

Ref No.: GHI - 1/WEL/SG/00390.1/5251787100

Date: 09/12/2024

To,

Mr. Ashish Ravindra Mewal

ROW HOUSE NO B7, GUT 13, INFINITY HOME, AMBAR GAS AGENCY, PADEGAON, NEAR AMBAR GAS AGENCY, PADEGAON,
AURANGABAD, Maharashtra
Aurangabad - 431001, District: AURANGABAD
MAHARASHTRA, India



Policy number: 5251787100

Subject: Risk assumption for Group Health Assure

Dear Mr. Ashish Ravindra Mewal,

We welcome you to Zurich Kotak General Insurance Company (India) Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Group Health Assure.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wording. Please visit <https://www.zurichkotak.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@zurichkotak.com within 30 days from the date of this letter. Alternatively, you can also write to us at 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), ,Mumbai – 400063. , Maharashtra, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Zurich Kotak General Insurance Company (India) Limited



Authorised Signatory

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Group Health Assure

ZUKHLGP22168V022122

For any assistance please call 1800 266 4545, please save the number for your reference

CERTIFICATE OF INSURANCE

Group Health Assure Policy No. KGHA-M0048 dated 08/01/2024 has been issued at Mumbai by Zurich Kotak General Insurance Company (India) Limited Limited to the Policyholder, Kotak Mahindra Bank Ltd, as specified in the Policy Schedule and is governed by, and subject to the terms, conditions and exclusions therein contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified in the Policy Schedule to the said policy.

This certificate issued under the signature of the authorised signatory of the Company represents the availability of benefits to the Insured person/ persons named below, Customers of Kotak Mahindra Bank Ltd, subject to the terms, conditions and exclusions contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified below.

For the purpose of this document, we consider Kotak Mahindra Bank Ltd as the policyholder and its Customers as the Insured.

DETAILS OF THE INSURED PERSON(S) UNDER THE POLICY

Certificate Number	5251787100	Date of Issuance	09/12/2024
Certificate Start Date	05/12/2024	Certificate End Date	04/12/2025
Business Type	New Business	Expiring Policy No	
Name of the Customer	ASHISH RAVINDRA MEWAL		
Correspondence Address	ROW HOUSE NO B7, GUT 13, INFINITY HOME, AMBAR GAS AGENCY, PADEGAON, NEAR AMBAR GAS AGENCY, PADEGAON, AURANGABAD, Maharashtra, 431001, AURANGABAD, MAHARASHTRA, AURANGABAD CITY		
Email ID	MEWAL2962000@GMAIL.COM		
Contact Details	8208455713		
Account No / Unique ID	911439498 / 911439498	Customer GSTIN	
Policy Tenure	1 Year	Lives Count	1

Sum Insured Details

Sum Insured	INR 30,00,000.00	Sum Insured Basis	Individual
Co-Pay	%	Deductible	300000 Applicable on Aggregate basis per policy

Insured Name	Relation with Proposer	Date of Birth	Age	Gender	Occupation	Member ID	Date of Joining	Pre existing condition
ASHISH RAVINDRA MEWAL	Self	29/06/2000	24	Male	Salaried	1051032527	05/12/2024	

ABHA DETAILS

Member ID	Insured Name	ABHA Account Details	ABHA Address

INTERMEDIARY DETAILS

Intermediary Code	Intermediary Name	Intermediary's Mobile No.	Intermediary's Landline No.
1468751288	KMBL-1288-BANCA GROUP-CROPSAL		18602662666

PREMIUM DETAILS

Taxable value of Services (Rs)	CGST @ 9% (As applicable) (Rs)	SGST @ 9% (As applicable) (Rs)	Total Amount (Rs)
697.46	62.77	62.77	823.00

