></tr> </table>	Sr. No.	Insured Name	Table of Benefit Opted	Sum Insured	1.		Table A/ Table B/ Table C		2.		Table A/ Table B/ Table C		3.		Table A/ Table B/ Table C		4.		Table A/ Table B/ Table C		5.		Table A/ Table B/ Table C		6.		Table A/ Table B/ Table C		7.		Table A/ Table B/ Table C		8.		Table A/ Table B/ Table C		
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5.	Policy Coverages	Policy coverage as per Annexure I attached	3																																				
6.	Exclusions	<p>Below are the Specific Exclusions</p> <ol style="list-style-type: none"> <li>Any Pre-Existing injury or physical condition</li> <li>Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the Insured Person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</li> <li>Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalisation of Insured Person               <ol style="list-style-type: none"> <li>From intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;</li> <li>Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;</li> <li>Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]</li> <li>Arising or resulting from the Insured Person committing any breach of law with criminal intent.</li> </ol> </li> </ol>	5																																				


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		<p>4) Any claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.</p> <p>5) Person serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.</p> <p>6) Claims arising out of air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports/routes.</p> <p>7) Insured Person working in/with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities.</p> <p>8) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalisation of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, unless agreed by the Company.</p> <p>Exclusion shall be waived to the extent specified in Benefit 3.2.11 Adventure Sports, if opted</p> <p>9) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <ol style="list-style-type: none"> <li>Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.</li> <li>Nuclear weapons material</li> <li>The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</li> <li>Nuclear, chemical and biological terrorism</li> </ol> <p>10) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.</p> <p>11) Any loss Resulting from pregnancy or child-birth, unless agreed by the Company.</p> <p>12) Expenses incurred in connection with Illness or Injury resulting due to participation in one's occupation.</p> <p>13) Consequential Losses and Legal Liabilities: Any Consequential Loss or any Legal Liability arising due to the any of the reasons covered under Section 3: Scope of Cover of Policy Wording is excluded.</p> <p>14) Insured Person is not covered while visiting countries or areas which, prior to the time of travel, are against the recommendation or advice of the appropriate governmental authority of India or of the country of travel.</p>	
7.	<b>Financial limits of coverage Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</b>	Please refer Annexure I	
	<b>Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured).</b>	<p>Co-payment of 20% shall be applicable, only where the treatment is taken from Non-Network Provider for below covers:</p> <ul style="list-style-type: none"> <li>Post-Hospitalisation Physiotherapy</li> <li>Accidental OPD</li> <li>Rehabilitation</li> <li>Trauma Counselling</li> <li>Medical Equipment</li> </ul>	<p>3.2.25,</p> <p>3.2.4,</p> <p>3.2.6.3,</p> <p>3.2.6.4,</p> <p>3.2.6.5</p>



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IRDAI Registration No. 103. Reliance General Insurance Company Limited.

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For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Reliance Personal Accident 360Shield. UIN No.: RELPAIP25035V022425. RGI/MCOM/CO/RPAP 360SHIELD/CIS/VER.1.0/061124.

