


Policy No. : 0238841276-04
Name : mrs NARMADABEN RAMESHBHAI SONI
Address : 242- ATALJI NAGAR OPP- KSHAMA SOC.
A.K.ROAD SURATSURAT
SURAT
GUJARAT-395006
6359784151



WITH YOU ALWAYS

Thank you


for choosing Tata AIG Family

Dear Customer,


We are glad that you thought ahead and did the right thing by trusting Tata AIG Medicare. It's a policy that delivers high quality health insurance. So go on and live a happy life as your health worries have now been taken care of.

Your policy comes with great features and benefits, that will help you through an unfortunate event. Below is a quick glimpse of your policy - this document contains all that will be required to use Tata AIG Medicare should the need arise.


Benefits:




**In-Patient
Treatment**




**Global
Cover**




**Restore
Benefits**



**Consumables
Benefit**



**Day Care
Procedures**



**Compassionate
Travel**

Quick steps } incase of a claim

1 Keep required documents handy

2 Contact us
Find our network hospitals for cashless treatment

3 Intimate your Hospital

24x7 Helpline No: 1800 266 7780 • Write to us: customersupport@tataaig.com • 24x7 Claims Helpline No: 1800 425 4033
Please visit our website <https://www.tataaig.com/locator/cashless-network-hospitals> to know our cashless network hospitals and the list of excluded hospitals. You may also find this information on our mobile application.

Please download Tata AIG General Insurance Mobile App from Google Play store on Android device or App Store on iOS device and register yourself using your mobile number to start availing our services.

By using the services, you acknowledge your assent to the Terms of Use of our digital customer application. Please read the conditions carefully before using the services.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | E-mail: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | UIN: TATHLIP23118V032223

Please [click here](#) to download the Tata AIG App and register yourself using your mobile number to start availing our services.

By using the services, you acknowledge your assent to the Terms of Use of our digital customer application. Please read the conditions carefully before using the services.

Policy } Schedule }

Intermediary Name : SORATHIA DEVDEEPKUMAR
VINODCHANDRA
Intermediary Code : AGINFTGPS8177E
Intermediary Contact : 9099043817(mobile or landline)
No.

Issuing Office : SURAT

Client Id : 6087820702

Proposal no : PRP/25/7000033947

Policy holder's name : NARMADABEN RAMESHBHAI SONI

Policy holder's address : 242- ATALJI NAGAR OPP- KSHAMA SOC.
A.K.ROAD SURATSURAT
SURAT
GUJARAT-395006
6359784151

Insured GST No : N/A

Place Of Supply : GUJARAT

Supply Code : 24

Policy Number : 0238841276-04

Product Name : Tata AIG Medicare

Plan type : Individual Basis

Policy period : From 16/02/2025 00:00 hrs TO 15/02/2026 on
23:59 hrs

Business Type : RENEWAL

Policy Tenure : 1 Year

Premium Payment Zone : A

Insured Persons Details:

Member ID	Insured person's name	Insured with TATA AIG General Insurance Co. Since	Date of Birth	Age	Cover	Restore Benefit %	Sum Insured (Rs.)#	Cumulative Bonus (Rs.)	Accidental Death Sum Insured (Rs.)
OIP0645744 901053	NARMADABE N RAMESHBHA I SONI	16/02/2021	05/04/1967	57	Self	100	3,00,000	3,00,000	0.00

* For Family Floater policy, Sum Insured and cumulative bonus floats among the insured members of the family as mentioned above. This shall not be applicable for newly added members in this policy.

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

Nominee details for Proposer

Insured Name	Nominee Name	Relationship to Policy holder
NARMADABEN RAMESHBHAI SONI	AMOL	Son

Benefits table

Cover	Coverage
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
Global cover	Upto Sum Insured
Bariatric Surgery Cover	Upto Sum Insured
In-Patient Treatment - Dental	Upto Sum Insured
Restore benefit	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured
Ambulance Cover	Upto Rs. 3000 per Hospitalization
Health Checkup	Upto 1% of previous year Sum Insured; max. Rs.10,000 per policy
Vaccination cover	Upto Rs.5000 per policy
Hearing Aid	50% of actuals;maximum Rs.10,000 per policy
Daily Cash for choosing Shared Accommodation (If applicable)	0.25% of base Sum Insured; maximum Rs. 2000 per day
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum Rs. 2000 per day
Compassionate travel	Upto Rs.20,000 per policy year
Consumables Benefit	Upto Sum Insured
Second Opinion	Covered
Room Category	All Room Categories Covered
Wellness Service	8 teleconsultations (GP) and Ambulance Booking Facility.
Accidental Death Benefit (if opted)	100% of the base Sum Insured

