

**MANIPALCIGNA PROHEALTH GROUP INSURANCE  
POLICY**

**CERTIFICATE OF INSURANCE**

Policy Issuing Office <b>ManipalCigna Health Insurance Company Limited,</b> 401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai - 400063, India	Policy Servicing Office <b>ManipalCigna Health Insurance Company Limited,</b> 401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai - 400063, India
Name of Master Policy Holder: M/S Traktion Solution Private Ltd	
Master Policy Number: 100200081409/00/00	Certificate No: 105900000071/00/00
UIN: MCIHLGP21172V032021	

**PROPOSER'S DETAILS:**

Name: Alisha Tarika		
Customer ID: 1106949		
Address: KANDIVALI WEST, MUMBAI, MAHARASHTRA - 400067		
Contact Number:	Mobile : 9810208148	Alternate :
Email ID: Alisha.tarika@gmail.com		

**PERIOD OF INSURANCE:**

From : 12/04/2023 To : 11/04/2024	
Policy Tenure:	1 Year
Premium Payment Mode:	Single
Policy Type:	Family Floater
Renewal Status:	New Business

**Premium Details**

Premium (Rs.)	2024.0000
Loading	0.0000
Discount	0.0000
Goods & Service Tax (Rs.)	364.32
GST Cess (Rs.)	0.00
Total Premium(Rounded Off)	2388.00

PAN Number : AAECCT904J

Consolidated Stamp Duty of RS.1.00 paid in cash or by demand draft or by payorder or by cheque,vide Receipt/Challan No. ST23894 dated 20/12/2016

**IN THE EVENT OF CLAIM:(Please contact us through any of these modes)**

Address for correspondence :- <b>Medi Assist Insurance TPA Pvt. Ltd.</b> Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560020	HealthLine No.: Call (Toll Free): 1800-419-1159
	Fax Number : 18004259559
	E-mail ID: manipalcignagroup@mediassist.in

**Insured Details: (Insured Address – as per enrolment form)**

Insured Persons Details (Insured Address – as per enrolment form):							
Unique identification No./Employee No./ membership no.	Name of Insured member	Relationship of the family members with the Employee/ Member	Date of Enrolment / Joining	Date of Birth(DD-MM-YYYY)	Completed Age (in years)	Gender	Pre-existing Diseases
110694901	MRS ALISHA TARIKA	Self	12/04/2023	30/05/1993	29	F	
110694902	MR DK	Spouse	12/04/2023	14/02/1988	35	M	

## Plan Benefits

Cover	Brief Description	Sum Insured	Sub Option	Sub Limit
In-patient Hospitalisation Expenses Cover	Covered Upto Sum Insured	3000000.00	Medical Expenses of an Insured Person taken during hospitalisation due to Illness or Injury is within the Policy Year.	NA
Day Care Treatment Cover			Any Treatment taken under Day Care covered.	NA
Pre-Hospitalisation Medical Expenses Cover			Medical Expenses covered up to 60 days before date of hospitalisation	NA
Post-Hospitalisation Medical Expenses Cover			Medical Expenses covered up to 90 days after date of hospitalisation	NA
Domiciliary Hospitalisation Cover			Medical expenses toward Domiciliary Hospitalisation covered.	NA
Road Ambulance Cover			Ambulance Charges covered.	NA
Donor Expenses Cover			In patient Hospitalisation Expenses of Donor covered.	NA
In-patient Hospitalisation-Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type	Hospital Room category.			NA
Annual Aggregate Deductible	Deductible will be applicable on the aggregate of all claims in that Policy Year-300000.00			NA
Accumulate Cover	Covers payment towards non- payable component of an In-patient Hospitalisation.	25000.00	Reasonable and Customary Charges towards payment of the Deductible/Co-Payment/non- payable of an In-patient Hospitalisation Expenses claim or day care treatment claim	

## WAITING PERIODS:

Clause	Remarks
Pre-existing Diseases	12 Months since date of inception of the cover
Initial Waiting Period for hospitalisation	30 Days since date of inception of the cover
Specified Disease/Procedure Waiting period	12 Months since date of inception of the cover

**Special Condition:** NA

ManipalCigna Health Insurance Company Limited is pleased to acknowledge that the Group member and dependents(if any) designated above are now covered under the ProHealth Group Insurance Policy, This Policy is subject to the terms and conditions contained in the Master Policy. This Policy is renewable on expiry of Certificate of Insurance provided the Policy between Us and M/S Traktion Solution Private Ltd is active. This Policy has been issued based on the information provided by you at the time of application for cover. In case you find any discrepancy in the same, please contact us immediately.

For any grievance related to the policy you may write to The Grievance Officer at the policy issuing office address mentioned above or email at [headcustomercare@manipalcigna.com](mailto:headcustomercare@manipalcigna.com) or [Complaints@manipalcigna.com](mailto:Complaints@manipalcigna.com) or [Compliance@manipalcigna.com](mailto:Compliance@manipalcigna.com)

For service/claims related queries, you may also write to us at [servicesupport@manipalcigna.com](mailto:servicesupport@manipalcigna.com) and for claims related queries, you may write to us at [manipalcignagroup@mediassist.in](mailto:manipalcignagroup@mediassist.in)

ManipalCigna Health Insurance Company Limited 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. IRDA Registration No. 151. Trade Name / Trade Logo belongs to MEMG International India Private Limited and Cigna Intellectual Property Inc. and is being used by ManipalCigna Health Insurance Company Limited under license.  
CIN: U66000MH2012PLC227948

In witness, whereof this Policy has been signed at Mumbai on 12/04/2023

**Warm Regards**

**ManipalCigna Health Insurance Company Limited**

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Please refer our website ‘[www.manipalcigna.com](http://www.manipalcigna.com)’ for detailed Terms & Conditions on the applicable benefits covered under this Certificate of Insurance (COI).

(Applicable for Contributory Policy Only)

PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80D of Income Tax (Amendment) Act 1986.

This is to certify that Alisha Tarika has paid Rs. 2388.00 (In words) Rupees Two Thousand Three Hundred Eighty Eight and Zero Paise Only for the Period From 12/04/2023 to 11/04/2024 towards Premium for Health Insurance Policy.		
Master Policy Number:	100200081409/00/00	
Certificate Number	105900000071/00/00	
Receipt Number :	Date :	Payment Mode :
GC00096325	12/04/2023	online Collection
Stamp duty has been paid vide receipt no MH006907939201617M dated 20-12-2016		
<b>Note:</b> For your eligibility and deductions please refer to provisions of Income Tax Act 1961 as modified and/or consult your tax consultant. Any amount paid in cash towards premium will not qualify for tax benefits.		
This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of Master Policy or any alteration in the insurance affecting the premium.		
<b>Warm Regards</b>		
<b>ManipalCigna Health Insurance Company Limited</b>		
"This is a System generated communication and does not require signature"		

Date: 12/04/2023

Location: Mumbai