

WELCOME LETTER

Date: 14/07/2025

Renewal: 05

Endorsement: 00

Policy Number: 0288157707-05

Customer Name: MANISHKUMAR KALUBHAI PAGHDAL

Address: 9-VIKRAM NAGAR SOC-3

NR. SITA NAGAR SOC,
PUNA GAM SURAT.
SURAT
GUJARAT
395010

Phone No: 9979343593

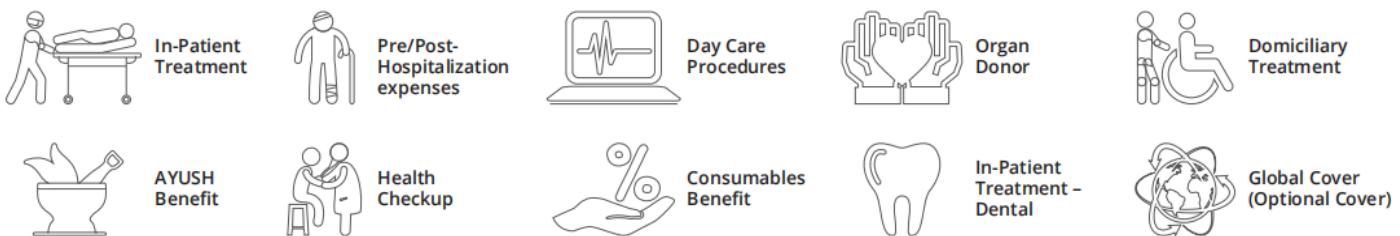
Dear MANISHKUMAR KALUBHAI PAGHDAL,

We welcome you and thank you for choosing Tata AIG as your preferred health insurance partner.

We are glad that you have done the right thing by trusting Tata AIG MediCare Plus. Tata AIG MediCare Plus is a supplementary health insurance cover at affordable premium.

MediCare Plus comes with an aggregate deductible or threshold limit. This policy is designed to meet your medical expenses beyond the threshold limit specified in your policy schedule.

Below is a quick Glimpse of benefits:



Your welcome policy kit contains:

- Policy Schedule
- 80 D Certificate
- Health Card

For any claim related assistance, notification of claim and submission of claim related documents, you can contact our claim processing TPA - Tata AIG Health Claim:

- Email : healthclaimsupport@tataaig.com
- Toll Free : 18002667780, 1800229966 (For Senior Citizens)

For and behalf of TATA AIG General Insurance Company Limited

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions , please read sales brochure carefully, before concluding a sale.

TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel , Mumbai - 400013

24*7 Toll free Number: 1800 266 7780 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATHLIP21253V022021

Tata AIG MediCare Plus - Policy Schedule

Intermediary/ Broker Name: JIGAR ATULBHAI SHAH-2829890000

Intermediary/Broker License Number: AGINBHGPS0708H

Intermediary/Broker Contact No.: 9428906614

Issuing Office: AHMEDABAD

Client Id: 6077547739

Proposal no: PRP/2896/7000239116

Proposer's Name: MANISHKUMAR KALUBHAI PAGHDAL

Proposer's Address: 9-VIKRAM NAGAR SOC-3

NR. SITA NAGAR SOC,

PUNA GAM SURAT.

SURAT

GUJARAT

395010

Place of Supply: GUJARAT

State Code: 24

Policy Number : 0288157707-05

Product name : **Tata AIG MEDICARE PLUS**

Plan type: Floater

Business Type : Renewal

Policy Tenure: 1 Year

Policy Period.: From 14/07/2025 Time 00:00 Hrs. To 13/07/2026 Time 23.59 Hrs.

Insured Persons Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co. since	Member Id	Date of birth	Age	Relationship to Proposer	Sum Insured (Rs.)	Deductible (Rs.)	Cumulative Bonus (Rs.)
MANISHKUMAR KALUBHAI PAGHDAL	14/07/2020	IP0003736201027	17/11/1992	32	Self	500000	500000	500000.00
KRISHNABEN M PAGHDAL	14/07/2020	IP0003736202028	12/07/1992	32	Spouse			

* For Family Floater policy, Sum Insured, deductible and cumulative bonus floats among the insured persons of the family as mentioned above. Cumulative Bonus shall not be applicable for newly added members in the year of addition.

Sum Insured mentioned is excluding cumulative bonus. Earned cumulative bonus is separately mentioned.

