

Welcome Letter



312108GODHFLHL081137

Date: 29-Jul-2015

Mr. Pandurangaiah Rapolu

Plot No 754, Padma Nagar Phase 2, Chintal,
Hyderabad-500054, Andhra Pradesh,
#9966381481

Subject: **DHFL HOME SHIELD** (A Group Scheme under DHFL Pramerica Group Credit Life+ UIN: 140N039V01)
(Single Premium)

Dear Mr. Pandurangaiah Rapolu,

Welcome to the DHFL Pramerica Life Insurance family. Kindly review the details of terms and conditions mentioned in the following documents which are enclosed with this letter:

- Certificate of Insurance
- Benefit Schedule

Please check these documents carefully to ensure that the information is correct. You are requested to take your nominee through the benefits as well. You will have a period of 15 days from the date of receipt of the Certificate of Insurance to review the terms and conditions of the same and where you disagree to any of these terms and conditions, you have an option to return the Certificate of Insurance stating the reasons for objection. On receipt of the letter along with the Certificate of Insurance, the Company will refund the premium received for the same, subject to the deduction of proportionate risk premium for the period of cover and expenses incurred by the Company on your medical examination and the related stamp fee.

For any service or claim related queries you can call us on our **toll free no. 1800-102-7070**.

Thank you for choosing DHFL Pramerica Life Insurance Co. Ltd. We are committed to providing you the highest quality service and look forward to a long association with you.

Yours sincerely

Authorised Signatory

CERTIFICATE OF INSURANCE (CERTIFICATE NUMBER: DHFLHL081137)

DHFL HOME SHIELD(A Group Scheme under DHFL Pramerica Group Credit Life+ UIN: 140N039V01)

This is to certify that Mr./Ms.Mr. Pandurangaiah Rapolu has been admitted as a member under the Policy No. DPGCL0001 issued to DEWAN HOUSING FINANCE CORPORATION LIMITED, by DHFL Pramerica Life Insurance Company Limited having its head office at 4th Floor, Building 9, TowerB, Cyber City, DLF City Phase III, Gurgaon – 122002. The benefit payable shall be in accordance with the terms and conditions of the Policy.

Insured Member Details			
Name	Mr. Pandurangaiah Rapolu	Date of Birth	10-Jan-1972
Address	Plot No 754,Padma Nagar Phase 2,Chintal, Hyderabad-500054, Andhra Pradesh, #9966381481	Age Admitted	Yes
		City	Hyderabad
		Pin Code	500054
Policy Details			
Cover Basis	Single Life		
Policy Name	DHFL Pramerica Group Credit Life+		
Plan Option	Plan A		
Coverage Sum Assured(Rs.)	2,130,064		
Premium Paid(Rs.)	90,064.64		
Coverage Term(Years)	12		
Coverage Commencement Date	27-Jul-2015		
Coverage Expiry Date	26-Jul-2027		
Loan Details			
Loan Number	00003775	Loan Tenure(Months)	144
Loan Disbursed Date	27-Jul-2015	Loan Amount(Rs.)	2,130,064
Loan Period From	27-Jul-2015	Loan Period To	26-Jul-2027
Loan Interest Rate(%)	13	Moratorium Period(Years)	0
Loan Type	Home Loan		
Nominee/Appointee Details			
Nominee Name	Anjali G		
Relationship with Member	Spouse	Date of Birth	14-Feb-1978
Name of Appointee(If Nominee is Minor)	NA		
Address(Nominee/Appointee)	Same as Primary Memmber		
City	NA	Pin Code	
Benefit Details			
Coverage Sum Assured*(Rs)	2,130,064	TI# Benefit(Rs.)	175,682
Second Life			
Name	NA		
Date of Birth		Age Admitted	NA
Address	NA		
City	NA	Pin Code	0
Nominee/Appointee Details(Second Life)			
Nominee Name	NA		
Relationship With Member	NA	Date of Birth	
Name of Appointee(If Nominee is Minor)	NA		
Address(Nominee/Appointee)	NA		
City	NA	Pin Code	

Notes:

1. You will be entitled to benefits as mentioned in this certificate subject to the terms and conditions of the Policy, an abstract of which is attached herewith.
2. Tax benefits as per the prevailing tax laws can be availed.
3. *This is the Coverage Amount at the coverage commencement date. The Coverage Amount for subsequent months during the Coverage Term, please refer "Coverage Amount" appearing in the Benefit Schedule attached herewith.
4. # TI is Terminal Illness.



