

Date : 02 Jan 2026

Mr Mahadev Dulichand Kumbhare
35 Govind Nagar Dindoli
Surat
Surat 394210
Gujarat
State Code : 24

Policy No: 60865107
Mobile No: XXXXXXXX9693



Dear Mr Mahadev Dulichand Kumbhare,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process - <https://bit.ly/45U8G1R>
- Policy Terms and Conditions- <https://bit.ly/45q8NTY> and also available on Customer App
- Customer Information Sheet (CIS) shared on your registered email ID which is a simple and understandable

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal www.careinsurance.com and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

CUSTOMER APP

For Android / IOS

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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Self Help Portal:
www.careinsurance.com/self-help-portal.html

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Policy Certificate

Mr Mahadev Dulichand Kumbhare
35 Govind Nagar Dindoli
Surat
Surat 394210
Gujarat
State Code : 24

Policy No.	60865107
Plan Name	Care Supreme
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 18-Jan-2026
Policy Period - End Date	Midnight 17-Jan-2027
Nominee Name (Relation)	Abhishek Kumar (SONM)
Premium Paid	Rs.38,829.00 (Premium Rs 38828.80 + Underwriting Loading Rs. 0.00 + CGST Rs. 0.00 + IGST Rs. 0.00 + SGST/UGST Rs. 0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Age	Client ID
Mr Mahadev Dulichand Kumbhare	Male	16-Nov-1968	57	14413650

Details of Insured Person

Name	Client ID	Date of Birth	Age	Relationship	Insured with the Company (since)	Pre-existing diseases since
Mahadev Dulichand Kumbhare	14413650	16-Nov-1968	57	MEMBER	18-Jan-2023	NONE
Kiranben M Kumbhare	14413654	07-Jul-1977	48	SPOUSE	18-Jan-2023	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus/Cumulative Bonus Amount (As Applicable)
Mahadev Dulichand Kumbhare	7,00,000.00	7,00,000.00
Kiranben M Kumbhare		

Note -NCB/NCB Shield Protection has been applied on this renewal.
-Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.
-This amount can vary basis the claim reported against Expiring Policy Year.
-Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.
-Coverage and Claims Subject to the Policy Terms & Conditions.

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com

Intermediary Details

Name	Code	Contact Details
Policybazaar Insurance Brokers Pvt Ltd	20374491	1800-2585970

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Sum Insured	700000

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2	In-Patient Care	Up to SI
3	Day Care Treatment	All Day Care Procedures
4	Advance Technology Methods	Up to SI
5	Pre-Hospitalization Medical Expenses	Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization
6	Post Hospitalization Medical Expenses	Up to SI, Post-Hospitalization expense cover for 180 days after discharge
7	AYUSH Treatment	Up to SI
8	Domiciliary Hospitalization	Up to SI
9	Organ Donor Cover	Up to SI
10	Ambulance Cover	Up to Rs. 10,000
11	Cumulative Bonus	50% of SI, max up to 100% of SI.
12	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
13	Unlimited E-Consultations	Available for Consultations with General Physicians
14	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
15	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
16	Room Rent	All categories covered.
17	ICU	No Limit
18	Named Ailments Coverage	24 Months
19	Pre-existing Diseases Coverage / Initial Wait Period	36 Months / 30 Days

Optional Cover

S NO.	Particulars	Details
1	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
2	Air Ambulance Cover	Up to 5 lacs per year.
3	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T and C

Previous Insurer Details of the Insured

Policy Period	Insured Name	Insurer Name	Previous Policy Number	1st Enrollment Date	Sum insured + NCB/CB(As Applicable) + NCBS/CBS(As Applicable) + Inflation SI
18-Jan-2025 to 17-Jan-2026	Mahadev Dulichand Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	7,00,000.00 + 7,00,000.00 + 0.00 + 0.00
18-Jan-2025 to 17-Jan-2026	Kiranben M Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	
18-Jan-2024 to 17-Jan-2025	Mahadev Dulichand Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	7,00,000.00 + 3,50,000.00 + 0.00 + 0.00
18-Jan-2024 to 17-Jan-2025	Kiranben M Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	
18-Jan-2023 to 17-Jan-2024	Mahadev Dulichand Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	7,00,000.00 + 0.00 + 0.00 + 0.00
18-Jan-2023 to 17-Jan-2024	Kiranben M Kumbhare	Care Health Insurance Ltd	60865107	18-Jan-2023	

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 02 Jan 2026

Place of Issue : Gurgaon, Haryana

Service Branch : Vipul Tech Square TowerC3rd Floor Sector43Golf Course Road Gurgaon
Haryana 122009Gurgaon,Haryana,122009

Branch Contact No. : 0124-6141810

Consolidated Stamp Duty paid vide E-Challan GRN No. 0142636515 dated 18/11/2025. RCM Applicability - N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State
GSTIN No.: 06AADCR6281N1ZW
UIN :CHIHLIP25047V022425

Note:

- 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.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.
- This soft copy of the policy is as valid as a hard copy and can be used for claims. A physical hard copy will not be dispatched.

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Premium Acknowledgement

Policy No.	60865107
Client ID	14413650
Policyholder	Mr Mahadev Dulichand Kumbhare
Address	35 Govind Nagar Dindoli Surat Surat 394210 Gujarat
Policy Period	18-Jan-2026 to 17-Jan-2027

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium Care Supreme	36,529.88	1	C8871839	38,829.00	IPG
Wellness Benefit (Supreme)	61.62				
Air Ambulance Cover (Supreme)	410.82				
Claim Shield	1,826.48				
Goods & Services Tax (GST)	0.00				
Total	38,829.00				

The Premium is rounded off to the nearest rupee.

Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

For Care Health Insurance Limited

Authorized Signatory

Date of Issue : 02 Jan 2026

Place of Issue : Gurgaon, Haryana

Note:

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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Proposal Form-'CARE SUPREME'

Dear Mr Mahadev Dulichand Kumbhare

In reference to your online proposal (1129838995634) for 'Care Supreme' - Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Mahadev Dulichand Kumbhare
 Address : 35 Govind Nagar Dindoli
 Surat Surat,Gujarat
 394210
 Date of Birth : 16-Nov-1968
 Landline :
 Mobile : XXXXXX9693
 E-mail : aXXXXXX7@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Mahadev Dulichand Kumbhare	16-Nov-1968	MEMBER	NONE
Kiranben M Kumbhare	07-Jul-1977	SPOUSE	NONE

Additional Details

1. Does any person(s) to be insured has any pre-existing diseases?

Insured1	Insured2
N	N

2. Has any of the person(s) to be insured ever filed a claim with their current / previous insurer?

Insured1	Insured2
N	N

3. Has any proposal(s) for health insurance of the new person(s) to be insured, been declined cancelled or charged a higher premium?

Insured1	Insured2
N	N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Care Health Insurance?

Insured1	Insured2
N	N

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You agree to following terms & conditions of the purchase of policy

- a. I have read and understood the Brochure/Prospectus/Sales Literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch/online, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/ medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/ sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

The undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, complete and correct in all respects and that all information which is relevant to this proposal has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company.

The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

