



2805207066880001000

Mr Gopalbhai Mansukhbhai Dobariya  
Communication Address:  
A 204 VASTUSHILP HEIGHTS OPP  
WIGHT HOUSE NEAR MOTIBAG  
FARMSURAT  
SURAT  
GUJARAT - 394101  
Contact No.: 90XXXXXXX8  
Email: goxxxxxxxxx43@xxxxx.com

Policy No : 2805 2070 6688 0001 000

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

**Renewal of Your Optima Restore Floater Insurance Policy**

Dear Mr Gopalbhai Mansukhbhai Dobariya ,

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](http://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.

Please note that your communication address is treated as the address for underwriting purpose, which is generally address where you would be currently and temporarily residing and is different from your permanent address. Details along with the proof for your permanent address is provided either from reference of C-KYC Registry and / or on Aadhaar. Any submission for change in address is treated as change in communication address. Please go to the self-help page or your nearest branch in case you intend to change the 'Permanent Address' provided.

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

Warm Regards,

Location: Mumbai

Date: 31/12/2025

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. GOPALBHAI MANSUKHBHAI DOBARIYA has paid Rs. 19418 (Rupees Nineteen Thousand Four Hundred Eighteen And Zero Paise Only) towards premium for Optima Restore Floater Policy No. 2805207066880001000 issued to MR. GOPALBHAI MANSUKHBHAI DOBARIYA for period of 01/01/2026 to 31/12/2026.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 31/12/2025

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.



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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	<b>2805 2070 6688 0001 000</b>		
Policy Holder's Name	<b>Mr Gopalbhai Mansukhbhai Dobariya</b>		
Policy Holder's Address	A 204 VASTUSHILP HEIGHTS OPP WIGHT HOUSE NEAR MOTIBAG FARMSURAT SURAT GUJARAT - 394101		
Policy Holder State Name & Code	Gujarat	Place of Supply	GUJARAT
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	01/01/2015	Policy Issuance Date	<b>31/12/2025</b>
Policy Period	<b>From 00:01 hrs on 01/01/2026 To 24:00 hrs on 31/12/2026</b>		
Issuing/Servicing Office	OFFICE NO 207-208, B WING , 2ND FLR, ICC BUILDING , RING ROAD 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 GOPALBHAI MANSUKHBHAI DOBARIYA / 2024410046822963	Member 2 Dharaben G Dobariya / 2024410046822964	Member 3 DHARYA / 2024410046822965	Member 4	Member 5	Member 6
Date of Birth (Age)	01/11/1990 (35)	21/10/1993 (32)	22/06/2016 (9)	-	-	-
Relationship to Policy Holder	Self	Wife	Son	-	-	-
Base Sum Insured (₹)			300000			
Multiplier Benefit SI (₹)			180000			
ABHA ID	-	-	-	-	-	-
Protector Rider Sum Insured(₹)			-			
Co-payment %			0			
Deductible			0			
Total Sum Insured(₹)			480000			

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 : Ms. Dharaben G Dobariya 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	19418			
Discounts	0			
Loadings	0			
Gross Premium	19418	Any other Cess or Taxes	0	
Gross Premium (in words)	Rupees Nineteen Thousand Four Hundred Eighteen 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. MH00778466202425M, 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

The services „Individual Health Insurance Premium“ under this Bill of Supply is exempt under the notification number 16 /2025-Central Tax (Rate) dated 17-September-2025 with effect from 22-September-2025.

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.

Claim Administrator : HDFC ERGO General Insurance Company Ltd

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Authorized Signatory

Date: 31/12/2025

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>"

## SCHEDULE OF BENEFITS

In-patient Treatment	Upto 300000
Pre-Hospitalization	Upto 300000 for 60 days
Post-Hospitalization	Upto 300000 for 180 days
Day Care Procedures	Upto 30000
Domiciliary Treatment	Upto 30000
Organ Donor	Upto 30000
Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800
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



Policy No.: 2805207066880001000

Insured Name	Member ID	Date of Birth	Gender
Gopalbhai Mansukhbhai Dobariya	2024410046822963	01/11/1990	M
Dharaben G Dobariya	2024410046822964	21/10/1993	F
Dhairya	2024410046822965	22/06/2016	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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