(Authorised Signatory)

Signed for and on behalf of DHFL Pramerica Life Insurance Company Limited, at Gurgaon on 29-Jul-2015

Abstract of Terms and Conditions and Benefits

Definitions

Accidental Total and Permanent Disability ('ATPD') means the occurrence of any of the following conditions as a result of Accidental Injury: (a) Total and irrecoverable loss of sight of both eyes (must be confirmed by an Ophthalmologist), (b) Loss by severance of two or more limbs at or above wrists or ankles, (c) The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle, (d) Loss of use of two limbs resulting in total and permanent loss of function of the limbs affected.

Benefit Schedule means the table of benefits specific to an Insured Member stating the amount of benefit payable.

Claimant means the Nominee(s) and in the absence of the nominee, the legal heir(s) of the deceased Insured Member.

IRDA means the Insurance Regulatory and Development Authority.

Master Policyholder means the person named in the Schedule who has concluded this Policy with the Company with respect to Insured Members.

Nominee means the person named in the Membership Register who has been nominated by the Insured Member in accordance with Section 39 of the Insurance Act 1938 to receive the benefits under the Policy.

Policy or Policy Document means these Standard Terms & Conditions, the Application Form, scheme rules, the Schedule and Certificates of Insurance, as amended from time to time. **Schedule** means the document attached to this Policy which provides a snapshot of the Policy and benefit details and any annexure attached to it from time to time and any endorsements the Company has made and, if more than one, then the latest in time.

Surrender Value means an amount which is calculated as follows: 60% of Single Premium paid multiplied by (unexpired Coverage Term / Total Coverage Term) multiplied by (Coverage In-force / Coverage Sum Assured)

Terminal Illness means any condition from which the Insured Member is suffering, which is likely to result in the death of the Insured Member within 6 months from the date of first diagnosis of such Terminal Illness.

Benefits under Plan A:

- a) **Death Benefit:** If an Insured Member dies when his insurance coverage under the Policy is in force, the Coverage In-force will be payable to the Claimant.
- b) **Terminal Illness Benefit:** The Terminal Illness benefit shall be payable to the Insured Member by the Company in accordance with the terms and conditions of the policy. The benefit amount shall be as specified in the COI above.

Benefits under Plan B:

- a) **Death Benefit:** If an Insured Member dies when his insurance coverage under the Policy is in force, the Coverage In-force will be payable to the Claimant.
- b) **Terminal Illness Benefit:** The Terminal Illness benefit shall be payable to the Insured Member by the Company in accordance with the terms and conditions of the policy. The benefit amount shall be as specified in the COI above.
- c) **Accelerated Accidental Total and Permanent Disability(ATPD) Benefit:** If an Insured Member suffers Accidental Total and Permanent Disability when the Insured Member's insurance coverage under the Policy is in force, the Coverage In-force will be paid by the Company to the Insured Member and the Insured Member's coverage under the Policy will immediately and automatically terminate.

In case of Joint Life or Co-borrowers: If the policy is taken on Joint Life/Co-borrowers basis then:

i. **Joint Life Basis:** If the Insured Members are covered on a "Joint Basis", then on the first occurrence of insured event, the benefits payable shall be as per Certificate of Insurance. The benefits for the surviving joint borrower ceases immediately. In case of occurrence of insured event simultaneously on the lives of joint borrowers, only the single benefit will be payable and coverage will terminate immediately. Where a claim in respect of any of the Insured Members is rejected/rejected the coverage for the surviving members shall continue as per the Policy terms and conditions.

ii. **Loan Share Percentage Basis** :If the Insured Members are covered on a "Loan Share Percentage Basis", then each co-borrower is insured up to his share of the benefit which is in the proportion of the loan taken. At the time of occurrence of insured event on the life of either of the borrower, the total benefit payable shall be up to the respective joint borrower's share. The cover for the surviving joint borrower will continue as it is.

In case of death of the Insured Member(s), the benefit will be payable to the respective Claimant(s). In case of ATPD or Terminal Illness, the benefit will be payable to the Insured Member(s).