	<p><b>Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))</b></p>	<ul style="list-style-type: none"> <li>• Daily Hospital Cash: Time Deductible =72 hours</li> <li>• Accidental OPD: Deductible = Rs 500 on each and every claim</li> <li>• Personal effects cover: Deductible = Rs 5000 on each and every claim</li> </ul>	
	<p><b>Any other limit (as applicable)</b></p>	Please refer Annexure I	
8.	<p><b>Claims/ Claims Procedure</b></p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post Hospitalisation.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>TAT for preauthorization of cashless facility) - 6 hours</p> <p>TAT for cashless final bill authorization: - 6 hours</p> <p><b>TAT for Reimbursement:</b></p> <ul style="list-style-type: none"> <li>• TAT ( Claim doc. received date to payment for Non- Investigated cases): 30 Days</li> <li>• TAT ( Claim doc. received date to payment for Investigated cases): 45 Days</li> </ul> <p><b>The details / web link and Helpline number:</b></p> <ol style="list-style-type: none"> <li>1. <b>Network Hospital details</b> Reliance General Insurance Locator (<a href="http://rgi-locator.appspot.com">rgi-locator.appspot.com</a>)</li> <li>2. <b>Helpline number (For Inland Travel)</b> +91 22 4890 3009 (Paid number)</li> <li>3. <b>Hospitals which are blacklisted or from where no claims will be accepted by insurer</b> <a href="https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf">https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf</a></li> <li>4. <b>Downloading/getting claim forms</b> <a href="https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx">https://www.reliancegeneral.co.in/insurance/claims/claim-page-health.aspx</a></li> </ol>	7.1, 7.2
9.	<p><b>Policy Servicing:</b></p>	<p>Any issues related with respect to policy, kindly E-mail us at <a href="mailto:rgicl.services@relianceada.com">rgicl.services@relianceada.com</a> and for correspondence contact us Reliance General Insurance Company Limited</p> <p>Correspondence Address –</p> <p>Reliance General Insurance., Winway Building 2nd &amp; 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) – 452001</p> <p>Contact No.- 022- 41112600</p>	
10.	<p><b>Grievances/ Complaints</b></p>	<ol style="list-style-type: none"> <li>a. Details of Grievance redressal officer refer the link (<a href="https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx">https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx</a>)</li> <li>b. IRDAI Integrated Grievance Management System-<a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li> <li>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</li> </ol>	7.3



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11.	Things to Remember	<p>Free Look Cancellation: The Free Look Period will be applicable on the new policy and not on renewals</p> <p>i. The Insured will be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <p>ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>a) A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or;</p> <p>b) Where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;</p> <p>c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	6.18
		<p><b>Policy Renewal:</b> The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	6.15
		<p><b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p>	6.20
		<p><b>Portability:</b> The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.</p>	6.21
		<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <i>only for the enhanced portion of the sum insured.</i></p>	
		<p><b>Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	6.27
12.	Your Obligations:	<p>The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non- disclosure of any material fact by the policyholder.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			
<p>Declaration by the Policy Holder;</p> <p>I have read the above and confirm having noted the details.</p>			
<p>Place: _____</p> <p>Date: _____</p>		<p>_____</p> <p>(Signature of the Policyholder)</p>	
<p><b>Note:</b></p> <p>i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.</p>			



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ANNEXURE I				
Base Covers	Name of Insured 1	Name of Insured 2	Name of Insured 3	Name of Insured 4
Accidental Death (AD)	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>
Permanent Total Disablement (PTD):	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above
Permanent Partial Disablement (PPD):	Base Sum Insured mentioned above	Base Sum Insured mentioned above	Base Sum Insured mentioned above	Base Sum Insured mentioned above
Repatriation of Mortal Remains and Funeral Expenses	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000
Optional Covers	Limits	Limits	Limits	Limits
Temporary Total Disablement (TTD):	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"
Area of Cover (Hospitalisation and related Covers, Daily Hospital Cash and Accidental OPD Cover):	Worldwide/ Within India	Worldwide/ Within India	Worldwide/ Within India	Worldwide/ Within India
<b>Accidental Hospitalisation:</b> <ul style="list-style-type: none"> <li>Inpatient Treatment</li> <li>Day Care Procedure</li> <li>Domestic Road Ambulance</li> <li>Pre-Hospitalisation &amp; Post Hospitalisation</li> </ul>	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000
Cumulative Bonus for Accidental Hospitalisation	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%
Unlimited Reinstatement of Accidental Hospitalisation Limit	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times
Companion Cover:	Rs _____	Rs _____	Rs _____	Rs _____
Post Hospitalisation Physiotherapy	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each
Blood Transfusion expenses	Up to 1 Lakh	Up to 1 Lakh	Up to 1 Lakh	Up to 1 Lakh
Transportation of Imported Medicines	Up to 20000	Up to 20000	Up to 20000	Up to 20000


