

HDFC ERGO General Insurance Company Limited



Date : 28/09/2018



2952200856255502001

MR BALARAMI REDDY PAPPURI
G5 B BLOCK SAI MITRA MEADOWS 1ST A CROSS
KAGGADASAPURA MAIN ROA C V RAMAN NAGAR .
BENGALURU, 560093
KARNATAKA
Contact No : 9886038567

Dear Mr Balarami Reddy Pappuri

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !
Your Health insurance policy reference no 2952200856255502001 is confirmed on the basis of the information and declaration given by you.
The details of coverage are mentioned in the enclosed policy schedule of insurance.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!

For HDFC ERGO General Insurance Company Ltd.

Ankur Bahorey
Head - Retail Business Group

HDFC ERGO General Insurance Company Limited



Dear MR BALARAMI REDDY PAPPURI

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986

This is to certify that we have received an amount of ₹ 17885 (RUPEES SEVENTEEN THOUSAND EIGHT HUNDRED EIGHTY-FIVE AND ZERO PAISE Only) towards premium for Health Suraksha Policy , Policy No. 2952200856255502001 issued to for the period 28/09/2018 to 27/09/2020.

Note

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

Date : 28/09/2018

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

POLICY SCHEDULE - Endorsed Copy
Policy No. 2952 2008 5625 5502 001



Health Suraksha Policy SILVER PLAN



Customer Id : 100797210482

Proposer Name	MR BALARAMI REDDY PAPPURI			PAN No.		Premium Frequency	Single	
Corr. Address/ Place of Supply	G5 B BLOCK SAI MITRA MEADOWS,1ST A CROSS KAGGADASAPURA,MAIN ROA C V RAMAN NAGAR,, BENGALURU, KARNATAKA, 560093			Permanent Address	G5 B BLOCK SAI MITRA MEADOWS,1ST A CROSS KAGGADASAPURA,MAIN ROA C V RAMAN NAGAR,, BENGALURU, KARNATAKA, 560093			
Mobile	9886038567	Phone		E Mail	BALARAM.AIT@GMAIL.COM		Policy Type	Family Floater
Period of Insurance	From Date & Time	28/09/2018 00:01 hrs	To Date & Time	27/09/2020 Midnight	Policy Issuance Date		17/09/2018	

Insured Person's Details & Sum Insured						
Insured's Name	Relationship	Date of Birth	Member ID	1st Policy Inception	Portability Sum Insured (₹)	Pre Existing Disease
BALARAMI REDDY PAPPURI	Self	01/04/1985		28/09/2012		NO
BANDI YATHEESHWARI	Wife	26/12/1989		28/09/2012		NO
PAPPURI NITHYA SRI	Daughter	09/07/2014		28/09/2012		NO
P ARJUN PANDAREDDY	Son	27/02/2016		28/09/2012		NO
Sum Insured (₹)	300,000.00		CB Amount (₹)	70,000.00		

In case of increase in the Sum Insured at renewal, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.

Nominee Name	P PANDA REDDY	Relationship	Parent
The nominee must be an immediate relative of the Insured Person. For all other insured person(s), the Policyholder shall be the nominee.			

Coverage Details			
Coverage	Details	Coverage	Details
In-Patient Treatment	Covered	Pre-hospitalization (days)	60
Post-hospitalization (days)	90	Day Care Procedures	Covered
Domiciliary Treatment	Covered	Organ Donor Expenses	Covered
Emergency Ambulance Charges (Limit per hospitalisation)	Upto Rs. 2000	Ayurvedic /Unani/Sidha/ Homeopathic	Covered
Health Check up per family (Post 4 Claims free years)	Upto 1% Sum Insured,Maximum Upto Rs 5000/-	Hospital Daily Cash (only to the eldest member of the family)	Rs.1000/- per day for a maximum of 30 days

Subject to the conditions laid down in the Policy, on completion of each four consecutive policy years with us, the eligible Insured Person(s), included in each policy year is/are entitled for a medical checkup benefit up to an amount equals to 1% of sum insured or Rs 5000/- whichever is less.