Net Premium (Rs)	1883.2
Loading (Rs.)	0
Discount (Rs.)	470.80
UGST/SGST (9%):	169.49
CGST(9%):	169.49
IGST(18%):	0
Gross Premium (Rs.)	2222
Gross Premium (In Words)	Two Thousand Two Hundred and Twenty Two Rupees Only

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Benefit Details:

Benefit Name	Coverage Limit
In-patient Treatment	Upto sum insured
Pre-hospitalization expenses	Upto 60 days
Post-hospitalization expenses	Upto 90 days
Day Care Procedures	Upto sum insured
Organ Donor	Upto sum insured
Domiciliary Treatment	Upto sum insured
AYUSH Benefit	Upto sum insured
Ambulance Cover	Upto Rs. 3000 per Hospitalization
Health Checkup	Upto 1% of previous sum insured ; max. upto Rs.10,000 per policy
Consumables Benefit	Upto sum insured
In-Patient Treatment â€“ Dental	Upto sum insured
Second Opinion	Covered

Nominee Details for Proposer:

Nominee Name	Relationship to Proposer
KRISHNABEN	Spouse

The nominee must be an immediate relative of the Proposer.

Policy Comments if applicable :

TPA Details (If any):

- Name of TPA : Tata AIG Health Claim
- Website : www.tataaig.com
- Email : customersupport@tataaig.com
- Toll Free : 18002667780
1800229966 (For Senior Citizens)
- Submit claim : TATA AIG Health Claims processing HUB ,
TATA AIG General Insurance Company Limited
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet, Hyderabad – 500016,
Telangana, Phone-040-66864900

Stamp Duty Registration Details

Consolidated Stamp Duty has been paid to the State Exchequer.

Digitally Signed By: Shammi Kapoor

Date: 11/07/2025

Location: Mumbai

Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act, 1986*

This is to certify that the Proposer has paid Rs 2222 (Two Thousand Two Hundred and Twenty Two) towards premium for health Policy No 0288157707-05 issued to MANISHKUMAR KALUBHAI PAGHDAL for the period 14/07/2025 to 13/07/2026

Place:GUJARAT

Digitally Signed By: Shammi Kapoor

Date: 11/07/2025

Location: Mumbai

Date:11/07/2025

***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 the event of incorrect representation of this declaration the liability shall be upon the policyholder.

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3. This certificate will not be issued if the premium payment has been made in cash/demand draft.

Policy servicing office:

TATA AIG General Insurance Company Ltd.

:R202, R203, R204 & R205,,2ND FLOOR, VENUS STRATUM,,NEHRU NAGAR, AHMEDABAD 380015, GUJARAT,380015

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IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATHLIP21253V022021

RECEIPT

Receipt No. : 9902203697611

Receipt Date : 11/07/2025

Policy No : 0288157707-05

Received with thanks from MANISHKUMAR KALUBHAI PAGHDAL a sum of Rs. 2222 (Rupees Two Thousand Two Hundred and Twenty Two only) vide paymentLinkCustomer, towards

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0288157707-05	2222	2222	0.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realization.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 24AABCT3518Q1Z2-GUJARAT Service Accounting Code : 997133

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Certificate of Premium payment for the purpose of declaration under Section 80 D of Income Tax (Amendment) Act, 1961*

Date: 14/07/2025

Policy Number: 0288157707-05

Customer Name: MANISHKUMAR KALUBHAI PAGHDAL

Address: 9-VIKRAM NAGAR SOC-3

NR. SITA NAGAR SOC,
PUNA GAM SURAT.
SURAT
GUJARAT
395010

GSTIN No.:

Sub: Tax Benefit Letter for policy no. 0288157707-05

Dear Sir/Madam,

This is to certify that premium amount of Rs 2222 Two Thousand Two Hundred and Twenty Two for health insurance Policy No (0288157707-05) issued to (MANISHKUMAR KALUBHAI PAGHDAL) for the period 14/07/2025 to 13/07/2026 has been paid.

Receipt Illustration

Receipt ID	Name of Payer	Mode of payment	Amount paid
PD200005241407	MANISHKUMAR KALUBHAI PAGHDAL	paymentLinkCustomer	2222
	Total Amount Paid		2222

Premium Illustration (Member wise)

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IP0003736201027	MANISHKUMAR KALUBHAI PAGHDAL	Self	1111.00
IP0003736202028	KRISHNABEN M PAGHDAL	Spouse	1111.00
Total Premium Paid (Inclusive of Loading & Taxes collected)			2222

Please feel free to get in touch with us for any further help or queries at our 24x7 Helpline 18002667780 (Toll-free) or email us at customersupport@tataaig.com.

We assure you of our best services at all times.

Regards,

Digitally Signed By: Shammi Kapoor

Date: 11/07/2025

Location: Mumbai

Date of Issue: 11/07/2025

Place of Issue: AHMEDABAD

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***Note**

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income-tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation / impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the policyholder/payer.