COVERAGE DETAILS

Sr. No	Base Covers	Sum Insured Limits/ Description/ Remarks
1	In patient treatment	Covered upto 100% of Sum Insured
2	Pre Hospitalisation Medical Expenses	No of Days : 30
3	Domiciliary Hospitalisation	Covered Upto Sum Insured
4	Post Hospitalisation Medical Expenses	No of Days : 60
5	Day Care Treatment	Covered Upto Sum Insured --405 - As per Annexure II of Policy Wordings
6	Emergency Ambulance	Up to INR 1,000/- per hospitalization event
7	Donor Expenses	Covered Upto Sum Insured
Sr. No	Optional Covers	Sum Insured Limits/ Description/ Remarks
1	Specified disease/ procedure waiting period waiver	Not Applicable
2	Disease-wise sublimit	Cataract - ₹20000 per eye
3	Room Rent capping	Not Applicable
4	Pre existing diseases waiting period waiver	Not Applicable - Covered after completion of 24 Months from the date of joining for every insured person
5	Maternity Benefit	Not Covered
6	Alternative Treatment	Covered Upto Sum Insured (AYUSH)
7	30 days waiting period waiver	Not Applicable- (except for Injuries/Accident)

Important Conditions

Sr. No.	Condition
1	Persons Covered – Customers and their dependents of Kotak Mahindra Bank Ltd
2	Maternity Benefit - Not Covered
3	Room Rent Capping- No Capping on room rent limit
4	Waiting Period: Pre-Existing Conditions – Covered after completion of 24 Months from the date of joining for every insured person
5	Waiting Period: 1st Year/Specified disease/ procedure – Applicable - Covered after completion of 12 Months from the date of joining for every insured person
6	Waiting Period: 30 Days waiting Period – Applicable (except for Injuries/Accident)
7	Disease-wise sublimit (Cataract -Covered up to INR 20,000)
8	Internal Congenital Diseases , Terrorism is Covered
9	Co-Pay - NIL
10	OPD- Not covered
11	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.
12	Cochlear Implant treatment shall be restricted to 50% of SI
13	Deductible :- INR 300000 will be applicable on Aggregate basis per policy

PERMANENT EXCLUSION

1.Intentional self-injury (whether arising from an attempt to commit suicide or otherwise).
2.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Excl12)
3.Expenses related to sterility and infertility.(Excl17)
4.Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (Excl10)
5.Any treatment taken outside India
6.Any consequential or indirect loss arising out of or related to Hospitalization
7.Any Injury or Illness directly or indirectly caused by or arising from or attributable to war or war like perils
8.Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials

For complete details please refer to the Policy wordings available with the Group Master Policyholder. Alternatively, the same can be downloaded from our website www.zurichkotak.com

NOMINEE DETAILS

Insured Name	Nominee Name	Relationship with the Insured Person	Age	Appointee Details in case Nominee is a Minor
ASHISH RAVINDRA MEWAL	Kavita Ravindra Mewal	Mother	43	

DISCLAIMER

This Certificate of Insurance shall be read together with Policy Schedule and the Policy Wordings (which are also available on the Company website i.e. www.zurichkotak.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this certificate shall bear the same meaning wherever it may appear.

IN THE EVENT OF CLAIM

Contact Us at:

TOLL FREE NUMBER: 1800 266 4545 (24 * 7) or may write an e- mail at care@zurichkotak.com

Please send the relevant documents to:

Family Health Plan Insurance TPA Limited,
SRINILAYA CYBER SPAZIO, SUITE # 101,102,109 & 110, GROUND FLOOR,ROAD NO. 2, BANJARA HILLS BANJARA HILLS HYDERABAD TS, TELANGANA, 500034

GRIEVANCE REDRESSAL DETAILS

In case of any grievance the insured person may contact the company through

Website: www.zurichkotak.com

Toll free: 1800 266 4545

E-mail: care@zurichkotak.com

Courier: Zurich Kotak General Insurance Company (India) Limited

401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), ,Mumbai – 400063. , Maharashtra, India.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievanceofficer@zurichkotak.com

For updated details of grievance officer, kindly refer the link:

<https://www.zurichkotak.com/customer-support/grievance-redressal-process>

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com

The details of the Insurance Ombudsman is available at:

<https://www.zurichkotak.com/customer-support/grievance-redressal-process>

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/ombudsman

Grievance may also be lodged through the Bima Bharosa Portal – <https://bimabharosa.irdai.gov.in>

TAX DETAILS

GST Registration No.	27A A F C K 7 0 1 6 C 1 Z T	Category	: General Insurance Services	SAC Code	997133
Description	Accident and Health Insurance Services	Invoice Number	5251787100		

DECLARATION

In Witness whereof this Policy has been signed for and behalf of MUMBAI-GOREGAON on 09/12/2024

For Zurich Kotak General Insurance Company (India) Limited



Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.