Full Pre-payment of loan (or) Foreclosure Full Pre-payment of loan: In case of any of the following options chosen by the insured member on full prepayment of the loan, the applicable terms and conditions will be as follows: (a) **Cover Continuation:** The Insured Member will continue to be covered as per the existing terms and conditions, (b) **Surrender:** The Insured Member may request for surrender of his membership in which case the applicable Surrender Value will be paid provided.

Partial Pre-payment of loan: If the Insured Member makes a partial payment for the loan, the Insured Member's coverage shall continue in accordance with the original Benefit Schedule.

Foreclosure of loan by Master Policyholder: If the loan of the Insured Member is foreclosed by the Master Policyholder in accordance with terms and conditions of the loan agreement entered into by the Insured Member with the Master Policyholder, the Insured Member's coverage shall immediately and automatically terminate. The applicable Surrender Value will be paid to the Insured Member.

Surrender of Policy by Master Policy Holder: The Insured Member can exercise any of the following options in case of surrender of Policy by the Master Policyholder: The Insured Member can opt to continue with the Policy as per the existing terms and conditions or surrender the Policy as defined above.

Exclusions

- a. Suicide: If the Insured Member commits suicide, whether sane or insane at the time, within one year from the Coverage Commencement Date as stated in the Schedule, then the liability of the Company shall be limited to a refund of 80% of the premium received.
- b. Accelerated Accidental Total Permanent Disability arising directly or indirectly from any of the following are specifically excluded:
 - a) The life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc.)
 - b) The Life Assured flying in any kind of aircraft, other than as a bona fide passenger (whether fare-paying or not) on an aircraft of a licensed airline
 - c) HIV or antibodies to such a virus.
 - d) Self-inflicted injury, suicide or attempted suicide-whether sane or insane
 - e) Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner
 - f) Service in any military, airforce, naval or paramilitary
 - g) War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not)
 - h) The Life Assured taking part in any strike, industrial dispute, riot, etc.
 - i) The Life Assured taking part in any criminal or illegal activity with criminal intent
 - j) Nuclear reaction, radiation or nuclear or chemical contamination.

Payment Condition

Upon the happening of the Insured Event, It is a condition precedent to liability of the Insurer to make payment of any benefit under the Master Policy that claimant will,

- 1) Immediately, and in any event within 90 days, provide the Insurer with written notice of the happening of an Insured Event, and
- 2) Provide Such Information and / or documentation as per points (4)-(10) in order to establish the fact of, date of, circumstances relating to and cause of the Insured Event.
- 3) Co-operate with and assist Insurer in any investigation that may be decided to undertake in respect of any insured event.
- 4) Covering Letter from the Policy Holder
- 5) Completely filled Death Claim Form.
- 6) Death Certificate issued from Municipal Corporation (Registrar of Births & Deaths)
- 7) Proof of Age of deceased Life Assured.
- 8) Original Certificate of Insurance
- 9) Hospitalization/dischARGE summary or medical reports if any
- 10) In case of claim of Terminal Illness Benefit, the certificate(s) from two Company appointed Registered Medical Practitioners specializing in the relevant field of medicine.

Claim Notification The claimant needs to immediately inform DHFL Pramerica Life Insurance Ltd. of the insured member's death in writing, and preferably within 90 days of the event or occurrence giving rise to such claim. Company may condone the delay in filing a claim beyond 90 days where the claimant can establish that the delay was due to unforeseen circumstances and beyond the control of the claimant.

Free Look Cancellation You will have a period of 15 days from the date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance and where you disagree to any of these terms and conditions, you have an option to return the Certificate of Insurance stating the reasons for objection. On receipt of the letter along with the Certificate of Insurance, the company will refund the premium received for the same, subject to the deduction of proportionate risk premium for the period of cover and expenses incurred by the Company on your medical examination and the related stamp fee.

Contact Details

Call us at: 1800-102-7070 (Mon-Sat, 9AM-7PM) Email us at: Group.Services@dhflpramerica.com OR Write to us at :Group operations department , DHFL Pramerica Life Insurance Company Ltd., 4th Floor, Building 9, Tower B, Cyber City, DLF Phase III, Gurgaon - 122002

Note: Please refer the Policy Document available with the Master Policy Holder for more details.

