



3317206173555601000

MR MAYANK J MANGROLIYA
B 35 YOGIRAJ SOC YOGI CHOWK PUNAGAM
SURAT SURAT
SURAT, GUJARAT, 395010
Contact No : 97XXXXXX3

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !

Your Personal Accident Insurance Policy no 3317206173555601000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance. Along with this policy you are also eligible for Wellness Benefits under our Add-on "HDFC ERGO Wellness Corner" -UIN: HDFHLIA24051V012324. For details of the benefits, please click on the following link <https://hdfcergo.onelink.me/ARLJ/v6t9r5kz>

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

TAX CERTIFICATE

Dear Mayank J Mangroliya,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax Act, 1961

This is to certify that we have received an amount of ₹ 678 towards premium for , Policy No. 3317206173555601000 issued to MAYANK J MANGROLIYA for the period 01/03/2025 to 28/02/2026.

Note : This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.

This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

Date : 14/04/2025

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney



3317206173555601000

MR MAYANK J MANGROLIYA B 35 YOGIRAJ SOC YOGI CHOWK PUNAGAM SURAT SURAT SURAT, GUJARAT, 395010 Contact No : 97XXXXXXX3	Policy No.	:3317 2061 7355 5601 000		
	Period of Insurance	:From 01/03/2025 15:15 hrs To 28/02/2026 Midnight		
	Invoice No.	:206173555601000		Premium Frequency :Yearly
	Proposer Name	:Mr Mayank J Mangroliya		Policy Type :Individual
	HSN Code	:997133		EIA No. :Not provided
	Customer Id	:100438980702		
	Annual Income	:300000		
	Occupation	:Business Owner / Manager - Clerical		
	Loan Account No. Lending Institution			
Email ID		:raxxxxxxxxxx84@xxxxx.com		
Payment Details : 202504140025377,				

my:health Koti Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	Occupation	Annual Income	Pre Existing Disease	ABHA ID
Mangroliya Ishva Mauankbhai	Dependent Daughter	F	06/08/2015	Mangroliya Mayank Jayantibhai	Father	01/03/2024	As mentioned below	Student		No	
Mayank J Mangroliya	Self	M	18/09/1990	Mangroliya Krupa Mayankbhai	Wife	01/03/2024		Business Owner / Manager - Clerical	300000	No	
Harsiddhi Mayankbhai Mangroliya	Dependent Daughter	F	30/03/2023	Mangroliya Mayank Jayantibhai	Father	01/03/2024		Retired / unemployed / housewives / Students		No	
Mangroliya Krupa Mayankbhai	Spouse	F	27/11/1991	Mangroliya Mayan Jayantibhai	Husband	01/03/2024		Housewife		No	

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

<https://https://healthid.ndhm.gov.in/register>

my:Health Hospital Cash Benefit (Add-on) - HDFHLIA21271V022021 , my: health Critical Illness - HDFHLIA22141V032122

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee

Schedule of Coverage

Personal Accident Section

Base Coverages

Section #	Covers	Member 1 Self Base Sum Insured / Sum Insured	Member 2 Dependent Daughter Base Sum Insured / Sum Insured	Member 3 Dependent Daughter Base Sum Insured / Sum Insured	Member 4 Spouse Base Sum Insured / Sum Insured
1	Accidental Death	2000000/2000000	500000/500000	500000/500000	1000000/1000000
i	Disappearance	2000000/2000000	500000/500000	500000/500000	1000000/1000000
ii	Comatose Benefit	1000000/1000000	250000/250000	250000/250000	500000/500000
Optional Cover under Accidental Death					
i	Burns	50000/50000	0/0	0/0	0/0
2	Permanent Disablement (Table D)	2000000/2000000	500000/500000	500000/500000	1000000/1000000
3	Temporary Total Disability				
I	Temporary Total Disability - Accident Only	Rs.10000 per Week, upto104 Weeks (lifetime limit)			0/0
II	Temporary Total Disability - Accident & Illness	00			00
4	Broken Bones	100000/100000	0/0	0/0	0/0
5	Emergency Medical Expenses	100000/100000	0/0	0/0	0/0
Optional Covers under Emergency Medical Expenses					
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0	0/0	0/0	0/0
ii	Co-Payment (in percentage)	0/0			0/0
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day			0/0
Optional Covers under Hospital Cash - Accident Only					
i	Companion Benefit	0/0			0/0
ii	Hospital Cash - ICU	0/0			
iii	Time Deductible modification Option	0/0			0/0
iv	Hospital Cash - Global	0/0			0/0
7	Chauffeur Benefit	0/0			0/0

Optional Covers under Personal Accident Section

i	Preventive Health Check Up	0/0	0/0	0/0	0/0
ii	Last Rites	10000/10000	0/0	0/0	0/0
iii	Dependent Child Education Benefit	200000/200000	0/0	0/0	0/0
iv	Renewal Premium Benefit	0/0	0/0	0/0	0/0
v	Parental Care Benefit	50000/50000	0/0	0/0	0/0
vi	Medical Evacuation	0/0	0/0	0/0	0/0

Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses

Pre-existing Conditions	36months
Listed illness & procedures	24 Months
General Waiting Period	30 days from Policy inception date

The Policy Wording attached herewith includes all the standard coverage's offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our customer care number. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 10 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.

Premium Details (₹)

	Particulars	Premium
A	Basic Premium	5,130.00
B	Optional Cover Premium	120.00
C	Net Premium (A+B)	5,250.00
D	GST 18% : Central Tax 9% (₹472.5) + State Tax 9% (₹472.5)	945.00
E	Gross Premium (C+D)	6,195.00

Special Conditions

For Claim/Policy related queries Please Contact us at 022 6158 2020 / 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register and track claims.

The policy is valid subject to payment received by us. If the premium is not realised the policy shall be void from inception. The stamp duty of Rs. 1/- paid vide Order No:(LOA/ENF-1/CSD/64/2024-25/ Validity Period Dt. 15/10/2024 to Dt. 31/12/2028, OW No. 4742 Dt 04/10/2024 GRN NO. MH007778466202425M, Dt. 10/09/2024, SBI Bank & DEFACE No. 0005045616202425, Dt. 03/10/2024) as prescribed by Government of Maharashtra Notification No. Mudrank 2017/C.R.97/M-1, Dt.09/01/2018 Goods & Tax Registration No: 24AABCL5045N1ZEGST for this invoice is not payable under reverse charge basis.

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

Branch : office number 207 - 208, b-wing 2nd floor, icc building, ring road, near kadiwala school surat

Agent Name : ASMITA RAMANI

Agent Code : 201512325820 Tel No. : 91-9277504513

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

Explore any of our advanced digital options below and get quick assistance for your policy servicing queries.



Click on <https://selfhelp.hdfcergo.com> to visit our "Help" section



Live Chat with DIA on www.hdfcergo.com



Send us 'Hi' on our WhatsApp Number 8169 500 500



Download the **here** app by HDFC ERGO

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>"