Premium Certificate

For the purpose of Deduction under section 80D of the Income Tax Act, 1961 (as amended from time to time).

Note - Applicable only for premium paid towards Health Section/s under the Policy.

To

Mr. Ashish Ravindra Mewal

This is to certify that the company has received the premium of ₹ 823.00 for Health insurance coverage under the policy no. 5251787100 vide PAYMENT AGGREGATOR dated 05-12-2024.

The product is eligible for deduction u/s 80D of the Income Tax Act, 1961 and any amendments made thereto subject to satisfaction of the conditions mentioned therein.

Deduction under Section 80 D

A) Lumpsum Benefit:

Financial Year	Annual Lumpsum premium allowed for Deduction under Section 80D
2024-25	823.00

OR

B) Year wise proportionate Benefit/Deduction:

Financial Year	Year wise proportionate premium allowed for Deduction under Section 80D
2024-25	823.00

For Zurich Kotak General Insurance Company (India) Limited



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.

*Note

- This is subject to the provisions of Section 80D of Income Tax Act, 1961 and amendments made thereof.
- The year wise deductions mentioned above are as per provisions of Section 80D and this would be subject to the specified annual provisions as applicable for respective years as per the Income Tax Act.
- Only one option for deduction under Section 80D (i.e. either A or B above) can be availed by the Proposer/Policyholder as per the provisions of the Income Tax Act, 1961.
- Tax benefits are as per the Income Tax Act, 1961 as amended from time to time. Please consult your Tax advisor for details.
- Details of the Policy are as per the Part II and III of this Policy.
- This certificate must be surrendered to Us in case of cancellation of the Policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder.
- In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website www.zurichkotak.com
- The deduction under Section 80D is not applicable for payments made in cash and third party payments.

Group Health Assure



Group Name: Kotak Mahindra Bank Ltd

Member Name: Mr. Ashish Ravindra Mewal

Policy No. : 5251787100

Date of Birth : 29/06/2000

Valid till : 04/12/2025

Gender: M

**Member
Id:** 1051032527

**ABHA Address
ABHA Account No**



Toll Free: 1800 266 4545 | Website: www.zurichkotak.com

Toll Free: 1800 266 4545 | Website: www.zurichkotak.com

1. This card is not transferrable.
2. Use of this card is governed by the terms and conditions of the policy.
3. To avail cashless services, please present a valid photo ID proof along with this card.
4. To Speed up the claims process, please reach out to us 3 days prior to planned admissions. In case of emergencies, kindly contact within 48 hours.

Service Provider- Family Health Plan Insurance TPA Limited

Email: care@zurichkotak.com

Website: www.zurichkotak.com

Toll Free: 1800 266 4545

If found, please return to:

Zurich Kotak General Insurance Company (India) Limited

401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai 400063. Maharashtra, India.

CIN:U66000MH2014PLC260291 IRDAI Reg. No. 152

Toll Free: 1800 266 4545 | Website: www.zurichkotak.com

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Application Form cum Transcript - Group Health Assure

(Kotak Mahindra Bank Ltd - KGHA-M0048)

Please note:

- * This insurance coverage is subject to the terms, conditions and exclusions of Group Health Assure Policy No. KGHA-M0048 issued to Kotak Mahindra Bank Ltd covering their customers and based on this Application and payment of content.
- * The detailed Policy Wordings are available with Kotak Mahindra Bank Ltd and on our website www.zurichkotak.com.roposal FULLY, AND ACCURATELY AND CORRECTLY. You may provide us with any and all additional information relevant to risk to be underwritten.
- * Issuance of policy is subject to receipt of content, in case the content is not received, the policy shall be void ab-initio
- * The policy issuance basis the details provided by you and the underwriting guidelines of the Company. In case of any non-disclosure, the policy is liable to be cancelled.
- * Based on your health declaration(s), you are likely to be contacted by Zurich Kotak General Insurance Company (India) Limited for additional documents and a pre-policy medical check-up, if applicable.
- * Kindly note that we cannot issue a policy until the prescribed formalities are completed, inspite of having received your payment.
- * In case of refund of content, the same would be given in the account/card from which the content was received.

PROPOSER INFORMATION**Name:** Mr. Ashish Ravindra Mewal**Gender:** Male**Date of Birth:** 29/06/2000**Address:** ROW HOUSE NO B7, GUT 13, INFINITY HOME, AMBAR GAS AGENCY, PADEGAON NEAR AMBAR GAS AGENCY, PADEGAON, AURANGABAD Maharashtra Aurangabad - 431001 District: AURANGABAD MAHARASHTRA, India**Mobile:** 8208455713**Email:** MEWAL2962000@GMAIL.COM**Occupation:** Salaried**PAN/ GST :** /**POLICY AND CONTENT SUMMARY****Member Unique No:** 911439498 / 911439498**Policy Tenure:** 1 Year(s)**Policy Start Date:** 05/12/2024**Policy End Date:** 04/12/2025**Total Members:** 1**Policy Type** Individual**Sum Insured:** 30,00,000**Total content:** 823.00**Co Pay:** %**Deductible:** 300000 Applicable on Aggregate basis per policy**Installment Option:** No**Installment Frequency:**

INSURED MEMBER INFORMATION

	Insured 1
Insured Name	Ashish Ravindra Mewal
Relation with the Proposer	Self
Gender	M
Date of Birth	29/06/2000
Occupation	Salaried
Marital Status	Single
Nominee Name	Kavita Ravindra Mewal
Nominee Relationship	Mother
Nominee DOB	14/06/1981
ABHA Account Number	
ABHA Address	

HEALTH DECLARATION

Particulars	Member 1
Member Name	ASHISH RAVINDRA MEWAL
Member ID	1051032527
Any major disease / disorder / ailment / deformity / surgery or neither awaiting any treatment medical or surgical nor attending any follow up for any disease / condition / ailment / injury / addiction.	
Previous Policy / Claims details	

COVERS/BENEFITS

Sr. No	Base Covers	Sum Insured Limits/ Description/ Remarks
1	In patient treatment	Covered upto 100% of Sum Insured
2	Pre Hospitalisation Medical Expenses	No of Days : 30
3	Domiciliary Hospitalisation	Covered Upto Sum Insured
4	Post Hospitalisation Medical Expenses	No of Days : 60
5	Day Care Treatment	Covered Upto Sum Insured --405 - As per Annexure II of Policy Wordings
6	Emergency Ambulance	Up to INR 1,000/- per hospitalization event
7	Donor Expenses	Covered Upto Sum Insured
Sr. No	Optional Covers	Sum Insured Limits/ Description/ Remarks
1	Specified disease/ procedure waiting period waiver	Not Applicable
2	Disease-wise sublimit	Cataract - ₹20000 per eye
3	Room Rent capping	Not Applicable
4	Pre existing diseases waiting period waiver	Not Applicable - Covered after completion of 24 Months from the date of joining for every insured person
5	Maternity Benefit	Not Covered
6	Alternative Treatment	Covered Upto Sum Insured (AYUSH)
7	30 days waiting period waiver	Not Applicable- (except for Injuries/Accident)

