



3317204770993503000

MR SHAILESHBHAI LABHUBHAI DONDA  
A5406 GOVARDHAN APP 1 VRAJBHUMI 1  
SARTHANA JAKATNAKA SURAT CITY SURAT  
SARTHANA GUJARAT SURAT  
SURAT, GUJARAT, 395006  
Contact No : 63XXXXXXX1

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 3317204770993503000 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 Shaileshbhai Labhubhai Donda,

### 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 ₹ 753 towards premium for , Policy No. 3317204770993503000 issued to SHAILESHBHAI LABHUBHAI DONDA for the period 10/07/2025 to 09/07/2026.

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 : 05/07/2025

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney



331720477093503000

MR SHAILESHBHAI LABHUBHAI DONDA A5406 GOVARDHAN APP 1 VRAJBHUMI 1 SARTHANA JAKATNAKA SURAT CITY SURAT SARTHANA GUJARAT SURAT SURAT, GUJARAT, 395006 Contact No : 63XXXXXXX1	Policy No.	:3317 2047 7099 3503 000	Issuance Date	: 05/07/2025
	Period of Insurance	:From 10/07/2025 00:01 hrs To 09/07/2026 Midnight		
	Invoice No.	:204770993503000	Premium Frequency	:Yearly
	Proposer Name	:Mr Shaileshbhai Labhubhai Donda	Policy Type	:Individual
	HSN Code	:997133	EIA No.	:Not provided
	Customer Id	:100750973002		
	Annual Income	:300000		
	Occupation	:Others		
	Loan Account No.			
	Lending Institution			
Email ID :puxxxxxx06@gxxxx.com				
Payment Details : PPR2316381252342, Bank Name:BIZDIRECT				

## my:health Koti Suraksha - Insured Person's Details &amp; 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
Shaileshbhai Labhubhai Donda	Self	M	02/07/1984	Kiranben Shaileshbhai Donda	Wife	10/07/2022	As mentioned below	Others	300000	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	Member 3	Member 4
1	Accidental Death	1000000/1000000			
i	Disappearance	1000000/1000000			
ii	Comatose Benefit	500000/500000			
<b>Optional Cover under Accidental Death</b>					
i	Burns	50000/50000			
2	Permanent Disablement (Table D)	1000000/1000000			
3	Temporary Total Disability				
I	Temporary Total Disability - Accident Only	Rs.10000 per Week, upto104 Weeks (lifetime limit)			
II	Temporary Total Disability - Accident & Illness	00			
4	Broken Bones	100000/100000			
5	Emergency Medical Expenses	100000/100000			
<b>Optional Covers under Emergency Medical Expenses</b>					
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0			
ii	Co-Payment (in percentage)	0/0			
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day			
<b>Optional Covers under Hospital Cash - Accident Only</b>					
i	Companion Benefit	0/0			
ii	Hospital Cash - ICU	0/0			
iii	Time Deductible modification Option	0/0			
iv	Hospital Cash - Global	0/0			
7	Chauffeur Benefit	0/0			

## Optional Covers under Personal Accident Section

i	Preventive Health Check Up	0/0			
ii	Last Rites	10000/10000			
iii	Dependent Child Education Benefit	100000/100000			
iv	Renewal Premium Benefit	0/0			
v	Parental Care Benefit	50000/50000			
vi	Medical Evacuation	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	2,969.00
B Optional Cover Premium	92.00
C Net Premium (A+B)	3,061.00
D GST 18% : Central Tax 9% (₹275.5) + State Tax 9% (₹275.5)	551.00
E Gross Premium (C+D)	3,612.00

#### 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](http://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: 24AACL5045N1ZEGST 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](http://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>"

MR SHAILESBHAI LABHUBHAI DONDA A5406 GOVARDHAN APP 1 VRAJBHUMI 1 SARTHANA JAKATNAKA SURAT CITY SURAT SARTHANA GUJARAT SURAT SURAT, GUJARAT, 395006 Contact No : 63XXXXXXX1	Proposal No.	:3317 2047 7099 3503 000
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	Proposer Name	:Mr Shaileshbhai Labhubhai Donda
	HSN Code	:997133
	Customer Id	:100750973002
	Annual Income	: 300000
	Occupation	: Others
	EIA No.	: Not provided
	Email ID	:puxxxxxx06@gxxxx.com
Payment Details : PPR2316381252342 , Bank Name:BIZDIRECT		