Net Premium:	(Rs)	20573.00
Discounts:	(Rs)	0.00
Loading:	(Rs)	0.00
UGST/SGST (9%):	(Rs)	1851.57
CGST(9%):	(Rs)	1851.57
IGST(18%):	(Rs)	0.00
Gross Premium:	(Rs)	24276.00

Gross Premium amount(in words) : Rupees Twenty Four Thousand Two Hundred and Seventy Six and Paise Zero Only

Claim Servicing Details :

- Name of Claim Administrator: Tata AIG Health Claim
- Website: www.tataaig.com
- Email: healthclaimsupport@tataaig.com
- Toll Free: 18002667780
1800229966(for Senior Citizens)
- Claim Administrator: TAGIC Health Claims, TATA AIG General Insurance Company Limited
Address : 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC no - 615,616, Ameerpet, Hyderabad - 500016, Telangana

Stamp Duty Registration Details

Consolidated Stamp Duty has been paid to the State Exchequer

For Tata AIG General Insurance Co. Ltd.

Digitally Signed By: Shammi Kapoor
Date: 11/02/2025
Reason: Digital Signature
Location: Mumbai

Authorized Signatory

In the event of non-realization of premium, the Company shall not be liable under the policy and the policy shall stand cancelled ab initio (from inception).

Policy Servicing Address :

UNIT NO. 403-406, 4TH FLOOR, A-WING, UNIVERSAL BUSINESS CENTRE, L.P.SAVANI ROAD, NEAR MADHUV ADAJAN, SURAT - 395009 Tel No:9136985383

GSTIN : 24AABCT3518Q1Z2 GUJARAT . Service Accounting Code : 997133

Annexure to Customer Information Sheet (CIS) - Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the Member 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 (₹)
57	20573	3,00,000								
	Total Premium for all members of the family is ₹ 20573.00 when each member is covered separately		Total Premium for all members of the family is ₹ when they are covered under a single policy				Total Premium when policy is opted on floater basis is ₹			
	Sum Insured available for each individual is ₹ 3,00,000		Sum Insured available for each family member is ₹				Sum Insured of ₹ 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.

PROPOSAL FORM

URN No: AH/2021-22/HL-02
Intermediary Code: 2125340000

Proposal no:IDV002064324

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 cancelation of policy.

Please fill-up this form in **CAPITAL LETTERS**

1. PROPOSER'S DETAILS

Name:	mrs.NARMADABEN RAMESHBHAI SONI
Gender:	FEMALE
Date of Birth:	05/04/1967
Mobile:	6359784151
Unique Govt ID No:	
PAN Card:	
E-Mail:	RAMANIKAPIL284@YAHOO.COM
Annual Income in Rs	0
Address^	242- ATALJI NAGAR OPP- KSHAMA SOC.
Landmark:	A.K.ROAD SURATSURAT
Area:	
City/Town:	SURAT
District:	
Pin Code:	395006
State:	GUJARAT

*Pan card mandatory in case of premium >Rs.1 Lac (In case proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases)

^Important Note:

- Here 'Address' implies the place where the person ordinarily resides. In case of lives to be insured reside at multiple addresses, then address of the person residing in the highest zone to be provided.
- Zone definitions (here Zone A is highest followed by Zone B and Zone C respectively):
- Zone A: Mumbai including MMR/ Thane, Delhi NCR/Faridabad/Ghaziabad, Ahmedabad, Surat and Baroda
- Zone B: Hyderabad, Bengaluru, Kolkata, Indore, Chennai, Chandigarh/ Mohali/ Panchkula/Zirakpur, Pune/Pimpri Chinchwad and Rajkot
- Zone C: Rest of India
- Declared 'Address' will form the basis for the calculation of the premium. Mid-term zone change is subject to company guidelines/policy
- 'Address' is a material fact for calculation of the premium. Any misrepresentation or misdescription of the same by the policyholder may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

Tata Group Employee:☐

Tata Group Employee ID : NA

2. PLAN DETAILS

Proposed Policy Period:	16/02/2025 00:00 hrs TO 15/02/2026 on 23:59 hrs
Policy Tenure:	1 Year
Sum insured type:	Individual Basis
Room Category:	All Room Categories Covered

Accidental Death Benefit* No

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

SI No	Name of the Insured Person	Gender	Relationship with Proposer*	Date of Birth	Height	Weight	Sum Insured#
1	NARMADABEN RAMESHBHAI SONI	F	Self	05/04/1967	167.00	63	3,00,000

* Allowed relations (Spouse, children and dependent parents/ parents in law) # Options available (3, 4, 5, 7.5, 10, 15, 20 Lakhs); Same Sum Insured 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.