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<b>Domiciliary Care:</b> <ul style="list-style-type: none"> <li>ICU at Home</li> <li>Doctor's Home Visits</li> <li>Nursing Care at Home</li> </ul>	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home
Daily Hospital Cash	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours
<b>Accidental OPD:</b> <ul style="list-style-type: none"> <li>OPD Consultations</li> <li>Diagnostic tests</li> <li>Prescription Drugs</li> <li>Vaccinations for animal bite</li> <li>OPD for Dental Treatment</li> <li>Minor Surgical Procedures</li> </ul>	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim
<b>Enhanced Covers</b>				
Burns:	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)
Broken Bones/Fracture Limit:	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit
Coma:	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks
Head or Spine Injury:	2% of S.I, max 1lakh	2% of S.I, max 1lakh	2% of S.I, max 1lakh	2% of S.I, max 1lakh
Miscarriage:	Rs 1,00,000	Rs 1,00,000	Rs 1,00,000	Rs 1,00,000
Emergency Evacuation (Air Ambulance):	Rs. _____	Rs. _____	Rs. _____	Rs. _____
<b>Health and Well-Being Covers</b>				
Convalescence:	Rs. _____	Rs. _____	Rs. _____	Rs. _____
Modification of home or vehicle:	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs
Rehabilitation:	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs
Trauma Counselling:	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions
Medical Equipment:	Up to 2.5 lakhs	Up to 2.5 lakhs	Up to 2.5 lakhs	Up to 2.5 lakhs
Reconstructive Surgery:	Up to 10 lakhs	Up to 10 lakhs	Up to 10 lakhs	Up to 10 lakhs
<b>Travel Covers (Bundle)</b>				
Enhanced Overseas Travel Cover:	Additional 50% of Base S.I	Additional 50% of Base S.I	Additional 50% of Base S.I	Additional 50% of Base S.I
Additional 50% of Base S.I	Rs 1 lakh	Rs 1 lakh	Rs 1 lakh	Rs 1 lakh
Trip Cancellation:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000
Event Cancellation:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000
Extended Hotel Stay:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000


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<b>Family Shield</b>				
Multi Member Death or Disability:	Additional 20% of Base S. I	Additional 20% of Base S. I	Additional 20% of Base S. I	Additional 20% of Base S. I
Parental Care:	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable
Educational Grant (Refer child details below):	15% of SI, max 7.5 lakhs	Not Applicable	Not Applicable	Not Applicable
Loan Protector: <ul style="list-style-type: none"> <li>Home Loan</li> <li>Vehicle Loan</li> <li>Education Loan (self or dependent child)</li> <li>Any other collateralized loan from entities as permitted under the Policy</li> </ul>	Base Sum Insured or Outstanding Principal Loan amount whichever is lower.	Not Applicable	Not Applicable	Not Applicable
EMI Protection: <ul style="list-style-type: none"> <li>Home Loan</li> <li>Vehicle Loan</li> <li>Education Loan (self or dependent child)</li> <li>Any other collateralized loan from entities as permitted under the Policy</li> </ul>	Outstanding Equated Monthly Instalments (EMI) amount or monthly Limit specified in the Policy Schedule, whichever is lower Payable for a maximum of 3 months	Not Applicable	Not Applicable	Not Applicable
Caregiver Cover:	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,
Renewal Premium Policy:	Actuals	Actuals	Actuals	Actuals
<b>Personal Shield (Bundle):</b>				
Personal Effects: <ul style="list-style-type: none"> <li>Laptop</li> <li>Mobile Phone</li> <li>Tablet</li> <li>Smart Watch</li> <li>Camera</li> </ul>	Up to 50000 Deductible of Rs. 5000 shall apply on each claim	Up to 50000 Deductible of Rs. 5000 shall apply on each claim	Up to 50000 Deductible of Rs. 5000 shall apply on each claim	Up to 50000 Deductible of Rs. 5000 shall apply on each claim
Payment Card Protection:	Upto Rs. 20000 Only the first three fraudulent transactions are covered.	Upto Rs. 20000 Only the first three fraudulent transactions are covered.	Upto Rs. 20000 Only the first three fraudulent transactions are covered.	Upto Rs. 20000 Only the first three fraudulent transactions are covered.
Assistance Services: <ul style="list-style-type: none"> <li>Arrangement of:</li> <li>Financial Guidance</li> <li>Legal Assistance</li> <li>Educational Counselling Service (13yrs to 25yrs)</li> <li>Second Opinion</li> <li>Chauffer Services</li> </ul>	One session each	One session each	One session each	One session each



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**Reliance Personal Accident 360Shield. UIN No.: RELPAIP25035V022425. RGI/MCOM/CO/RPAP 360SHIELD/CIS/VER.1.0/061124.**

