

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Regd. No.113) Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006 (India)

GROUP HEALTH INSURANCE POLICY

FAMILY HEALTH CARE POLICY SCHEDULE BAJHLIP22024V032122

497498 5th floor Isana Kattima building, Poonamallee High Policy issuing office and Correspondence address for communication by Road, Arumbakkam,,, Chennai-600106 Phone No: 044policyholder for claim, service request, notice, summons, etc. 43904400 **Policy Number Proposer Name** KARTHIK R OG-25-1501-8433-00001586 PROPOSER DETAILS 20-JUN-24 Policy Issued on NO 5/4 MOTTAIYAN STREET, From: 23-JUN-2024 00:01 Hrs. Period of Insurance **Proposer Address** To: 22-JUN-2025 Midnight VILLUPURAM, TAMIL NADU, 185020814 Pin - 604001 **Customer ID Policy Status** Issued **Previous Policy No.** OG-24-1501-8433-00000326 22-Jun-2024 **Expiry Date**

Insured Member Details

Member Name	Customer ID	Gender	Date Of Birth	Age	Relation	Nominee Name & Rela	ation
RAGUPATHI N	185020815	Male	17-MAR- 1963	61	FATHER	KARTHIK R	SON
BANUMATHI R	185020817	Female	04-JUL-1970	53	MOTHER	KARTHIK R	SON

GSTIN / UIN	Place of Supply/State Code/ Name			
NA	33 - Tamil Nadu			
Company GST No.:	Invoice No.:			
33AABCB5730G1Z4	185104086/5			
Company PAN:				
AABCB5730G				

Sum Insured & Cover Details

Inpatient Hospita	lization Treatment	Hospit	Waiver of Medical Tests	
Sum Insured	Cumulative Bonus	Per Day Benefit	Sum Insured	Yes/No
8,00,000.00	3,20,000.00(40%)	500.00	15,000.00	Yes

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	41,062.00		
		Net Premium	41,062.00
		State GST (9%)	3,696.00
Gross Premium: Rupees Forty Eight Thousan Hundred Fifty Four Only	nd Four	Central GST (9%)	3,696.00
Hundred Fifty Four Only		Gross Premium	48,454.00

For help and more information: Page 4 of 10

Contact our 24 Hour Call Centre at 1800-209-5858, 1800-102-5858 (Toll Free)



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Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.			497498 5th floor Isana Kattima building, Poonamallee High Road, Arumbakkam,, , Chennai-600106 Phone No :044- 43904400				
Proposer Name KARTHIK R			Policy Number		OG-25-1501-8433-00001586		
Inpatient Hospitalization Treatment: Plan	Gold						
Name of Institution	This i	s Group Health Insu	rance pol	icy issued	to Customer of P		
Special Terms & Conditions	NA						
	Member Name		Special Condition Member level				
Special Exclusions	RAGUPATHI N		NA				
BANUMATHI R		NA					
1st Policy Inception Date	null						
Certificate for the purpose of deduction under Section 80-D of Income Tax Amendment Act,1986 This is to certify that KARTHIK R has paid RS.48,454.00 towards Health Insurance for (Family Health Care) for the Period from 23-JUN-2024 00:01 to midnight of 22-JUN-2025 under Policy no OG-25-1501-8433-00001586 Issue Date: 20-JUN-24 Place:VILLUPURAM							
Donation Data il	Receipt Number : 1501-01523482 Date : 20-JUN-24 Premium Payer ID : 185020814 Float : CF						
** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of C				e of dishonour of Cheque			
Financial Institution Ref. No.			NA	NA			
Agency Code & Name			1001470	L0014704/HDFC BANK			
Contact No.	02261606161 E-Mail supp			suppo	ort@hdfcbank.com		

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.







Authorized Signatory

Consolidated Stamp Duty of Rs. 0.25/- paid for insurance policy stamps vide Order No. CSD/17/2023/4571 dated 10-NOV-23 of General Stamp Office, Mumbai, India.

Principal Location: 497/498, 5th floor, Isana Artimbal Location: 497/496, 5th floor, Isaha Kattima building, Poonamallee High Road, Arumbakkam, Chennai - 600106 PH:044-43904400 Services Accounting Code : 997133 - Accident and health insurance services. No reverse charge is payable on these services.

This document is digitally signed, hence counter signature / stamp is not

This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of the Policy or any alteration in the insurance affecting premium.

Schedule (5) | Printed on: 21-JUN-2024 12:27:23 | amrin.shaikh01.ie@bajajallianz.co.in | Web | Sub 10014704 / 10040016

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FAMILY HEALTH CARE ANNEXURE

Policy issuing office and Correspondicyholder for claim, service re	ondence address for communication by	497498 5th floor Isana k Road, Arumbakkam,, , C 43904400	Kattima building, Poonamallee High Chennai-600106 Phone No :044-
Pronoser Name	KARTHIK R	Policy Number	OG-25-1501-8433-00001586

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