Benefit Schedule

Member's Name	Mr. Pandurangaiah Rapolu	COI Number	DHFLHL081137	Coverage Term(months)	144	Interest Rate(%)	13	Coverage Sum Assured(Rs.)	2,130,064
Month	Coverage Amount	Month	Coverage Amount	Month	Coverage Amount	Month	Coverage Amount	Month	Coverage Amount
1	2123859	73	1445137	145	-	217	-	289	-
2	2117587	74	1431512	146	-	218	-	290	-
3	2111248	75	1417739	147	-	219	-	291	-
4	2104839	76	1403818	148	-	220	-	292	-
5	2098361	77	1389748	149	-	221	-	293	-
6	2091813	78	1375521	150	-	222	-	294	-
7	2085194	79	1361142	151	-	223	-	294	-
8	2078503	80	1346607	152	-	224	-	296	-
9	2071740	81	1331915	153	-	225	-	297	-
10	2064903	82	1317064	154	-	226	-	298	-
11	2057992	83	1302051	155	-	227	-	299	-
12	2051007	84	1286877	156	-	228	-	300	-
13	2043946	85	1271537	157	-	229	-	301	-
14	2036808	86	1256032	158	-	230	-	302	-
15	2029593	87	1240359	159	-	231	-	303	-
16	2022300	88	1224515	160	-	232	-	304	-
17	2014928	89	1208501	161	-	233	-	305	-
18	2007476	90	1192312	162	-	234	-	306	-
19	1999943	91	1175949	163	-	235	-	307	-
20	1992329	92	1159408	164	-	236	-	308	-
21	1984632	93	1142687	165	-	237	-	309	-
22	1976852	94	1125786	166	-	238	-	310	-
23	1968987	95	1108702	167	-	239	-	311	-
24	1961038	96	1091432	168	-	240	-	312	-
25	1953002	97	1073976	169	-	241	-	313	-
26	1944879	98	1056330	170	-	242	-	314	-
27	1936668	99	1038493	171	-	243	-	315	-
28	1928368	100	1020463	172	-	244	-	316	-
29	1919978	101	1002238	173	-	245	-	317	-
30	1911498	102	983815	174	-	246	-	318	-
31	1902925	103	965193	175	-	247	-	319	-
32	1894260	104	946369	176	-	248	-	320	-
33	1885501	105	927340	177	-	249	-	321	-
34	1876647	106	908106	178	-	250	-	322	-
35	1867696	107	888664	179	-	251	-	323	-
36	1858649	108	869010	180	-	252	-	324	-
37	1849504	109	849144	181	-	253	-	325	-
38	1840260	110	829063	182	-	254	-	326	-
39	1830916	111	808764	183	-	255	-	327	-
40	1821471	112	788245	184	-	256	-	328	-
41	1811923	113	767504	185	-	257	-	329	-
42	1802272	114	746539	186	-	258	-	330	-
43	1792516	115	725346	187	-	259	-	331	-
44	1782654	116	703923	188	-	260	-	332	-
45	1772686	117	682269	189	-	261	-	333	-
46	1762610	118	660379	190	-	262	-	334	-
47	1752424	119	638253	191	-	263	-	335	-
48	1742128	120	615887	192	-	264	-	336	-
49	1731721	121	593279	193	-	265	-	337	-
50	1721201	122	570426	194	-	266	-	338	-
51	1710567	123	547225	195	-	267	-	339	-
52	1699818	124	523974	196	-	268	-	340	-
53	1688952	125	500370	197	-	269	-	341	-
54	1677969	126	476510	198	-	270	-	342	-
55	1666866	127	452392	199	-	271	-	343	-
56	1655644	128	428012	200	-	272	-	344	-
57	1644299	129	403369	201	-	273	-	345	-
58	1632832	130	378458	202	-	274	-	346	-
59	1621241	131	353278	203	-	275	-	347	-
60	1609524	132	327825	204	-	276	-	348	-
61	1597680	133	302096	205	-	277	-	349	-
62	1585708	134	276088	206	-	278	-	350	-
63	1573606	135	249798	207	-	279	-	351	-
64	1561373	136	223224	208	-	280	-	352	-
65	1549007	137	196362	209	-	281	-	353	-
66	1536508	138	169209	210	-	282	-	354	-
67	1523873	139	141762	211	-	283	-	355	-
68	1511101	140	114017	212	-	284	-	356	-
69	1498191	141	85972	213	-	285	-	357	-
70	1485141	142	57623	214	-	286	-	358	-
71	1471950	143	28967	215	-	287	-	359	-
72	1458615	144	0	216	-	288	-	360	-