

Date : 14 June 2021

Mr Rohan Kumar

Rz/B-81A, Jeewan Park

Uttam Nagar

New Delhi

New Delhi 110059

Delhi



Policy No. : 31686186

Mobile No. : 9910619825

Dear Mr Rohan Kumar,

Welcome to a world where what matters, above all, is your Health....Hamesha!

Welcome to a philosophy that adheres to the tested and somewhat traditional adage that caring yields the best cure; from a company that is driven by its commitment to provide you with the very best healthcare, as much as its determination to delight and surprise you, at every given opportunity.

We welcome you to Care Health Insurance.

We at Care Health Insurance are unerringly focused on providing you access to the highest quality of healthcare and putting you back on the road to a worry-free recuperation, without a care about medical bills and other related expenses.

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following details:

- Policy Certificate
- Premium Acknowledgement
- Key Policy Information
- Policy Terms and Conditions
- Claim Process

Also enclosed for your convenience is your Care Health Card(s). This card should be presented at the time of an emergency or a planned hospitalization, to access cashless treatment at our network of over 4,500+ hospitals pan-India.

To further simplify procedures, we're online as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com); and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) or call us at 1800-102-4488.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance



**Care Health Insurance Limited**

(Formerly known as Religare Health Insurance Company Limited)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Corp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)



IRDA Regn. No. 148

CIN: U66000DL2007PLC161503

## Policy Certificate

Mr Rohan Kumar  
Rz/B-81A, Jeewan Park  
Uttam Nagar  
New Delhi  
New Delhi 110059  
Delhi 07

Policy No.	31686186
Plan Name	CARE
Add-on Policy Name	Care Shield
Cover type	Individual
Policy Period - Start Date	00:00 hrs 15-Jun-2021
Policy Period - End Date	Midnight 14-Jun-2024
Nominee Name	Shiksha
Nominee Relationship	(Mother)
Premium Paid	Rs. 25775 (Premium Rs 21843.27 + CGST Rs 1965.88 + IGST Rs 0 + SGST Rs 0 + UGST Rs 1965.88 + Kerala Flood Cess Rs 2993.99)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Rohan Kumar	Male	10-Dec-1993	88860353

### Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Rohan Kumar	88860353	Member	10-Dec-1993	None	15-Jun-2021	10,00,000.00

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)
Contact no.	1800-102-4488
Fax no.	1800-200-6677
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

### Intermediary Details

Name	Code	Contact Number
Virender Pal	20034753	9868816924

**Schedule of Benefits**

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Category = Single Private Room
2	Pre-hospitalization & Post-hospitalization medical Expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
3	Ambulance Cover	Up to Rs. 2,000 per Hospitalization
4	Organ Donor Cover	Up to Rs. 1,00,000 per Policy Year
5	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
6	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
7	Second Opinion	Once per Policy Year per Insured Person for each major illness/injury
8	Alternative Treatments	Up to Rs. 20,000 per Policy Year
9	No Claims Bonus	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim
10	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year
11	No Claim Bonus - SUPER (Add-on Cover)	50% of Sum Insured for each Claim free year, maximum upto 100% of Sum Insured; Reduced by 50% of Sum Insured in case of Claim

**Optional Cover**

S No.	Particulars	Details
1	No Claim Bonus - SUPER	Applicable

**Special Conditions**

S No.	Particulars
1	Co-payment (Not Applicable)

**Add-on Policy Benefits****UIN No-** RHIHLIA21168V012021**Schedule of Benefits**

S No.	Particular	Description
1	Claim Shield	Applicable
2	NCB Shield	Applicable
3	Inflation Shield	Applicable

For **Care Health Insurance Limited**  
**(Formerly known as Religare Health Insurance Company Limited)**



Authorized Signatory

Date of Issue : 14-Jun-2021

Place of Issue : Gurgaon, Haryana

Service Branch : CHIL, Flat no 301, DDA Building no 5, District Centre, Janakpuri, New Delhi, Delhi - 110058, JANAKPURI, DELHI - 110058 Branch Contact No. : 1800-102-4488

Correspondence Address:

Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001. (HARYANA) Contact No : 1800-102-4488

Website : www.careinsurance.com Email : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 77150994 dated 17 May 2021, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 07AADCR6281NIZU IRDA Registration Number - 148 UIN : RHIHLIP21017V052021

**Registered office address :** 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019**CIN :** U66000DL2007PLC161503**Note:**

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email at customerfirst@careinsurance.com or contact the Company at 1800-102-4488 / 1800-102-6655.
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.



**Policy No.**  
**31686186**

<b>Member ID</b>	<b>DOB</b>	<b>Name</b>
88860353	10-Dec-1993	ROHAN KUMAR



**www.careinsurance.com**

**1800-102-4488 | 1800-102-6655**



**customerfirst@careinsurance.com**

**Care Health Insurance Limited**

(formerly known as Religare Health Insurance Company Limited)

Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,  
Gurugram-122001 (Haryana)

**Disclaimer**

1. This Card is not transferable.
2. Use of this Card is governed by the Policy Terms and Conditions.
3. To avail cashless facility, this Card needs to be produced along with photo ID proof.
4. Valid upto Policy Period End Date or cancellation date, whichever is earlier.

## Premium Acknowledgement

Policy No.	31686186
Client ID	88860353
Policyholder	Mr Rohan Kumar
Address	Rz/B-81A, Jeewan Park Uttam Nagar New Delhi New Delhi 110059, Delhi
Policy Period	15-Jun-2021 to 14-Jun-2024

## Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
		1	34629158	25775	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care	18,911.94				
-Care Shield	1,040.13				
-NCB-Super	1,891.20				
Goods & Services Tax (GST)	3,931.76				
<b>Total</b>	<b>25,775.00</b>				

The Premium is rounded off to the nearest rupee.

## Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

For **Care Health Insurance Limited**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue: 14-Jun-2021

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

**Registered office address :** 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019  
**CIN :** U66000DL2007PLC161503

### Note

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.

## Proposal Form-'CARE'

Dear Mr Rohan Kumar

In reference to your online proposal (I I 2002 I 446895) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MR ROHAN KUMAR

Address : Rz/B-8 I A, Jeewan Park  
Uttam Nagar  
New Delhi  
New Delhi-I I 0059  
Delhi

Date of Birth : 10/12/93

Landline :

Mobile : 9910619825

E-mail : R.KUMARS.INBOX@GMAIL.COM

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
ROHAN KUMAR	10/12/93	MEMBER	NONE

### Additional Details

A. Does any person(s) to be insured has any pre-existing diseases?

Insured I
No

B. Have any of the person(s) to be insured ever filed a claim with their current/previous insurer?

Insured I
No

C. Has any proposal for Health insurance been declined, cancelled or charged a higher premium?

Insured I
No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured I
No

E. Does your job require you to be involved with any hazardous activity, significant manual labor, operating heavy machinery, handling hazardous material, working at heights / underground / construction sites, oil rigging, high voltage, high temperature, working in aircrafts or sea-going vessels or adventure sports or armed forces?

Insured I
No

## You agreed to following terms & conditions of the purchase of policy

- a I have read and understood the brochure/prospectus/sales literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch, proposed policy period start date as opted by me or cheque date, whichever is later.
- d I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company. h.I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- h I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- i I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j I/We consent to receive information from the Company the through physical, electronic or telecommunication means from time to time.

the undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

You also agreed to receive service SMS and E-mail alerts.

The details mentioned in above proposal form has been verified through OTP NULL