



2805206757607801000

Mr Dienshchandra Mohanlal Savani  
317 KRUSHAN KUNJ SOC PALANPUR  
PATIYA RANDER ROAD  
ABAJAN NAVYUG COLLEGE SURAT  
NR DEEPANJALI BUS STOPSURAT  
SURAT CITY PINCODE - 395009  
SURAT  
GUJARAT - 395009  
Contact No.: 98XXXXXXX9  
Email: naxxxxxxxnv@gxxxx.com

Policy No : 2805 2067 5760 7801 000

Intermediary Code	Intermediary Name	Intermediary Contact Number
201512325820	AGENT : ASMITA RAMANI	91-9277504513

### Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Dienshchandra Mohanlal Savani ,

Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Renewal of Your Optima Restore Floater Insurance Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us. 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>

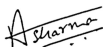
Please visit our website [www.hdfcergo.com](http://www.hdfcergo.com) for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit <https://www.hdfcergo.com/locators/cashless-hospitals-network>

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

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.

Warm Regards,



Location: Mumbai

Date: 21/08/2025

Authorized Signatory

Note:

1. Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
2. You can either email us on [care@hdfcergo.com](mailto:care@hdfcergo.com) or call on our Customer care no. 022 6158 2020 / 022 6234 6234.
3. \*The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

### Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961\*

This is to certify that the MR. DIENSHCHANDRA MOHANLAL SAVANI has paid Rs. 54797 (Rupees Fifty-Four Thousand Seven Hundred Ninety-Seven And Zero Paise Only) towards premium for Optima Restore Floater Policy No. 2805206757607801000 issued to MR. DIENSHCHANDRA MOHANLAL SAVANI for period of 02/09/2025 to 01/09/2026.

**For and on behalf of HDFC ERGO General Insurance Company Limited**

Location: Mumbai

Date: 21/08/2025



Authorized Signatory

\*Note

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. 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 Policyholder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.



Policy Schedule - Optima Restore Floater

Policy Number	2805 2067 5760 7801 000		
Policy Holder's Name	Mr Dienshchandra Mohanlal Savani		
Policy Holder's Address	317 KRUSHAN KUNJ SOC PALANPUR PATIYA RANDER ROAD ABAJAN NAVYUG COLLEGE SURAT NR DEEPANJALI BUS STOPSURAT SURAT CITY PINCODE - 395009 SURAT GUJARAT - 395009		
Policy Holder State Name & Code	Gujarat(24)	Place of Supply	GUJARAT
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	02/09/2012	Policy Issuance Date	21/08/2025
Policy Period	From 00:01 hrs on 02/09/2025 To 24:00 hrs on 01/09/2026		
Issuing/Servicing Office	OFFICE NUMBER 207 - 208, B-WING 2ND FLOOR, ICC BUILDING,RING ROAD, NEAR KADIWALA SCHOOL SURAT Tel : +91-261-2478360		
GSTIN	24AABCL5045N1ZE		
EIA Number	Not provided		
Intermediary Name	AGENT : ASMITA RAMANI	Intermediary Contact No	91-9277504513
Intermediary Code	201512325820	Description/ Harmonized System Of Nomenclature Code	Accident and Health insurance Services/9971

Insured Person Details						
Particulars / Member ID	Member 1 DIENSHCHANDRA MOHANLAL SAVANI / 2024410043357775	Member 2 SONALBEN D SAVANI / 2024410043357776	Member 3 MADHAV D SAVANI / 2024410043357777	Member 4	Member 5	Member 6
Date of Birth (Age)	23/03/1966 (59)	24/09/1976 (48)	02/11/1999 (25)	-	-	-
Relationship to Policy Holder	Self	Wife	Son	-	-	-
Base Sum Insured (₹)	500000					
Multiplier Benefit SI (₹)	310000					
ABHA ID	-	-	-	-	-	-
Protector Rider Sum Insured(₹)	-					
Co-payment %	0					
Deductible	0					
Total Sum Insured(₹)	810000					

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

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

Protector Rider - HDHHLIP21335V022021 | Individual Personal Accident Rider - APOPAIP19004V011920 | Hospital Daily Cash Rider - HDHHLIP21344V022021 | Critical Advantage Rider HDHHLIP21342V022021 | my:health Critical Illness - HDFHLIA22141V032122 | Optima Wellbeing (Add-on) - HDFHLIA24099V012324

Other Riders and Benefits (₹)						
Protector Rider	-					
Hospital Daily Cash Rider SI (Max. 30 days)	-					
Critical Advantage Rider SI (\$)	-	-	-	-	-	-
IPA Rider SI	-	-	-	-	-	-
my: health Critical Illness Sum Insured (Rs.)						
my: health Critical Illness Plan						
Unlimited Restore Benefit	No					
Optima Wellbeing Rider	No					

Nominee Details	
Nominee Name : Mrs. Sonalben	Relationship to Policyholder: Wife
The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.	

Premium Calculation (₹)			
Net Premium	46438	CGST@9%	4179.5
Discounts	0	SGST/UTGST@9%	4179.5
Loadings	0	IGST@18%	0
Taxable Premium	46438	Any other Cess or Taxes	0
Gross Premium	54797		
Gross Premium (in words)	Rupees Fifty-Four Thousand Seven Hundred Ninety-Seven And Zero Paise Only		
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			
Original for Recipient/ Duplicate for Supplier			
Whether tax is payable on reverse charge basis: No			

## Policy Schedule - Optima Restore Floater

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

Exclusion(s) / Special Condition(s) (Refer the leaflet attached in the policy document w.r.t. exclusions) :						
Member ID No.	Name	Exclusion Type	Applicable on SI	Health Condition	Exclusion Duration (Years)	Portability/ Renewal Benefit
2024410043357775	DIENSHCHANDRA MOHANLAL SAVANI					For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..  For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..
2024410043357776	SONALBEN D SAVANI					For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..  For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..
2024410043357777	MADHAV D SAVANI					For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..  For Rs 500000(Rupees Five Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years..

Claim Administrator : HDFC ERGO General Insurance Company Ltd

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 21/08/2025

  
 Authorized Signatory

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>"

## Policy Schedule - Optima Restore Floater

SCHEDULE OF BENEFITS	
In-patient Treatment	Upto 500000
Pre-Hospitalization	Upto 500000 for 60 days
Post-Hospitalization	Upto 500000 for 180 days
Day Care Procedures	Upto 500000
Domiciliary Treatment	Upto 500000
Organ Donor	Upto 500000
Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800
Ambulance (per hospitalization limit)	Upto Rs.2,000 per Hospitalization
E-Opinion in respect of a Critical Illness	One per policy year
Restore Benefit	100% of Basic SI (for any illness or any insured person)
Multiplier Benefit	Bonus of 50% of Basic Sum Insured post completion of each Policy Year irrespective of claims, maximum upto 100% of Basic Sum Insured
Preventive Health Check-up (Floater)	Up to a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two policy years.



Policy No.: 2805206757607801000

Insured Name	Member ID	Date of Birth	Gender
Dienshchandra Mohanlal Savani	2024410043357775	23/03/1966	M
Sonalben D Savani	2024410043357776	24/09/1976	F
Madhav D Savani	2024410043357777	02/11/1999	M

**Terms and Conditions**

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency.(6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site [www.hdfcergo.com](http://www.hdfcergo.com). Alternatively you may write to us at [Healthclaims@hdfcergo.com](mailto:Healthclaims@hdfcergo.com).

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