

Date : 21 Nov 2024

Mr Gautam Tiwari
Greenwood Sonata, Pines 2, Flat 9j, Newtown ,
North 24, Parganas
700161
New Action 700161
West Bengal
State Code : 19

Policy No: 92833678
Mobile No: XXXXXX0317



Dear Mr Gautam Tiwari,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

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

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process - <http://bit.ly/3EyPRnT>
- Policy Terms and Conditions- <https://bitly.cx/Nzbz> and also available on Customer App

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal www.careinsurance.com and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

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

CUSTOMER APP



For Android



For iOS

Policy Certificate

Mr Gautam Tiwari
 Greenwood Sonata, Pines 2, Flat 9j, Newtown ,
 North 24, Parganas
 700161
 New Action 700161
 West Bengal
 State Code : 19

Policy No.	92833678
Plan Name	Care Supreme
Cover Type	Individual
Policy Period - Start Date	00:00 hrs 27-Nov-2024
Policy Period - End Date	Midnight 26-Nov-2025
Nominee Name (Relation)	Sangita Tiwari (Wife)
Premium Paid	Rs.9,280.00 (Premium Rs 7864.10 + Underwriting Loading Rs. 0.00 + CGST Rs. 0.00 + IGST Rs. 1,415.54 + SGST/UGST Rs. 0.00)
Premium Payment Mode	Single Premium
Communication Address Zone	Zone 2

Policyholder	Date Of Birth	Client ID
Mr Gautam Tiwari	20-Jan-1968	D1528694

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
Rupal Tiwari	D1624878	DAUGHTER	09-May-1997	NONE	27-Nov-2024	10,00,000.00

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
CERTIGO INSURANCE BROKERS PVT LTD	20494179	9109447500

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Sum Insured	1000000
2	In-Patient Care	Up to SI
3	Day Care Treatment	All Day Care Procedures
4	Advance Technology Methods	Up to SI
5	Pre-Hospitalization Medical Expenses	Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization
6	Post Hospitalization Medical Expenses	Up to SI, Post-Hospitalization expense cover for 180 days after discharge
7	AYUSH Treatment	Up to SI
8	Domiciliary Hospitalization / Organ Donor Cover	Up to SI
9	Ambulance Cover	Up to Rs. 10,000
10	Cumulative Bonus	50% of SI, max up to 100% of SI.
11	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.

Schedule of Benefits

12	Unlimited E-Consultations	Available for Consultations with General Physicians
13	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
14	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
15	Room Rent / ICU	All categories covered. / No Limit
16	Named Ailments Coverage	24 Months
17	Pre-existing Diseases Coverage	36 Months
18	Initial Wait Period	30 Days
19	Organ Donor Cover	Up to SI

Optional Cover

S NO.	Particulars	Details
1	Cumulative Bonus Super	Upto 100% increase in the Sum Insured, on a cumulative basis for each completed and continuous policy year upto a max of 500%
2	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
3	Air Ambulance Cover	Up to 5 lacs per year.
4	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T&C

Portability Details of the Insured

Previous Insurer : Niva Bupa Health Ins.Co Ltd.

Name	First Policy Number	Expiry Policy Number	1st Enrollment Date	Expiry Policy SI Rs. (Original SI+CB)
Rupal Tiwari	280520440288	32839560202301	24-Nov-2017	10,00,000 + 0

Name	Continuity Benefit approved by Company	
	Named Ailment Wait Period	Pre-Existing Disease wait period
Rupal Tiwari	Continuity benefit available for Coverage amount upto Rs. 10,00,000.00 in 0 year	PED wait Period reduced to 0 year for coverage amount upto Rs. 10,00,000.00

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 21 Nov 2024

Place of Issue : Gurgaon, Haryana

Service Branch : Krishna Plaza Wing A Office No 704/6 7th Floor Near Thane Railway
Station Naupada Thane W Mumbai Maharashtra 400602 Mumbai -
Thane, Maharashtra, 400602

Branch Contact No. : 9289454803

Consolidated Stamp Duty paid vide E-Challan GRN No. 0117751470 dated 13/06/2024. RCM Applicability - N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 27AADCR6281N1ZS

UIN : CHIHLP23128V012223

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 feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- 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.
- This soft copy of the policy is as valid as a hard copy and can be used for claims. A physical hard copy will not be dispatched.

Premium Acknowledgement

Policy No.	92833678
Client ID	D1528694
Policyholder	Mr Gautam Tiwari
Address	Greenwood Sonata, Pines 2, Flat 9j, Newtown , North 24, Parganas 700161 New Action 700161 West Bengal
Policy Period	27-Nov-2024 to 26-Nov-2025

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	B5760944	9,280.00	IPG
Care Supreme	6,406.26				
Cumulative Bonus Super	640.63				
Wellness Benefit (Supreme)	32.43				
Air Ambulance Cover (Supreme)	432.44				
Claim Shield	352.34				
Goods & Services Tax (GST)	1,415.54				
Total	9,280.00				

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 : 21 Nov 2024

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 Not Verified

Digitally signed by Manish Dodeja

Date: 20241121181147

Reason: I'm the author

Location: India

Proposal Form-'CARE SUPREME'

Dear Mr Gautam Tiwari

In reference to your online proposal (1120090007814) for 'Care Supreme'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Gautam Tiwari
Address : Greenwood Sonata, Pines 2, Flat 9j, Newtown ,
 North 24, Parganas
 New Action 700161, West Bengal
 700161
Date of Birth : 20-Jan-1968
Landline :
Mobile : XXXXXX0317
E-mail : gXXXXXX4@rediffmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Rupal Tiwari	09-May-1997	DAUGHTER	NONE

Additional Details

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

Insured1

N

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

Insured1

N

3. Has any of your proposal(s) for Health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?

Insured1

N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Company?

Insured1

N

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/online, 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.
- 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 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, complete and correct in all respects and that all information which is relevant to this proposal 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.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company.


The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.


**HEALTH CARD**

Policy No.
92833678


Member ID	DOB	NAME
D1624878	09-May-1997	Rupal Tiwari

**www.careinsurance.com**


Care Health-Customer App




For Android



For iOS



WhatsApp
8860402452



SELF HELP
FOR ALL YOUR HEALTH CARE NEEDS

Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

Disclaimer

1. This card is not transferable
2. Use of this card is governed by the policy terms &
3. To avail cashless facility, this card needs to be produced along with photo
4. Valid upto policy period end date or cancellation date, whichever is earlier

IRDAI Registration No.148