



2825100190208900000

Date : 06/04/2017

Dear MRS S G JEYASHRI
OLD NO E253, NEW NO 1,
12TH STREET, 4TH CROSS,
PERIYAR NAGAR
CHENNAI, TAMIL NADU, 600082
Contact No. 9445394125

We thank you for trusting HDFC ERGO General Insurance. Enclosed herewith is your insurance policy which has been confirmed on the basis of the information and declaration given by you.

Product Name	Policy No.	Sum Insured (₹)	Premium (₹) (Inclusive of Service Tax)
Health Suraksha Policy	2825100190208900000	300000.00	10857

The insurance policy enclosed herewith represents a written agreement confirming the terms of the cover agreed as per the declaration given by you.

To ensure seamless & hassle-free services, we request you to kindly check your contact and other details on your policy schedule on the basis of which the insurance is issued. In case of any discrepancy please call our toll free 1800 2 700 700.

For any further assistance on your policy or to know more about our other products, please free to contact us. We once again thank you for choosing HDFC ERGO and heartily welcome you to our growing family.

For HDFC ERGO General Insurance Company Ltd.



Ankur Bahorey
 Head - Retail Business Group

HDFC ERGO General Insurance Company Limited



Dear S G Jeyashri,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986*

This is to certify that we have received an amount of ₹ 10,857.00 (RUPEES TEN THOUSAND EIGHT HUNDRED FIFTY SEVEN AND ZERO PAISE Only) towards premium for Health Suraksha Policy, Policy No. 2825100190208900000 issued to S G JEYASHRI for the period 06/04/2017 to 05/04/2019.

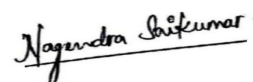
Note:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

Date : 06/04/2017

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

POLICY SCHEDULE

Policy No. 2825 1001 9020 8900 000

Health Suraksha Policy
SILVER PLAN

Proposer Name	MRS. S G JEYASHRI			Premium Frequency	Yearly
Correspondence Address	OLD NO E253, NEW NO 1, 12TH STREET, 4TH CROSS, PERIYAR NAGAR, CHENNAI, TAMIL NADU, 600082		Permanent Address	OLD NO E253, NEW NO 1, 12TH STREET, 4TH CROSS, PERIYAR NAGAR, CHENNAI, TAMIL NADU, 600082	
Mobile	9445394125	Phone	-	E Mail	RPGANGADHARAN@YAHOO.CO.IN
				Policy Type	Family Floater

Period of Insurance	From Date & Time	06/04/2017 18:00 hrs	To Date & Time	05/04/2019 Midnight
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Insured Person's Details & Sum Insured

Insured's Name	Relationship	Date of Birth	Member ID	1st Policy Inception	Portability Sum Insured (₹)	Pre Existing Disease
S G JEYASHRI	Self	05/06/1975		06/04/2017		
S G VIGNESH	Dependent Son	27/09/1999		06/04/2017		

Sum Insured (₹)	300,000.00	CB Amount (₹)	0.00
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In case of increase in the Sum Insured at renewal, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.

Nominee Name	GANGADHARAN R P	Relationship	Sibling
The nominee must be an immediate relative of the Insured Person. For all other insured person(s), the Policyholder shall be the nominee.			

Coverage Details

Coverage	Details	Coverage	Details
In Patient Treatment	Covered	Pre-Hospitalization	60 Days
Post-Hospitalization	90 Days	Day Care Procedures	Covered
Enhanced Cumulative Bonus	10% of Sum Insured; Maximum 100%	Regain Benefit	100% of basic Sum Insured
Domiciliary Treatment	Covered	Organ Donor	Covered
Emergency Ambulance (Limit per hospitalization)	Upto Rs. 2000	AYUSH: Ayurvedic/Unani/Homeopathy/Sidha	Covered
Health Checkup (Post 4 claims free year Per Family)	Upto 1% Sum Insured, Maximum Upto Rs 5000		

The Policy Wording attached herewith includes all the standard coverages offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our toll free number.

Premium Details (₹)

Basic Premium	8782.33
Enhanced Cumulative Bonus (Loading)	219.56
Regain Benefit (Loading)	439.12
Total Premium excluding Service Tax	9441.00
Loading	
Service Tax 15% (Including Swachh Bharat cess 0.50%, Krishi Kalyan cess 0.50% as applicable)	1416.00
Total Premium	10857.00

Payment Details

Cheque No./DD/Fund Transfer	Date	Bank Name
HI1704002068	06/04/2017	BizDirect

Special Conditions

Exclusions

HDFC ERGO General Insurance Company Limited
POLICY SCHEDULE

Policy No. 2825 1001 9020 8900 000



Health Suraksha Policy
SILVER PLAN



List of Endorsements

Endt No	Description	Effective Date


For Claim Services	Phone	1860 2000 700 / 1800 2001 999	Fax no.	18602000600	E-mail	healthclaims@hdfcergo.com
Address	HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.					
For any other query call toll-free 1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com						

If the premium is not realised the policy shall be void from inception.
Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no 5063196201617 dated 10/03/2017 as prescribed in Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, dated 31/12/2004.