Nominee Name	Date of Birth*	Relationship	Address of the Nominee
AMOL	05/04/1987	Son	

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*? No

* In case of portability, please fill up IRDAI portability form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

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 Person
	1
Decline Disease Name	
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
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	N
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
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	N
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
Has any health or life insurance policy ever been terminated in the past?	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 application form.)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? No
If yes please indicate the name and quantity per day.

7. PAYMENT DETAILS

Name of the Premium Payer if different from proposer:	NARMADABEN RAMESHBHAI SONI
Relationship with the proposer if different from proposer:	
Premium Amount (Rs):	24276.00

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 ☐ Other ☐ _____

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 _____

Signature of Proposer: NARMADABEN RAMESHBHAI SONI Date: 16/02/2025

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	NARMADABEN RAMESHBHAI SONI
Name of the bank	
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify) <input type="checkbox"/>

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

- ☒ I hereby 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.
- ☐ Signature of the Proposer: NARMADABEN RAMESHBHAI SONI Date: 16/02/2025
- ☐ GoGreen: I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company Limited to send all my policy and service related communication to the email id as mentioned in this application form. For detailed terms, conditions, exclusions and policy wordings please refer our website (www.tataaig.com)

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 the Proposer: NARMADABEN RAMESHBHAI SONI Code: 2125340000

Date and name of agent: 16/02/2025 and SORATHIA DEVDEEPKUMAR VINODCHANDRA

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: NARMADABEN RAMESHBHAI SONI

Date and name of agent: 16/02/2025 and SORATHIA DEVDEEPKUMAR VINODCHANDRA

11. AGENT DECLARATION

I, SORATHIA DEVDEEPKUMAR VINODCHANDRA 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): AGINF7GPS8177E

Name of the specified Person and code: SORATHIA DEVDEEPKUMAR VINODCHANDRA and 2125340000

Signature of Agent: SORATHIA DEVDEEPKUMAR VINODCHANDRA Place: SURAT Date: 16/02/2025

12. Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. 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.
2. 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: 2125340000 and SORATHIA DEVDEEPKUMAR VINODCHANDRA
90270

Branch Receipt Date: _____ Channel Type: _____

Business Type: Urban ☐ Rural ☐ Social ☐ Customer ID: _____

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, Off Senapati Bapat Road, Lower Parel, Mumbai- 400013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425

ACKNOWLEDGEMENT

Date: 16/02/2025

Proposal No: IDV002064324

Name of the Proposer: NARMADABEN RAMESHBHAI SONI

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

Cash ☐ Cheque ☐ Demand Draft ☐ Others ☒ of amount of Rs. 24276.00

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, which 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 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the amount paid against this proposal 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

TATA AIG
MediCare



**NARMADABEN RAMESHBHAI SONI,
57 years, Female**

Policy No.: 0238841276-04

Policy period: 16/02/2025 to 15/02/2026

Member ID: 0IP0645744901053

*Please refer to our website or mobile application to know the list of
cashless network hospitals and excluded hospitals*

TAGIC Health Claims, 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.
Email: healthclaimsupport@tataaig.com | 24x7 Toll Free No: 1800 266 7780
or 1800 229 966 (For Senior Citizens)

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.

Tata AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park
G. K. Marg, Lower Parel, Mumbai-400 013
Toll Free No. (24x7): **1800 266 7780, 1800 229966** (For Senior Citizens)
Email: **customersupport@tataaig.com**
IRDA of India Registration No: 108 • website: **www.tataaig.com**
CIN: U85110MH2000PLC128425 • UIN: TATHLIP23118V032223

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

Date : 16/02/2025
Policy Number : 0238841276-04
Customer Name : NARMADABEN
RAMESHBHAI SONI
Address : 242- ATALJI NAGAR
OPP- KSHAMA SOC.
A.K.ROAD
SURATSURAT
SURAT
GUJARAT-395006
GSTIN no. :

Dear Sir/Madam,

Sub: Tax Benefit Letter for Medicare policy no. 0238841276-04

This is to certify that premium amount of Rs Twenty Four Thousand Two Hundred and Seventy Six and Paise Zero Only for health insurance Policy No 0238841276-04 issued to NARMADABEN RAMESHBHAI SONI for the period 16/02/2025 to 15/02/2026 has been paid.

Receipt Illustration

Name of Payer	Mode of payment	Amount paid
NARMADABEN RAMESHBHAI SONI	paymentLinkCustomer	24276.0
Total Amount Paid		24276

Premium illustration (Member wise)

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
OIP0645744901053	NARMADABEN RAMESHBHAI SONI	Self	24276
Total Premium Paid (Inclusive of Loading & Taxes collected)			24276

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,

For Tata AIG General Insurance Company Limited

Digitally Signed By: Shammi Kapoor

Date: 11/02/2025

Reason: Digital Signature

Location: Mumbai

Authorized Signatory

Date of Issue: 16/02/2025

Place of Issue: SURAT

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.