Adventure Sports:	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above
Cumulative Bonus:	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured

ANNEXURE I				
Base Covers	Name of Insured 5	Name of Insured 6	Name of Insured 7	Name of Insured 8
Accidental Death (AD)	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>	<ul style="list-style-type: none"> <li>Base Sum Insured for Primary Insured = Rs _____,</li> <li>1x for Disappearance</li> <li>2x for AD Common Carrier</li> </ul>
Permanent Total Disablement (PTD):	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above	2x Base Sum Insured mentioned above
Permanent Partial Disablement (PPD):	Base Sum Insured mentioned above	Base Sum Insured mentioned above	Base Sum Insured mentioned above	Base Sum Insured mentioned above
Repatriation of Mortal Remains and Funeral Expenses	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000	1% of Base Sum Insured, max up to 1,00,000
Optional Covers	Limits	Limits	Limits	Limits
Temporary Total Disablement (TTD):	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"	Weekly payout of Rs _____; Payable up to 104 weeks; Time excess: _____ Days "Franchise Deductible"
Area of Cover (Hospitalisation and related Covers, Daily Hospital Cash and Accidental OPD Cover):	Worldwide/ Within India	Worldwide/ Within India	Worldwide/ Within India	Worldwide/ Within India
<b>Accidental Hospitalisation:</b> <ul style="list-style-type: none"> <li>Inpatient Treatment</li> <li>Day Care Procedure</li> <li>Domestic Road Ambulance</li> <li>Pre-Hospitalisation &amp; Post Hospitalisation</li> </ul>	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000	Rs. _____ Pre and Post Hospitalisation covered upto 30 and 90 days respectively. Road Ambulance: Sublimit-Rs 25000
Cumulative Bonus for Accidental Hospitalisation	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%	10% of Accidental Hospitalisation Limit for each claim-free year, max. 100%
Unlimited Reinstatement of Accidental Hospitalisation Limit	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times	Upto 100% of Accidental Hospitalisation Limit, unlimited times



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Reliance Personal Accident 360Shield. UIN No.: RELPAIP25035V022425. RGI/MCOM/CO/RPAP 360SHIELD/CIS/VER.1.0/061124.



Companion Cover:	Rs _____	Rs _____	Rs _____	Rs _____
Post Hospitalisation Physiotherapy	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each	Rs _____ per visit, maximum 15 sessions of up to 1.5 hours each
Blood Transfusion expenses	Up to 1 Lakh	Up to 1 Lakh	Up to 1 Lakh	Up to 1 Lakh
Transportation of Imported Medicines	Up to 20000	Up to 20000	Up to 20000	Up to 20000
<b>Domiciliary Care:</b> <ul style="list-style-type: none"> <li>ICU at Home</li> <li>Doctor's Home Visits</li> <li>Nursing Care at Home</li> </ul>	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home	Up to Rs.2 lakhs; Sub-limit of Maximum 15 days for ICU at Home Sub-limit of Rs 50000 for: Doctor's Home Visits and Nursing Care at Home
Daily Hospital Cash	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours	Rs _____ per day, max 60 days Time Deductible: 72 Hours
<b>Accidental OPD:</b> <ul style="list-style-type: none"> <li>OPD Consultations</li> <li>Diagnostic tests</li> <li>Prescription Drugs</li> <li>Vaccinations for animal bite</li> <li>OPD for Dental Treatment</li> <li>Minor Surgical Procedures</li> </ul>	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim	Rs _____ Deductible of 500 on each and every claim
<b>Enhanced Covers</b>				
Burns:	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)	Rs _____ Percentage based on Degree of Burns (Refer Policy wordings)
Broken Bones/Fracture: Limit:	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit	Rs _____ Percentage of Broken Bone/Fracture limit
Coma:	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks	1% of SI, max 10000 per week. Payable up to 104 weeks
Head or Spine Injury:	2% of S.I, max 1lakh	2% of S.I, max 1lakh	2% of S.I, max 1lakh	2% of S.I, max 1lakh
Miscarriage:	Rs 1,00,000	Rs 1,00,000	Rs 1,00,000	Rs 1,00,000
Emergency Evacuation (Air Ambulance):	Rs. _____	Rs. _____	Rs. _____	Rs. _____
<b>Health and Well-Being Covers</b>				
Convalescence:	Rs. _____	Rs. _____	Rs. _____	Rs. _____
Modification of home or vehicle:	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs
Rehabilitation:	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs	Up to 5 lakhs
Trauma Counselling:	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions	Rs _____ per sessions, maximum 6 sessions
Medical Equipment:	Up to 2.5 lakhs	Up to 2.5 lakhs	Up to 2.5 lakhs	Up to 2.5 lakhs
Reconstructive Surgery:	Up to 10 lakhs	Up to 10 lakhs	Up to 10 lakhs	Up to 10 lakhs
<b>Travel Covers (Bundle)</b>				


