

ANNEXURE - RESPECT RIDER

NOTE: Please attach this Annexure with the Base Product Proposal Form

Plan Details (please refer table below)

Please tick one

Plan 1 Plan 2 Plan 3

Optional Cover: Yes No

Insured Member Details

1. Customer Full Name:

Title First Name

Middle Name Surname

2. Permanent / Residential Address :

House No & Name

Landmark/Locality

Road/Area Name City

State Pin Code

3. Registered Contact details

Telephone (Res.) Telephone (Office)

Mobile Number E-Mail @

4. Alternate/Secondary Contact details

Telephone (Res.) Telephone (Office)

Mobile Number E-Mail @

Plan Details for reference

Services	Plan 1	Plan 2	Plan 3
Emergency Road Ambulance Service	Yes	Yes	Yes
Planned Road Ambulance Service	Yes	Yes	Yes
Concierge Assistance Services	Yes	Yes	Yes
Nursing Care at Home	No	Yes	Yes
Physiotherapy Service	No	Yes	Yes
Tele-consultation services for Psychological conditions	No	Yes	Yes
Fall Detection Technology through Smart Watch	No	No	Yes
Medical Tele-consultation services	Optional	Optional	Optional