

### Policy Certificate

Mr Kalluri Venkata Naga Srinivasa Rao  
S/o Janaki Rama Rao 1-296  
Agiripalli  
Agiripalle  
Agiripalle 521211  
Andhra Pradesh 37

Policy No.	73975619
Plan Name	CARE CLASSIC
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 22-Oct-2023
Policy Period - End Date	Midnight 21-Oct-2024
Nominee Name (Relation)	KALLURI KANAKA VALLI TAYARU (Wife)
Premium Paid	Rs.32,267.00 (Premium Rs 27344.53+Underwriting Loading Rs 0.00+CGST Rs0.00+IGST Rs4,922.03+SGST Rs0.00+UGST Rs0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Mr Kalluri Venkata Naga Srinivasa Rao	Male	20-Apr-1964	47855131

### Details of Insured Person

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Kalluri Venkata Naga Srinivasa Rao	47855131	MEMBER	20-Apr-1964	NONE	01-Oct-2022	10,00,000.00
Kalluri Kanaka Valli Tayaru	47855132	SPOUSE	29-Jun-1974	NONE	01-Oct-2022	

### Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus Amount
Kalluri Venkata Naga Srinivasa Rao	10,00,000.00	2,50,000.00
Kalluri Kanaka Valli Tayaru		

**Note**

- NCB/NCB Shield Protection has been applied on this renewal.
- Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium. This amount can vary basis the claim reported against Expiring Policy Year.
- Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.
- Coverage and Claims Subject to the Policy Terms & Conditions.

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com

### Intermediary Details

Name	Code	Contact Details
Turtlemint Insurance Broking Services Private L	20017894	022-40040706

### Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)  
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503



Care Health-  
Customer App



WhatsApp  
8860402452

REACH US @

Self Help Portal:  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:  
[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

### Premium Acknowledgement

Policy No.	73975619
Client ID	47855131
Policyholder	Mr Kalluri Venkata Naga Srinivasa Rao
Address	S/o Janaki Rama Rao 1-296 Agiripalli Agiripalle Agiripalle 521211 Andhra Pradesh 37
Policy Period	22-Oct-2023 to 21-Oct-2024

### Premium Details

Particulars	Amount (in Rs.)
Gross Premium	
Care Classic	26,602.06
Annual Health CheckUp CClassic	742.47
Goods & Services Tax (GST)	4,922.03
Total	32,267.00

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



Authorized Signatory

Date of Issue : 04 Nov 2023

Place of Issue : Gurgaon, Haryana

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.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

Signature invalid

Digital signed by Manish Dodeja  
Date: 20/10/2023 10:41:21:718  
Reason: Invalid author  
Location: India

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REACH US @		
 Care Health- Customer App	 WhatsApp 8860402452	<b>Self Help Portal:</b> <a href="http://www.careinsurance.com/self-help-portal.html">www.careinsurance.com/self-help-portal.html</a>  <b>Submit Your Queries/Requests:</b> <a href="http://www.careinsurance.com/contact-us.html">www.careinsurance.com/contact-us.html</a>