

Policy No. 2825/60843159/02/000

Date : 22-12-2025

DEVCHANDBHAI MADHUBHAI PATOLIYA  
77-NIJANAND SOC NEAR ANKUR CHAR RASTA A K ROAD  
VARACHHA  
GUJARAT SURAT SURAT  
395006  
99\*\*\*\*\*38  
[ram\\*\\*\\*kap\\*\\*\\*84@\\*\\*\\*oo.\\*\\*\\*](mailto:ram***kap***84@***oo.***)

Dear **DEVCHANDBHAI MADHUBHAI PATOLIYA**,

Thank you for choosing Universal Sompo General Insurance as your insurance partner for **COMPLETE HEALTHCARE INSURANCE**. We're extremely delighted to have you on board and we are going to be with you every step of the way.

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 30 days of policy received.

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800-200-4030 (Other User) 1-800-22-4030 (MTNL/BSNL User), or mail us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com). You can also drop by at one of our branches. For more information visit our website [www.universalsompo.com](http://www.universalsompo.com).



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## Register A Claim

- Call at our 24x7 Toll Free No. 18002004030
- Write to us at [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)
- Visit our Website [www.universalsompo.com](http://www.universalsompo.com)



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IRDAI Registration No - 134

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**COMPLETE HEALTHCARE INSURANCE  
POLICY SCHEDULE**

Invoice Number: 2425PR0000352033

**INTERMEDIARY DETAILS**

Intermediary Name	PARESHBHAI PARSHOTTAMBHAI BHIKADIYA	Intermediary Sales Person Name	NA
Contact & Email	9377070014 & tirupatiinsurance2018@gmail.com	Contact & Code	9377070014 &
Source code/POS Adhaar/Pan No	AGJPB8480GAGJPB8480G	Policy Issuance Office Address & Code	SURAT BRANCH

**POLICY ISSUANCE DETAILS**

Policy Number	2825/60843159/02/000	Policy Type	Renewal Business
Policy Issuance Office	SURAT BRANCH	Policy/ Invoice Issued Date	22-12-2025
Customer ID	101355968654	Bank Branch Name	HDFC BANK
Bank Account Number	501***975***71	EIA Account Number	NA
Loan A/C Number	NA	Membership Number	NA
CKYC Number	NA	GST Number	NA

**PROPOSER DETAILS**

Name	DEVCHANDBHAI MADHUBHAI PATOLIYA		
Address	77-NIJANAND SOC NEAR ANKUR CHAR RASTA A K ROAD VARACHHA, GUJARAT SURAT SURAT		
City	SURAT	PinCode	395006
State	GUJARAT	Country	INDIA
Occupation	NA	Gender	MALE
Contact details - Phone	99*****38		
Contact details - Email	***ani***il2***yah***com		

**POLICY DETAILS**

Plan Name	Essential	Cover Type	Family Floater Basis
Policy Period	From 00:00 Hours of 26-12-2025 To 23:59 Hours of 25-12-2026	Policy Tenure	1 year(s)

**INSURED DETAILS**

NAME	DATE OF BIRTH	GENDER (M/F/TG*)	Age	RELATIONSHIP WITH THE PROPOSER	OCCUPATION (SALARIED/ SELF-EMPLOYED/OTHERS)	MEDICAL CASE	PED CASE	ABHA ID/ Number	BASE SUM INSURED (RS)	CUMULATIVE BONUS (Rs)
DEVCHANDBHAI MADHUBHAI PATOLIYA	18-10-1964	M	61	Self	Other Normal	Yes	No	NA	400,000	150000
MANJULABEN DEVCHANDBHAI PATOLIYA	01-06-1967	F	58	Spouse	Other Normal	No	No	NA		

**NOMINEE DETAILS FOR THE PRIMARY INSURED**

Name of the Nominee	Date of Birth (DD/MM/YYYY)	Age	Gender (M/F/TG*)	Relationship with the Proposer	Address of the Nominee
DEVCHANDBHAI MADHUBHAI PATOLIYA	18-10-1964	61	F	Spouse	NA
MANJULABEN DEVCHANDBHAI PATOLIYA	01-06-1967	58	M	Spouse	NA

Registered & Corp Office : Universal Sompo General Insurance Company Ltd.