Premium Details (₹)	
Basic Premium	15,157.00
Loadings	0.00
GST 18% : Central Tax 9% (₹ 1364) + State Tax 9% (₹ 1364)	2,728.00
Total Premium	17,885.00

Payment Details		
Cheque No./DD/Fund Transfer	Date	Bank Name


List of Endorsements				
Endt No	Description			Effective Date
001	Change in General Endorsement,Insured Name			28/09/2018
Invoice No.				HSN Code 9971
For Claim Services	Phone	1800 2700 700	Fax no.	1860 2000 600
Address		HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.		
For any other query call toll-free		1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com		


If the premium is not realised the policy shall be void from inception.
Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no CSD/90/2018/2914-15/18 dated 25/07/2018 as prescribed in Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, dated 31/12/2004. , Goods & Services Tax Registration No: 29AABCL5045N1Z4. Goods and Services Tax for this invoice is not payable under reverse charge basis.
Branch :BANGALORENO. 25/1, 2ND FLOOR, BUILDING NO. 2, SHANKARNARAYANA BUILDING NO. 1,MG ROAD, BANGALORE BENGALURU, 560001. Phone No. : +91-80-67153600
Write to us : feedbackgeneral.insurance@in.hdfcbank.com

For HDFC ERGO General Insurance Company Ltd.

Agent Name :HDFC BANK LTD
Agent Code :201587086428 Tel No. : 91-22-61606161

Nagendra Srikumar
Duly Constituted Attorney




Policy No.:2952200856255502001
Valid From: 28/09/2018 Renewal Date: 27 September

Insured Name	Date Of Birth	Gender
BANDI YATHEESHWARI	26/12/1989	Female
P ARJUN PANDAREDDY	27/02/2016	Male
PAPPURI NITHYA SRI	09/07/2014	Female
BALARAMI REDDY PAPPURI	01/04/1985	Male

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Phone Number : 1800 2 700 700
Fax Number : 1860 2000 600
Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor,
Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.
Website : www.hdfcergo.com

HDFC ERGO General Insurance Company Limited**POLICY SCHEDULE - Endorsed Copy****Policy No. 2952 2008 5625 5502 001****Sarv Suraksha - Personal Accident
Family Health Cover***Take it easy!*

Proposer Name		MR BALARAMI REDDY PAPPURI			PAN No.		Premium Frequency	Single
Corr. Address/ Place of Supply		G5 B BLOCK SAI MITRA MEADOWS,1ST A CROSS KAGGADASAPURA,MAIN ROA C V RAMAN NAGAR,, BENGALURU,KARNATAKA,560093		Permanent Address	G5 B BLOCK SAI MITRA MEADOWS,1ST A CROSS KAGGADASAPURA,MAIN ROA C V RAMAN NAGAR,, BENGALURU,KARNATAKA,560093			
Mobile	9886038567	Phone		E Mail	BALARAM.AIT@GMAIL.COM		Policy Issuance Date	17/09/2018

Period of Insurance	From Date & Time	28/09/2018 00:01 hrs	To Date & Time	27/09/2020 Midnight	Territorial Limits	Worldwide
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Insured Details

Insured's Name	Relationship	Date of Birth	Benefit
BALARAMI REDDY PAPPURI	Self	01/04/1985	100%
BANDI YATHEESHWARI	Wife	26/12/1989	50%
PAPPURI NITHYA SRI	Daughter	09/07/2014	25%
P ARJUN PANDAREDDY	Son	27/02/2016	25%

Nominee Details

Insured's Name	Nominee Name	Relationship
BALARAMI REDDY PAPPURI	P PANDA REDDY	Parent

The nominee must be an immediate relative of the Insured Person. For all other insured person(s), the Policyholder shall be the nominee.

Coverage Details

Coverage*	Sum Insured (₹)
1. Accidental Death	10,00,000
2. Permanent Total Disability	
3. Permanent Partial Disability	

The Policy Wording attached herewith includes all the standard coverages offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our toll free number.

Premium Details (₹)

Basic Premium	2,240.00
Loadings	0.00
GST 18% : Central Tax 9% (₹201.5) + State Tax 9% (₹201.5)	403.00
Total Premium	2,643.00

Payment Details

Cheque No./DD/Fund Transfer	Date	Bank Name

List Of Endorsements

Endt No	Description	Effective Date
001	Change in General Endorsement, Insured Name	28/09/2018

Invoice No.	2				HSN Code	9971
For Claim Services	Phone	1800 2 700 700	Fax no.	022 66383699	E-mail	care@hdfcergo.com
Address	6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri(E), Mumbai 400 059.					
For any other query call toll-free 1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com						

If the premium is not realised the policy shall be void from inception.

The stamp duty of ₹ 1/- paid by Demand Draft, vide Receipt/Challan no CSD/90/2018/2914-15/18 dated 25/07/2018 as prescribed in Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, dated 31/12/2004. Goods & Services Tax Registration No: 29AABCL5045N1Z4. Goods and Services Tax for this invoice is not payable under reverse charge basis.

Branch : BANGALORENO. 25/1, 2ND FLOOR, BUILDING NO. 2, SHANKARNARAYANA BUILDING NO. 1, MG ROAD, BANGALORE BENGALURU, 560001. **Phone No. :** +91-80-67153600
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For HDFC ERGO General Insurance Company Ltd.

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