IMPORTANT CONDITIONS

Sr. No.	Condition
1	Persons Covered – Customers and their dependents of Kotak Mahindra Bank Ltd
2	Maternity Benefit - Not Covered
3	Room Rent Capping- No Capping on room rent limit
4	Waiting Period: Pre-Existing Conditions – Covered after completion of 24 Months from the date of joining for every insured person
5	Waiting Period: 1st Year/Specified disease/ procedure – Applicable - Covered after completion of 12 Months from the date of joining for every insured person
6	Waiting Period: 30 Days waiting Period – Applicable (except for Injuries/Accident)

7	Disease-wise sublimit (Cataract -Covered up to INR 20,000)
8	Internal Congenital Diseases , Terrorism is Covered
9	Co-Pay - NIL
10	OPD- Not covered
11	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.
12	Cochlear Implant treatment shall be restricted to 50% of SI
13	Deductible :- INR 300000 will be applicable on Aggregate basis per policy

PERMANENT EXCLUSIONS

1.Intentional self-injury (whether arising from an attempt to commit suicide or otherwise).
2.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Excl12)
3.Expenses related to sterility and infertility.(Excl17)
4.Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (Excl10)
5.Any treatment taken outside India
6.Any consequential or indirect loss arising out of or related to Hospitalization
7.Any Injury or Illness directly or indirectly caused by or arising from or attributable to war or war like perils
8.Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials

For complete details please refer to the Policy wordings available with the Group Master Policyholder. Alternatively, the same can be downloaded from our website www.zurichkotak.com

TERMS AND CONDITIONS

- In case of any claim made under the Policy, no content shall be refunded on cancellation of Insurance.
- The insurance coverage shall commence from the date of receipt of content by Zurich Kotak General Insurance Company (India) Limited
- I agree that the policy can become voidable at the point of Insurer,in event of any untrue or incorrect statement ,misrepresentation,non-description or non - disclosure in any material particular in this Application form ,declaration and connected documents ,or any material information has been withheld by me or anyone acting on my / our behalf to obtain benefit under the Insurance.
- I confirm that the content is paid out of my legitimate sources of funds and the company has the right to call for documents to establish sources of funds.
- The Company has the right to cancel the policy in case I am/have been found guilty by any competent authority or court of law.

PAYMENT DETAILS

Payment Mode: PAYMENT AGGREGATOR

Payment Reference No: 113564305852

Payment Amount: 823.00

Payment/Transaction Date: 05/12/2024

Bank Details:

Online/ Credit card premium payment should be made by the master policy holder (group administration)/ beneficiary as the case may be.Third party payments are not allowed

DECLARATION

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the content chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

*Place: Mumbai

*Date: 16/12/2024

STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the content shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
GSTIN/UIN		Name :	Zurich Kotak General Insurance Company (India) Limited
Customer ID	1018360267	GSTIN :	27AAFCK7016C1ZT
Customer Name	ASHISH RAVINDRA MEWAL	Pan Number :	AAFCK7016C
Email ID	MEWAL2962000@GMAIL.COM	CIN:	U66000MH2014PLC260291
Contact No	8208455713	Address:	201-204, 301 Chintamani Classique Vishweshwar Nagar, Off Aarey Road Mumbai Maharashtra 400063.
Address	ROW HOUSE NO B7, GUT 13, INFINITY HOME, AMBAR GAS AGENCY, PADEGAON, NEAR AMBAR GAS AGENCY, PADEGAON, AURANGABAD, Maharashtra, AURANGABAD, 431001, MAHARASHTRA, India		
IMD Code	1468751288	Date of Invoice	09/12/2024
Receipt No	1202501484223	Invoice No	5251787100
		Proposal No	202412090114071
		Partner Application No	911439498
State Code	27	State Code:	27
Place Of Supply Name	MAHARASHTRA - 27	State Name	MAHARASHTRA
		IRN	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Accident and Health Insurance Services	997133	697.46	697.46	9%	62.77	9%	62.77
Total		697.46	697.46		62.77		62.77
Total Invoice Value (In Figure)	823.00						
Total Invoice Value (In Words)	Eight Hundred Twenty Three						
Whether Tax Payable on a Reverse Basis or Not	No						

For : Zurich Kotak General Insurance Company (India) Limited



Authorized Signatory

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."