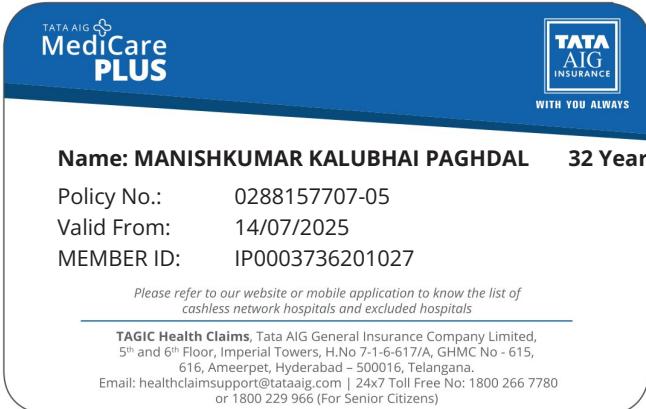
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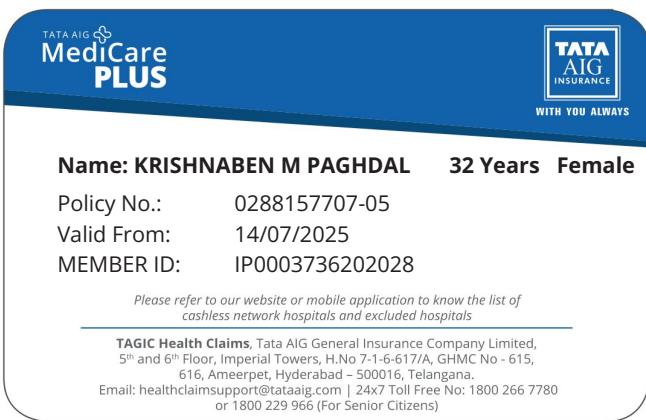
IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATHLIP21253V022021


Terms and Conditions

1. Pre-authorization is compulsory from **Us** prior to all planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the policy would be applicable.
4. Please refer to Tata AIG General Insurance customer guidebook for further details.
5. Cashless hospitalisation in network hospital can be obtained in conjunction with this card, an authorization letter issued by **Us** and photo identification such as voters ID, driving licence, passport, etc.
6. Photo ID Proof to be presented with this card at the time of availing benefits.

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G. K. Marg, Lower Parel, Mumbai-400 013
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Email: customersupport@tataaig.com
IRDA of India Registration No: 108 • website: www.tataaig.com
CIN: U85110MH2000PLC128425 • UIN: TATHLIP21253V022021


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Proposal Form - Tata AIG Medicare Plus

Application No.: IDV995048763

Agent Code: 2829890000

URN No.: AH/2018-19/HL-07

This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S DETAILS

Name (Mr/Mrs/Ms/Dr): MANISHKUMAR KALUBHAI PAGHDAL
 Date of Birth: 17/11/1992 Gender: Male
 Marital Status: Married
 Mobile: 9979343593
 Income (in lakhs): ₹
 Email ID: ramanikapil284@yahoo.com
 Address: 9-VIKRAM NAGAR SOC-3, NR. SITA NAGAR SOC,, PUNA GAM SURAT.
 Landmark: NR. SITA NAGAR SOC,
 Area: PUNA GAM SURAT.
 City/Town: SURAT District: _____
 Pin Code: 395010 State: GUJARAT
 Pan Card: _____ Voter's ID: _____

(Mandatory in case of premium > Rs.1 Lac)

Tata Group/Affinity Partner Employee if yes, Employee ID:

2. PLAN DETAILS

Proposed Policy Period : 14/07/2025 to 13/07/2026

Policy Tenure: 1 Year 2 Years (5% premium discount) 3 Years (10% premium discount)

Plan Type: Floater Individual Global Cover Rider *: Yes

*If opted, Global Cover Rider will be applicable for all insured persons in the policy

3. DETAILS OF THE PERSON(S) TO BE INSURED

Sr No.	Name of the Insured Person	Gender	Relationship with Proposer*	Date of Birth	Unique ID	Height	Weight	Sum Insured#	Deductible*
1	MANISHKUMAR KALUBHAI PAGHDAL	Male	Self	17/11/1992	IP0003736201027	165.1 cms	61 kgs	500000	500000
2	KRISHNABEN M PAGHDAL	Female	Spouse	12/07/1992	IP0003736202028	162.56 cms	59 kgs		

* Allowed relations (Spouse, children and dependent parents)

Sum Insured Options available (Rs. 3, 5, 10, 15, 20, 25, 50, 100 Lakhs); Same Sum Insured for all members in floater option *Deductible Options available (Rs. 2, 3, 5, 10, 15, 20 Lakhs); Same Deductible for all members in floater option

4. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Name of the Insured Person	Nominee Name	Date of Birth*	Relationship
MANISHKUMAR KALUBHAI PAGHDAL	KRISHNABEN	17/11/1992	Spouse

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5. EXISTING/PREVIOUS INSURER DETAILS

Is the proposer or any of the persons proposed, already Insured under a health plan with Tata AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance?