Policy Issuing Office: Mumbai


For HDFC ERGO General Insurance Company Ltd.

Nagendra Shrikumar
Duly Constituted Attorney



GENERAL INSURANCE
Har pal aapke saath

HEALTH CARD




Member Name	: S G JEYASHRI		
HDFC ERGO ID	: 2825100190208900000		
DOB	: 05/06/1975	Gender	: Female
Valid From	: 06/04/2017 to 05/04/2019		

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.


Card has to be presented to the Network Service Provider at the time of admission availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy terms & conditions. Card does not guarantee cashless hospitalization or any other services. For more details and updated list of network service provider please refer our website or call our call center.

Phone Number : 1860 2000 700 / 1800 2001 999
Fax Number : 18602000600
Address : HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62, Noida-201301.
Website : www.hdfcergo.com



GENERAL INSURANCE
Har pal aapke saath

HEALTH CARD



Member Name	: S G VIGNESH		
HDFC ERGO ID	: 2825100190208900000		
DOB	: 27/09/1999	Gender	: Male
Valid From	: 06/04/2017 to 05/04/2019		

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

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Phone Number : 1860 2000 700 / 1800 2001 999
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Address : HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62, Noida-201301.
Website : www.hdfcergo.com

HDFC ERGO General Insurance Company Limited

Proposal No. 2825 1001 9020 8900 000

Health Insurance - Proposal Form For Health Suraksha SILVER PLAN



Proposer Name	MRS.S G JEYASHRI			Premium Frequency	Yearly
Correspondence Address	OLD NO E253, NEW NO 1,, 12TH STREET, 4TH CROSS,, PERIYAR NAGAR, , CHENNAI, TAMIL NADU, 600082		Permanent Address	OLD NO E253, NEW NO 1,, 12TH STREET, 4TH CROSS,, PERIYAR NAGAR, , CHENNAI, TAMIL NADU, 600082	
Mobile	9445394125	Phone	-	E Mail	RPGANGADHARAN@YAHOO.CO.IN
Policy Type	Family Floater				

Period of Insurance	From Date & Time	06/04/2017 18:00 hrs	To Date & Time	05/04/2019 Midnight
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Insured Person's Details & Sum Insured

Insured's Name	Relationship	Date of Birth	Member ID	1st Policy Inception	Portability Sum Insured (₹)	Pre Existing Disease
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S G VIGNESH	Dependent Son	27/09/1999		06/04/2017		

Sum Insured (₹)	300,000.00	CB Amount (₹)	0.00
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In case of increase in the Sum Insured at renewal, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.

Nominee Name	GANGADHARAN R P	Relationship	Sibling
The nominee must be an immediate relative of the Insured Person. For all other insured person(s), the Policyholder shall be the nominee.			

Premium Details (₹)

Basic Premium	9,441.00
Loadings	0.00
Service Tax 15% (Including Swachh Bharat cess 0.50%, Krishi Kalyan cess 0.50% as applicable)	1,416.00
Total Premium	10,857.00

Payment Details

Cheque No./DD/Fund Transfer	Date	Bank Name
HI1704002068	06/04/2017	BizDirect

For Claim Services	Phone	1860 2000 700 / 1800 2001 999	Fax no.	18602000600	E-mail	healthclaims@hdfcergo.com
Address	HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.					
For any other query call toll-free 1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com						

Proposer declaration

"I/We 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/We am/are authorized to propose on behalf of these other persons.
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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
I/We further declare that I/we 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/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Disclaimer : Proposal Form and Policy Schedule have been generated basis details entered by proposer / insured on Online Platform (either on HDFCERGO.com or its affiliated Online Channels (IRDAI Licensed Intermediaries). For any modification, kindly visit [URL https://www.hdfcergo.com/customer-care/customer-support.html](https://www.hdfcergo.com/customer-care/customer-support.html) and register your service request or write to us at care@hdfcergo.com

Customer Name: MRS S G JEYASHRI

PAN No. :

Registered & Corporate Office: 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Customer Service Address: 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai - 400 059. Toll Free : 1800-2-700-700 (Accessible from India only) | Fax : 91 22 6638 3699 | care@hdfcergo.com | www.hdfcergo.com. CIN : U66010MH2002PLC134869. IRDAI Reg No. 125