

Translated Insurance Policy (Tamil)

XYZ Insurance Company Pvt. Ltd.
Policy Number: HLT/XYZ/2025/000123
Policyholder Name: Priya Sharma
Address: 123, Lotus Apartments, Mumbai, Maharashtra - 400001
Policy Type: Individual Health Plan
Sum Insured: Rs.5,00,000
Policy Period: 01-Apr-2025 to 31-Mar-2026
Premium Paid: Rs.12,350 (Inclusive of taxes)

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This policy covers the following medical expenses:

- Hospitalization (minimum 24 hours)
- Pre-Hospitalization (30 days prior)
- Post-Hospitalization (60 days post)
- Daycare procedures (up to 500 listed procedures)
- Emergency Ambulance (up to Rs.2,000 per hospitalization)

This policy does not cover the following:

- Pre-existing diseases for the first 2 years
- OPD and dental treatments
- Cosmetic or plastic surgery
- Injuries due to substance abuse or intoxication
- Self-inflicted injuries or suicide attempts
- Pregnancy and childbirth-related expenses (unless explicitly covered)

4. Claims ProcessXYZ Insurance Company Pvt. Ltd.

1. Intimate the insurer within 24 hours of hospitalization.

2. Submit the following documents:

- Doctor's prescription

3. Claim will be processed within 7 working days.

Cashless Treatment available at network hospitals.

- Policy must be renewed annually to avoid a lapse in coverage.
- A grace period of 15 days is allowed post-expiry (no coverage during grace).
- No claim bonus (NCB) available on claim-free renewals.

6. Portability Clause

This policy is portable to any other health insurance provider as per IRDAI portability guidelines. Apply at

least 45 days before renewal.

7. Grievance Redressal

For any complaints or issues, contact:

Customer Care: 1800-120-4567

Email: support@xyzinsurance.com

Office: XYZ Insurance Office, Bandra East, Mumbai - 400051

Or escalate to the Insurance Ombudsman

8. Declaration by Policyholder

I hereby confirm that the information provided is accurate to the best of my knowledge. I have read and

understood the terms and conditions of this policy. XYZ Insurance Company Pvt. Ltd.

Signature: _____

Date: _____