If yes, please indicate the Policy/Application number(s): _____

Since when continuously insured: _____

Do you want Us to consider these details for portability* Yes No

6. MEDICAL AND LIFESTYLE DETAILS

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N):

You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Persons	
	1	2
Decline Disease Name	N	N
1. Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for MediCal Conditions specified on Proposal form?	N	N
2. Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N
3. Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	N	N
4. Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/Hypertension/High Cholesterol/ Hypothyroidism	N	N
5. Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD).Any history of pregnancy related complications?	N	N
6. Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N
7. Has any health or life insurance policy ever been terminated in the past?	N	N

B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.

(Please send us medical documents along with this proposal form.)

Insured Name	Name of Disease(Medical)	Date of diagnosis	Medication history	Mode of medication	Progress	Complications(S)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes No

7. PAYMENT DETAILS

Name of the Premium Payer:

(if different from proposer)

MANISHKUMAR KALUBHAI
PAGHDAL

Relationship with the proposer:

(if different from proposer)

CUSTOMER

Premium Amount (in ₹) :

2222

Instrument type: Cash Cheque Debit Card Credit Card Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

Sources of funds: Salary Business Others

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Anti Money Laundering (AML) declarations:

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time"

Nationality: Indian Non-Indian If Non-Indian, please specify Country _____

Type of Organization making the payment (Please tick)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government organization | <input type="checkbox"/> Non-Governmental Organization (NGO) | <input type="checkbox"/> Society |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> International Organization | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Section 25 Company | | | |

Signature of Proposer: MANISHKUMAR KALUBHAI PAGHDAL

Date: 14/07/2025

8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose, please submit the following details of the proposer's bank account.

Name of the Account Holder:	MANISHKUMAR KALUBHAI PAGHDAL		
Name of the Bank:			
Bank Branch:			
Account Number :			
IFSC Code of Bank:			
Account Type	SB Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (please specify) <input checked="" type="checkbox"/>

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I here by declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date: 14/07/2025

Signature of Proposer: MANISHKUMAR KALUBHAI PAGHDAL

10. DECLARATION/VERNACULAR DECLARATION

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of Proposer: MANISHKUMAR KALUBHAI PAGHDAL

Name & Signature of agent/intermediary with Code: Jigar Atulbhai Shah-2829890000 & 2829890000

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Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: MANISHKUMAR KALUBHAI PAGHDAL

Name & Signature of agent/intermediary: Jigar Atulbhai Shah-2829890000 & 2829890000

11. AGENT DECLARATION

I,Jigar Atulbhai Shah-2829890000 in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : AGINBHGPS0708H

Name of the specified Person and code : Jigar Atulbhai Shah-2829890000 & 2829890000

Place:AHMEDABAD Date :11/07/2025 Signature of Agent :Jigar Atulbhai Shah-2829890000

12. PROHIBITION OF REBATES - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

13. FOR OFFICE USE ONLY

Tata AIG Office Code: _____

Intermediary Code and Name : _____

Branch Receipt Date: _____

Channel Type : _____

Business type: Urban Rural Social

Customer ID : _____

14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number: IDV995048763

Date: 11/07/2025

Name of the Proposer: MANISHKUMAR KALUBHAI PAGHDAL

We acknowledge with thanks the receipt of your application for Tata AIG Medicare Plus and amount by

Cash Cheque Demand draft Others online Payment of amount of Rs. 2222.

Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, this decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. In case of counter offer you need to revert to Us with consent and additional premium (if any), within 30 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 30 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions , please read sales brochure carefully, before concluding a sale.

TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel , Mumbai - 400013

24*7 Toll free Number: 1800 266 7780 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATHLIP21253V022021

Annexure to Customer Information Sheet (CIS)- Benefit illustration in respect of policies offered on individual and family floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately(at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy(Sum insured available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured(only one sum insured available for entire family)				
	Premium(₹)	Sum Insured	Premium(₹)	Discount if any	Premium after Discount(₹)	Sum Insured(₹)	Premium or consolidated premium for all members of the family(₹)	Floater discount if any	Premium after discount(₹)	Sum Insured(₹)	
32			1177	0%	1177	500000	1177	20%	941.6	500000	
32			1177	0%	1177	500000	1177	20%	941.6		
	Total Premium for all members of the family is ₹_____ when each member is covered separately		Total Premium for all members of the family is ₹2354.00 when they are covered under a single policy				Total Premium when policy is opted on floater basis is ₹1883.20				
	Sum Insured available for each individual is ₹_____		Sum Insured available for each family member is ₹500000 as per above table				Sum Insured of ₹500000 is available for the entire family				

Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions , please read sales brochure carefully, before concluding a sale.

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