

Certificate Of Insurance

MR Raj N

Test Address

Hyderabad 500082

TELANGANA 36

Group Policyholder Name	Shriram City Union Finance Ltd.
Group Policy No.	10623477
Certificate of Insurance No.	1120002256560/10241756
Plan Name	Group Care (Scheme for SCUF)
Cover Start Date	00:00 hrs 30-Jan-2019
Cover Start Date	Midnight 29-Jan-2020
Premium Paid	Rs. 2910.00 (Premium 2466.1 + GST 443.9)
Premium Payment Mode	Single Premium

Applicant	Date of Birth	Client ID
MR Raj N	18/01/1980	

Details of Insured

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases
MR Raj N		18/01/1980	Self	30-Jan-2019	No

Details of Cover

S No.	Particulars	Details
1	Sum Insured	Rs. 100000

Intermediary Details

Name	Code	Contact Number
Religare Health Insurance Co. Ltd.	Direct	1860-500-4488

for Claims & Assistance: Call 1800-200-4488

Benefits

S No.	Particulars	Basis of Offering (On Annual Basis)
1	In-patient Care	Up to SI
2	Day Care treatment	Up to SI

3	Pre-hospitalization medical expenses	30 days
4	Post-hospitalization medical expenses	60 days
5	Health Check-up	Once every year
6	Second Opinion	Available
7	Organ Donor	Up to SI
8	Domiciliary Hospitalization	Up to 20% SI
9	AYUSH Treatment	Up to 20% SI
10	Ambulance	Up to Rs. 2,500
11	Room Rent	1.5% of Sum Insured
12	ICU	2.5% of Sum Insured

Key Exclusions

The Company shall not be liable to make payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following except covered by way of an extension:

- Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days of the Cover Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury.
- Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 consecutive months from the Cover Start date: Arthritis, if non-infective, gout, rheumatism and spinal disorders, joint replacement surgery/Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty), nasal septum deviation, sinusitis and related disorders/Benign prostatic hypertrophy/Cataract/Dilatation and curettage/Fissure / fistula in anus, hemorrhoids/piles, pilonidal sinus, gastric and duodenal ulcers/Surgery of genito urinary system unless necessitated by malignancy/All types of hernia, hydrocele/Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy/Internal tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant/Kidney stone/ureteric stone/lithotripsy/gall bladder/Myomectomy for fibroids/Skin tumors unless malignant/Varicose veins and varicose ulcers.
- Any Claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of first 36 months of continuous insurance coverage from the first Cover Start Date under the first Policy with Us.
- Maternity expenses
- Genetic disorders, External Congenital Ailments, Dental Treatments (other than accidents), Infertility/Impotency treatments, HIV & Related complications.
- Any condition directly or indirectly caused by or associated with any sexually transmitted disease.
- Out - Patient Treatment

Note: This is an indicative list of exclusions and not exhaustive. For the entire list of exclusions, please refer to the Group Policy Terms and Conditions issued to the Group Policyholder.

Portability/Renewability

S No.	Particulars
1	Renewal under the scheme is subject to continuation of this scheme by Group Policyholder
2	You can port from this scheme to Insurer's individual health policy, subject to underwriting guidelines of such individual health policy under following conditions:
	a) Group Policyholder chooses not to continue this scheme
	b) If you choose not to continue the enrollment under this scheme
3	The premium payable under this scheme shall be reviewed on annual basis and may be subject to revision
4	After enrolment under the scheme, if you find it unsuitable you can cancel and return the Certificate of Insurance to the Insurer

within 15 days from the date of receipt of Certificate of Insurance.

Grievance Redressal/Complaints

If the Insured Member has a grievance, the Insured Member may contact Us at 1800-200-4488 or send the fax at 1800-200-6677 or write to Us at resolve1@religare.com or send written complaint to:

Complaint Grievance Unit, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon-122009(Haryana)

If Insured Member is not satisfied with the redressal provided then you can write to Us at resolve2@religare.com or send written complaint to:

Director - Services, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon-122009(Haryana)

For Religare Health Insurance Company Limited Authorized



Authorized Signatory

Date of Issue : 29-Jan-2019

Place of Issue : Gurgaon

Servicing Branch : NA, XXXXXXXXXXXX, XXXXXXXXXXXX (00) - 0

Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon-122009(Haryana)

Contact No : 1800-200-4488/1860-500-4488 Website : www.religarehealthinsurance.com

SAC and Description of Service: 997133- Accident and Health Insurance Services.

RCM Applicability - NA

Email : customerfirst@religarehealthinsurance.com Consolidated Stamp Duty paid vide F.No.10 (17685)/COS(HQ)/CD dated 10th Jan 2015 GST Registration No:XXXXXXXXXX IRDA Registration Number - 148 UIN: IRDA/NL-HLT/RHI/P-H/V.I/254/13-14

Registered office address :5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

Note :

1. Validity of this certificate is subject to terms and conditions of Group Policy issued to the Group Policyholder.
2. In event of non-receipt of Premium, this certificate of insurance automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not. This policy is based on the information provided by the Insured on your behalf in the proposal form. In case you find any discrepancy in the same, please contact us immediately.
3. Attached with this Certificate of Insurance are the Key Terms and Conditions. Please ensure that have been received, read and understood. If any of these documents, please email atcustomerfirst@religarehealthinsurance.com or write to the Company. This Certificate of Insurance in original must be surrendered to the Company in case of cancellation of the Certificate of Insurance. This Certificate of Insurance is governed by and is subject to the Terms and Conditions of the referred Group Policy.

Premium Acknowledgement

Certificate of Insurance No.	10241756
Client ID	
Applicant	MR Raj N
Address	Test Address, Hyderabad, 500082, TELANGANA 36
Policy Period	30-Jan-2019 to 29-Jan-2020

Premium Details

Particulars

Amount (in Rs.)

Gross Premium

GROUP CARE

2,466

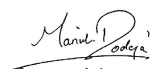
GST & Levies

444

Total

2,910

The Premium is rounded off to the nearest rupee.



Authorized Signatory

Date of Issue : 29-Jan-2019

Place of Issue : Gurgaon

IRDA Registration Number - 148

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.