

## Policy Certificate - Group Care 360° PA

HIGHBAR TECHNOCRAT LIMITED  
Unit No. 1409 Empire Tower  
Reliable Tech Park Cloud City Campus  
Opp Thane Belapur Road Airoli  
Navi Mumbai-400708  
MAHARASHTRA  
GSTN : 27AABCO4311LIZI  
STATE CODE : 27

Policy No	90714463
Name of Policyholder	HIGHBAR TECHNOCRAT LIMITED
Cover type	Individual
Policy Period - Start Date	00:00 hrs 27-Sep-2024
Policy Period - End Date	Midnight 26-Sep-2025

### Premium Details

Premium	CGST	IGST	UGST/SGST	Total Premium	Premium Payment Mode
₹ 70,472	₹ 6342.48	₹ 0	₹ 6342.48	₹ 83,157	ANNUAL PREMIUM

### Details of Insured

S No.	Particulars	Nos.
1	Primary Insured Members	478
2	Dependents	0
	Total	478

For details of each insured refer to “Annexure A”

### Details of Cover

S No.	Particulars	Amount
1	Total Sum Insured	₹ 440,450,000

### Intermediary Details

Name	Code	Contact Number
HOWDEN INS BRKRS IND PVT LTD	20010546	STD-2266558888

## Benefits

S. No.	Benefit	Coverage Details
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disability	Upto 100% of Sum Insured
3	Permanent Partial Disability	As per PPD table
4	Total Temporary Disability	Lower of 1% of SI/5000/actual Salary for 104 weeks
5	Medical Expenses(OPD variable)	10% of SI or 40% of claim Amount or actual whichever less

### Basic Detail of policy:

S No.	Benefit	Coverage Details
1.	Industry Type	IT /BPO/ Service Industry
2.	Maximum Sum insured	Rs. 2500000
3.	Top 50 lives sum insured	Rs. 9,95,00,000.00
4.	Rate Per Mille (Excluding Tax)	0.16
5.	Risk Class	2
6.	Sum Insured Base	Graded

### Other Term and Conditions

1. Any One Accidental Limit: Restricted to INR 50 crore or Top 10 lives Sum Insured whichever is lower for each city on per event basis.

### Standard Terms and Conditions:

1. Premium for Addition & deletion to be charged on pro-rata.
2. Premium shall not be refunded for deletion if any claim is paid during the policy.
3. Any endorsements will be from the date of addition and not from the inception of the policy.
4. Existing groups may not split into multiple groups to obtain multiple benefit levels.
5. Excluding a class within a group or any kind of selection is not permitted.
6. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
7. Any non-disclosure of material fact such as previous policy details, incorrect premium, demography or claims details may lead to termination of the policy without any refund of premium.
8. Terrorism is covered in the policy except for that arising out of Nuclear; Biological and/or chemical means which is outside the scope of the policy.
9. Refund of premium shall be in accordance to the prevailing GST guidelines.

### Major Exclusions:

1. Pre-Existing Diseases
2. Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
3. Being under influence of drugs, alcohol, or other intoxication or hallucinogens.
4. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor.
5. Committing any breach of law of land with criminal intent.
6. Death or disablement resulting from Pregnancy or childbirth.
7. Professional sports team in respect of specific benefit for inability to perform.
8. Participation in any kind of motor speed contest.
9. While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft other than as a fare paying passenger in a Scheduled Airline.
10. Underground mining & contractor specializing in tunnelling.
11. Naval, military or air force personnel.
12. Radioactivity, Nuclear risks, ionizing radiation.

13. Detailed Exclusion as per the Standard Policy Wordings of the Group Care 360 Policy.

**Major Documentation Required to file a claim:- Immediate Written Intimation to the Insurer:**

1. Claim Form Duly Signed.
2. Identity Proof.
3. Accident Proof - FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report etc.
4. Cause of Loss - Viscera Report, Post Mortem Report (if conducted), MLC report, Medical Report or Certificate.
5. Disability - Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription.
6. Accidental Death – Death Certificate.
7. Medical Expenses - Hospital Discharge Summary, Bills, Receipts as original, Medical Practitioner Certificate, Medical or Clinical or Pathological or Diagnostics Records.

**\*\*These are just indicative documents; additional documents may be required as per the claim.**

**Claims Servicing Team**

Name of Service	Address	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	<a href="mailto:Claims@careinsurance.com">Claims@careinsurance.com</a>

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 11-Oct-2024

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited

5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, "Synergy Business Park" Office no 702 & 703 7th Floor, Off Aarey Road, Goregaon (East), Mumbai, Maharashtra-400063, Mumbai, Maharashtra - 400063 Branch Contact No. : 8860402452

Correspondence Address: Care Health Insurance Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43, Gurugram – 122009 (Haryana).

WhatsApp us at 8860402452

Website : [www.careinsurance.com](http://www.careinsurance.com) Write to us - <https://www.careinsurance.com/contact-us.html>

Consolidated Stamp Duty paid vide E-Challan GRN no. 0117751470 dated 13 June 2024, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 27AADCR6281N1ZS

IRDA Registration Number - 148

UIN : RH1HLGP20126V011920 CIN – U66000DL2007PLC161503

**Tax invoice**

Document No	Date
90714463-I	11-Oct-2024

**Name of Supplier:** Care Health Insurance Limited  
**Address of** "Synergy Business Park" Office No 702 & 703 7Th Floor,Off Aarey Road, Goregaon (East)  
,Mumbai,Maharashtra-400063,Mumbai-400063-Maharashtra - 27  
**Supplier GSTIN:** 27AADCR6281N1ZS

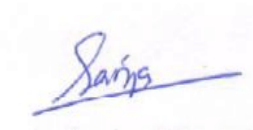
**Bill To:**  
**Name of Recipient:** Highbar Technocrat Limited  
**Address of Recipient:** Unit No. 1409 Empire Tower Reliable Tech Park Cloud City Campus Opp Thane Belapur Road Airoli 400708  
Navi Mumbai-27  
**Customer GSTIN:** 27AABCO4311L1ZI

Description of Goods/Services	Amount
Personal Accident Insurance Premium	
Transaction Value	70,472.00
CGST @ 9%	6,342.48
SGST/UTGST @ 9%	6,342.48
IGST @ 18%	0.00
<b>Total Value Including Tax</b> Amount in word:-EIGHTY THREE THOUSAND ONE HUNDRED FIFTY SIX RUPEES AND NINETY SIX PAISA Place of Supply: Navi Mumbai-27 Service Accounting Code: 997133	83,156.96

Whether tax payable under reverse charge: No

**Note:** I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

For Care Health Insurance Limited



Authorised Signatory