

Date : 3 August 2021

Mr Uhuhhu Ghfghfghf

Uiguiggi

Uyfyufyuf

Nagpur 440001

Maharashtra



Policy No. : 10482706

Mobile No. : XXXXXX5856

Dear Mr Uhuhhu Ghfghfghf,

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
- Policy Terms and Conditions- <https://bit.ly/3rFYID> and also available on Customer

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. In case of a query at any juncture, feel free to mail us at customerfirst@careinsurance.com or call us at 1800-102-4488.

For any assistance feel free to mail us at customerfirst@careinsurance.com or call 1800-102-4488. Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always

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



For iOS



Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Corp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)



IRDA Regn. No. 148
CIN: U66000DL2007PLC161503

Policy Certificate

Mr Uhuhhu Ghfghfghf
Uiguiggi
Uyfyufyuf
Nagpur 440001
Maharashtra 27

Policy No.	10482706
Plan Name	CARE
Cover type	Individual
Policy Period - Start Date	00:00 hrs 04-Aug-2021
Policy Period - End Date	Midnight 03-Aug-2022
Nominee Name	Kjuihi Uhuihui
Nominee Relationship	(BROTHER)
Premium Paid	Rs. 6621 (Premium Rs 5611.07 + CGST Rs 0 + IGST Rs 1009.99 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Uhuhhu Ghfghfghf	Male	03-Aug-1996	51344326

Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Uhuhhu Ghfghfghf	51344326	Member	03-Aug-1996	None	04-Aug-2021	5,00,000.00

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)
Contact no.	1800-102-4488
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

Intermediary Details

Name	Code	Contact Number
Bhaloopreet Singh	20008325	9718176609

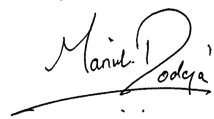
Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Category = Single Private Room
2	Pre-hospitalization & Post-hospitalization medical Expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
3	Ambulance Cover	Up to Rs. 2,000 per Hospitalization
4	Organ Donor Cover	Up to Rs. 1,00,000 per Policy Year
5	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
6	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
7	Second Opinion	Once per Policy Year per Insured Person for each major illness/injury
8	Alternative Treatments	Up to Rs. 20,000 per Policy Year
9	No Claims Bonus	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim
10	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year

Special Conditions

S No.	Particulars
1	Co-payment (Applicable where age of member at entry is 61 years or above)

For **Care Health Insurance Limited**
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue : 03-Aug-2021

Place of Issue : Gurgaon, Haryana

Service Branch : CHIL, 3Rd Floor, Door No - 55/686, D1 And D2, Vellathottam White Tower, Sa Road, Panampilly Nagar, Kochi, Kerala - 682036 Branch Contact No. : 0484-4041530

Correspondence Address:

Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA) Contact No : 1800-102-4488

Website : www.careinsurance.com Email : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 77150994 dated 17 May 2021, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 32AADCR6281N1Z1 IRDA Registration Number - 148 UIN : RHIHLIP21017V052021

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019


CIN : U66000DL2007PLC161503

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 email at customerfirst@careinsurance.com or contact the Company at 1800-102-4488 / 1800-102-6655.
- 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.

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

care HEALTH INSURANCE			HEALTH CARD	
Policy No. 10482706				
Member ID	DOB	Name		
51344326	03-Aug-1996	Uhuhhu Ghfghfghf		
CUSTOMER APP				
				
For Android		For iOS		

 www.careinsurance.com	
1800-102-4488	
 customerfirst@careinsurance.com	
Care Health Insurance Limited	
(Formerly Religare Health Insurance Company Limited)	
Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)	
IRDA Registration Number - 148	
Disclaimer 1. This card is not transferable. 2. Use of this card is governed by the policy terms & conditions. 3. To avail cashless facility, this card needs to be produced along with photo ID proof. 4. Valid upto policy period end date or cancellation date, whichever is earlier.	

Premium Acknowledgement

Policy No.	10482706
Client ID	51344326
Policyholder	Mr Uhuhhu Ghfghfghf
Address	Uiguiggi Uyfyufyuf Nagpur 440001, Maharashtra
Policy Period	04-Aug-2021 to 03-Aug-2022

Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	40034350	6621	INTERNET PAYMENT GATEWAY (IPG)
CARE	5,611.07				
Goods & Services Tax (GST)	1,009.99				
Total	6,621.00				

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**
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue: 03-Aug-2021

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

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.

Proposal Form-'CARE'

Dear Mr Uhuhhu Ghfghfghf

In reference to your online proposal (I I2000347883I) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : MR UHUHHU GHFGHFGHF

Address : Uiguiggi
Uyfyufyuf
Nagpur-44000I
Maharashtra

Date of Birth : 03/08/96

Landline :

Mobile : XXXXXX5856

E-mail : yuvrajarora1997@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
uhuhhu ghfghfghf	03/08/96	MEMBER	NONE

Additional Details

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

Insured I
No

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

Insured I
No

C. Has any proposal for Health insurance been declined, cancelled or charged a higher premium?

Insured I
No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured I
No

You agreed 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, 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.
- 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 the 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, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that 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.

You also agreed to receive service SMS and E-mail alerts.

The details mentioned in above proposal form has been verified through OTP N