## my:health Koti Suraksha - Insured Person's Details &amp; 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
Shaileshbhai Labhubhai Donda	Self	M	02/07/1984	Kiranben Shaileshbhai Donda	Wife	10/07/2022	As mentioned below	Others	300000	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>

## Schedule of Coverage

## Section B. Personal Accident

## Section B.I Base Coverages

Section #	Covers	Member 1 Self Base Sum Insured / Sum Insured	Member 2	Member 3	Member 4
1	Accidental Death	1000000/1000000			
i	Disappearance	1000000/1000000			
ii	Comatose Benefit	500000/500000			
<b>Optional Cover under Accidental Death</b>					
i	Burns	50000/50000			
2	Permanent Disablement (Table D)	1000000/1000000			
3	Temporary Total Disability	1040000/1040000			
I	Temporary Total Disability - Accident Only	Rs.10000 per Week, upto104 Weeks (lifetime limit)			
II	Temporary Total Disability - Accident & Illness	00			
4	Broken Bones	100000/100000			
5	Emergency Medical Expenses	100000/100000			
II	<b>Optional Covers under Emergency Medical Expenses</b>				
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0			
ii	Co-Payment (in percentage)	0/0			
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day			
III	<b>Optional Covers under Hospital Cash - Accident Only</b>				
i	Companion Benefit	0/0			
ii	Hospital Cash - ICU	0/0			
iii	Time Deductible modification Option	0/0			
iv	Hospital Cash - Global	0/0			
7	Chauffeur Benefit	0/0			

## Section B III. Optional Covers under Section 2 – Personal Accident

i	Preventive Health Check Up	0/0			
ii	Last Rites	10000/10000			
iii	Dependent Child Education Benefit	100000/100000			
iv	Renewal Premium Benefit	0/0			
v	Parental Care Benefit	50000/50000			
vi	Medical Evacuation	0/0			

## Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses under Section.B

Section B.IV	Pre-existing Conditions	36months
Section B.IV	Listed illness & procedures	24 Months
Section B.IV	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 toll free 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	2,969.00
B	Optional Cover Premium	92.00
C	Net Premium (A+B)	3,061.00
D	GST 18% : Central Tax 9% ₹275.5 ) + State Tax 9% ₹275.5)	551.00
E	Gross Premium (C+D)	3,612.00

**Proposer declaration**

I/We 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/We am/are authorized to propose on behalf of these other persons.

I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the underwriting policy of the insurance Company and that the policy will come into force only after full receipt of the premium chargeable under the policy.

I/We further declare that I/we 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/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority

**Declaration & Warranty on behalf of Insurance Company**

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by the Company, such acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective. The Company shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment).

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance Company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance Company and result in a denial of insurance benefits.

**Anti-Rebating Warning :** As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to 10 Lakhs.

**Disclaimer ::** Proposal Form and Policy Schedule have been generated basis details authenticated by proposer / insured on Online Platform of of HDFC ERGO General Insurance Co Ltd. For Changes if any, kindly visit URL <https://www.hdfcergo.com/customer-care/customer-support.html> and register

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

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

Other Items :

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy. For details on the process to receive your physical policy kindly visit "Help" section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care for the same

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

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons including the minor/s insured, if any.
- I/ We understand that the information provided by me/ us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- I/We further declare that I/We 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which 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/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and General Insurance Council etc.
- Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.
- I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date                   TXT\_PROPOSAL\_DATE  
 Place                TXT\_PROPOSAL\_PLACE  
 Time                TXT\_PROPOSAL\_TIME

Signature of the Proposer

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy(Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

**Fraud** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits

**Anti-Rebating** As per Section 41 of the Insurance Act 1938,as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

**For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account**

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

Cheque No	REFUND_CHEQUENO	Name as in Bank Account	REFUND_ACCOUNTER_NAME
Bank Name	REFUND_BANK_NAME	Bank Account No	REFUND_BANK_ACOUNT_NO
Branch Name	REFUND_BRANCH_NAME	IFSC Code	REFUND_IFSC_CODE
Cheque Date	NaD	MICR Code	
Cheque Amount for	REFUND_PREMIUM_AMOUNT		

**Note :**

- 1 The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
- 2 Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
- 3 Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
- 4 If ECS is selected, please submit the standing instruction form available at our branches.