Unit no:8th Floor and 9th Floor (part - south side),Commerz ,International Business park, Oberoi Garden City,Off Western Express Highway,Goregaon East,Mumbai-400063, Maharashtra Tel :022 - 69979900 , 022 - 44759800, CIN# U66010MH2007PLC166770

UIN: UNIHLIP25036V042425

(NOTE- The Nominee for all other persons proposed to be insured shall be the Proposer himself/ herself) \*TG- Transgender

PREMIUM DETAILS	
Premium Payment Mode (Monthly/Quarterly/Half-Yearly/ Yearly)	Single
Net Premium (in Rs)	36,960.00
Discount (if any)	0
SGST	0
CGST	0.00
Gross Premium (in Rs)	36,960.00
Gross Premium (In Words)	Thirty-Six Thousand Nine Hundred Sixty

Remarks: NA
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COVERAGE DETAILS		
<b>Plan Name: Essential</b>		
Coverage name	COVERAGE LIMIT (Applicable for all member as given in insured detail)	
Inpatient Treatment	Covered up to Base SI - 400000	
Day Care Procedures	Covered up to Base SI - 400000	
Pre-Hospitalization	30 days	
Post-Hospitalization	60 days	
Domiciliary Treatment	Up to 20% of Base SI - 400000	
Organ Donor	Covered upto Base SI - 400000	
Ambulance	Up to 1% of SI 400000 or Rs 2,000 or actuals whichever is lower	
Dental Treatment (In case of Accidents)	Covered upto Base SI-400000 or Actuals,whichever is lower	
AYUSH Benefit	Covered up to Base SI - 400000	
Daily Cash for Accompanying an Insured Child	Rs 300 per day subject to maximum of Rs 9,000	
Vaccination (includes inoculation and immunization in case of post- bite treatment)	Inpatient treatment - Covered up to Base SI 400000	
Out-patient Treatment Cover after waiting period of 3 years	Covered Up to 1% of Base SI 400000or actuals, whichever is less,subject to Maximum Rs 5,000	
Convalescence Benefit	Flat Rs 10,000 per member when Hospitalization exceeds 10 days	
Mother and Child Care Benefit: i) Routine Pregnancy ii) Pre and Post Natal Expenses iii) New Born Care	Normal Delivery: up to Rs 15,000 or actuals whichever is less Caesarean Delivery: up to Rs 25,000(including pre and post-natal expenses up to Rs 2,000) or actuals whichever is less Up to Maternity Base SI from 1st day till 91 days of the Insured's baby.	
Modern Treatment	Covered up to the limit mentioned in T&C	
<b>ADDITIONAL BENEFITS</b>		
1. Restore Benefit	Covered upto 100% of Base SI- 400000	
<b>RENEWAL BENEFITS</b>		
1. Cumulative Bonus	<p><b>A) Enhancement is sum Insured :</b> If you have made no claim under the policy including for the optional benefits, then, we shall increase your sum insured by 10% subject to maximum of 50%</p> <p><b>B) Discount in Premium:</b> No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned in the policy wording for every renewal where there is no claim, If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.</p>	
2. Health Check-up	Limits in (Rs) On each continuous Claims-free Renewal of the Policy	Limits in (Rs) On each continuous Renewal of the Policy

	Family Floater Health Check up	Two Health Check-up Coupon
<b>VALUE ADDED BENEFITS</b>		
1. Dial-a-Doctor	Covered	
2. Health Educational Library for People (HELP)	Covered	
3. Newsletter	Covered	
4. 24x7 Customer Service	Covered	
5. Wellness Package	Covered	
6. Specialist Consultation with Two follow up session	Covered	
7. Second Option	Covered	