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Enhanced Overseas Travel Cover:	Additional 50% of Base S.I	Additional 50% of Base S.I	Additional 50% of Base S.I	Additional 50% of Base S.I
Additional 50% of Base S.I	Rs 1 lakh	Rs 1 lakh	Rs 1 lakh	Rs 1 lakh
Trip Cancellation:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000
Event Cancellation:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000
Extended Hotel Stay:	Up to 25,000	Up to 25,000	Up to 25,000	Up to 25,000
<b>Family Shield</b>				
Multi Member Death or Disability:	Additional 20% of Base S. I	Additional 20% of Base S. I	Additional 20% of Base S. I	Additional 20% of Base S. I
Parental Care:	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable	10% of Base SI, max 5lakhs each for <ul style="list-style-type: none"> <li>Father</li> <li>Mother</li> </ul> or Not Applicable
Educational Grant (Refer child details below):	15% of SI, max 7.5 lakhs	Not Applicable	Not Applicable	Not Applicable
Loan Protector: <ul style="list-style-type: none"> <li>Home Loan</li> <li>Vehicle Loan</li> <li>Education Loan (self or dependent child)</li> <li>Any other collateralized loan from entities as permitted under the Policy</li> </ul>	Base Sum Insured or Outstanding Principal Loan amount whichever is lower.	Not Applicable	Not Applicable	Not Applicable
EMI Protection: <ul style="list-style-type: none"> <li>Home Loan</li> <li>Vehicle Loan</li> <li>Education Loan (self or dependent child)</li> <li>Any other collateralized loan from entities as permitted under the Policy</li> </ul>	Outstanding Equated Monthly Instalments (EMI) amount or monthly Limit specified in the Policy Schedule, whichever is lower  Payable for a maximum of 3 months	Not Applicable	Not Applicable	Not Applicable
Caregiver Cover:	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,	0.5% of SI per month or 50,000 whichever is lower,
Renewal Premium Policy:	Actuals	Actuals	Actuals	Actuals
<b>Personal Shield (Bundle):</b>				
Personal Effects: <ul style="list-style-type: none"> <li>Laptop</li> <li>Mobile Phone</li> <li>Tablet</li> <li>Smart Watch</li> <li>Camera</li> </ul>	Up to 50000  Deductible of Rs. 5000 shall apply on each claim	Up to 50000  Deductible of Rs. 5000 shall apply on each claim	Up to 50000  Deductible of Rs. 5000 shall apply on each claim	Up to 50000  Deductible of Rs. 5000 shall apply on each claim
Payment Card Protection:	Upto Rs. 20000  Only the first three fraudulent transactions are covered.	Upto Rs. 20000  Only the first three fraudulent transactions are covered.	Upto Rs. 20000  Only the first three fraudulent transactions are covered.	Upto Rs. 20000  Only the first three fraudulent transactions are covered.



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Assistance Services: <ul style="list-style-type: none"> <li>Arrangement of:</li> <li>Financial Guidance</li> <li>Legal Assistance</li> <li>Educational Counselling Service (13yrs to 25yrs)</li> <li>Second Opinion</li> <li>Chauffer Services</li> </ul>	One session each	One session each	One session each	One session each
Adventure Sports:	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above	Base covers: _____ of Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus  Limits for All other covers: As applicable above
Cumulative Bonus:	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured	5% of Base Sum Insured for each claim- free year, subject to maximum 50% of Base Sum Insured



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