PREVIOUS POLICY DETAILS								
COMPANY NAME	POLICY NUMBER	POLICY YEAR	POLICY START DATE	POLICY END DATE	CLAIM STATUS	FIRST POLICY INCEPTION DATE	SUM INSURED	CUMULATIVE BONUS
UNIVERSAL SOMPO	2825/60843159 /00/000	2019	26-12-2019	25-12-2022	CL20030148/00 001	26-12-2019		0
UNIVERSAL SOMPO	2825/60843159 /01/000	2022	26-12-2022	25-12-2025		26-12-2019		30000

<b>Clauses/Endorsements attached to the policy:</b>	Continue health insurance cover in India from any of the insurers without break : 26/12/2019 Period of insurance with continuity : 6 year.
<b>Policy subject to the following Special condition(s):</b>	Enhance the sum insured from Rs 3,00,000/- to Rs. 4,00,000/-. The fresh countdown shall start for waiting period of 36 months pre-existing disease, 30 days waiting period and 1st year exclusion for incremental sum insured of Rs. 1,00,000/-. w.e.f. 26/12/2022.

In witness whereof the undersigned being duty authorized by and on behalf of the company has/have here onto set his/their hands
Collection Number: 2064742169
Dated: 23-12-2025
GST Registration Number: 27AAACU8917F1Z6
IRDAI UIN Number: UNIHLIP25036V042425
SAC Code: 997134
USGI IRDAI Registration Number: 134
Territorial Scope: INDIA
Duly Constituted Attorney(S)

Authorized Signatory
Consolidated stamp duty Rs .5000 paid towards Insurance policy stamp vide receipt no.LOA/ENF-1/CSD/91/2025/3535 dated 14-10-2025 00:00:00 of General Stamp Office Mumbai.

**CLAIM DISCLAIMER:**

In the unfortunate event of any loss resulting into a claim on this policy, please intimate the same to us IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800 22 4030 / 1800 200 4030 / 1800 267 4030, Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

\* Please visit our website [www.universalsompo.com](http://www.universalsompo.com) to know more about the policy coverage, benefits, and exclusions.

\* Kindly write to us on [contactus@universalsompo.com](mailto:contactus@universalsompo.com) to get a copy of the policy wordings, if required.

**CLAIMS SERVICING:**

The Cashless claim facility is extended under the policy by Universal Sompo In house Claims Management Team- Health Serve. The details of updated Cashless Network hospitals are available at our website [www.universalsompo.com](http://www.universalsompo.com)

**Claims Procedure details:**

For any claims related assistance, notification of claim and submission of claim related documents ,Insured person can contact us through our nearest office ( for office address please visit website [www.universalsompo.com](http://www.universalsompo.com)) Or call our 24/7 Customer Care number 1800-22-4030 ,1800-200-4030 or write to us at : [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

**RESOLVING ISSUES**

**Step 1:** Contact us for initial query/request resolution on [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

**Step 2:** Write to the grievance cell via our Grievance Id [grievance@universalsompo.com](mailto:grievance@universalsompo.com), if not satisfied.

**Step 3:** Escalate to the Grievance Redressal Officer [gro@universalsompo.com](mailto:gro@universalsompo.com), if unresolved OR walk into any of our nearest branch and request to meet the GRO - <https://www.universalsompo.com/resourse-grievance-redressal>

- We will acknowledge receipt of your concern immediately.
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response.

**Step 4:** Approach the Insurance Ombudsman if needed. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at [www.irdai.gov.in](http://www.irdai.gov.in), or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

If you are still unsatisfied with the resolution, you may also raise your grievance on Bhima Bharosa portal by clicking on the following link. - <https://bimbabharosa.irdai.gov.in/>.

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**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION-80D OF INCOME TAX ACT**

This is to certify that Shri/Smt DEVCHANDBHAI MADHUBHAI PATOLIYA has paid Rs 36,960.00 (Thirty-Six Thousand Nine Hundred Sixty)

towards premium for COMPLETE HEALTHCARE INSURANCE Policy No.2825/60843159/02/000 for the Period

from 26-12-2025 to 25-12-2026 vide collection Number 2064742169 Collection Date 23-12-2025



**Authorized Signatory**  
Universal Sompo General Insurance Co. Ltd