

Date : 08 Dec 2025

Mr Jagaputhran S
No 27/11 Bharathiya Street Anandapuram Tambaram
East Kancheepuram
Chennai
Chennai 600059
Tamil Nadu
State Code : 33

Policy No: 49625208
Mobile No: XXXXXX4113



Dear Mr Jagaputhran S,

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 - <https://bit.ly/45U8G1R>
- Policy Terms and Conditions- <https://bit.ly/45q8NTY> and also available on Customer App
- Customer Information Sheet (CIS) shared on your registered email ID which is a simple and understandable

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 / IOS

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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Policy Certificate

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 No 27/11 Bharathiya Street Anandhapuram Tambaran
 East Kancheepuram
 Chennai
 Chennai 600059
 Tamil Nadu
 State Code : 33

Policy No.	49625208
Plan Name	Care Supreme
Add-on Policy Name	Care OPD
Cover Type	Individual
Policy Period - Start Date	00:00 hrs 08-Dec-2025
Policy Period - End Date	Midnight 07-Dec-2026
Nominee Name (Relation)	MANJULA S (Mother)
Add-on Policy	Care Advanced
Premium Paid	Rs.14,728.00 (Premium Rs 14728.32 + Underwriting Loading Rs. 0.00 + CGST Rs. 0.00 + IGST Rs. 0.00 + SGST/UGST Rs. 0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Age	Client ID
Mr Jagaputhran S	Male	09-Dec-1995	29	12242669

Details of Insured Person

Name	Client ID	Date of Birth	Age	Relationship	Insured with the Company (since)	Pre-existing diseases since
Jagaputhran S	12242669	09-Dec-1995	29	MEMBER	08-Dec-2022	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus/Cumulative Bonus Amount (As Applicable)	Accumulated No Claim Bonus Super/Cumulative Bonus Super Amount (As Applicable)
Jagaputhran S	15,00,000.00	15,00,000.00	30,00,000.00

Note -NCB/NCB Shield Protection has been applied on this renewal.
 -Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.
 -This amount can vary basis the claim reported against Expiring Policy Year.
 -Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.
 -Coverage and Claims Subject to the Policy Terms & Conditions.

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

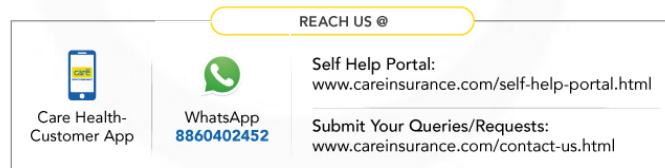
Intermediary Details

Name	Code	Contact Details
Iva Insurance Broking Pvt Ltd	20398428	

Schedule of Benefits

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S No.	Particulars	Basis of Offering
1	Sum Insured	1500000
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 SI
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.
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	All categories covered.
16	ICU	No Limit
17	Named Ailments Coverage	24 Months
18	Pre-existing Diseases Coverage	36 Months
19	Initial Wait Period	30 Days

Optional Cover

S NO.	Particulars	Details
1	Annual Health check up	Once for all Insured every policy year
2	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%
3	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
4	Air Ambulance Cover	Up to 5 lacs per year.
5	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T and C

Previous Insurer Details of the Insured

Policy Period	Insured Name	Insurer Name	Previous Policy Number	1st Enrollment Date	Sum insured + NCB/CB(As Applicable) + NCBS/CBS(As Applicable) + Inflation SI
08-Dec-2024 to 07-Dec-2025	Jagaputhran S	Care Health Insurance Ltd	49625208	08-Dec-2022	15,00,000.00 + 15,00,000.00 + 15,00,000.00 + 0.00
08-Dec-2023 to 07-Dec-2024	Jagaputhran S	Care Health Insurance Ltd	49625208	08-Dec-2022	15,00,000.00 + 7,50,000.00 + 0.00 + 0.00
08-Dec-2022 to 07-Dec-2023	Jagaputhran S	Care Health Insurance Ltd	49625208	08-Dec-2022	15,00,000.00 + 0.00 + 0.00 + 0.00

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Schedule of Benefits

S No.	Particular	Description
1	Physical Consultations with General Physicians	Max. 4 consultations per Insured per year. Per consultation Max upto Rs.500/-
2	Physical Consultations with Specialist Doctors	Max. 4 consultations per year. Per consultation cost Max upto Rs.500. Consultation from 14 specified Specialist (As per below List)

List of Specialist Doctors

S No.	Specialist Doctors	S No.	Specialist Doctors	S No.	Specialist Doctors
1	Paediatrician	6	Dermatologist	11	Orthopedic Surgeon
2	Obstetrics and Gynecologist	7	Pulmonologist	12	Nephrologist
3	Homeopathic Physician	8	Psychiatrist	13	ENT Specialist
4	Dietician	9	Cardiologist	14	Gastroenterologist
5	Diabetologist	10	Neurologist		

Add-on Policy - Care Advanced

UIN NO - CHIHLIA25043V012425

Schedule of Benefits

S No.	Particular	Description
1	Claim shield +	Coverage of Non Payable items as per List 1, List 2 , List 3 and List 4 in Annexure 1
2	Unlimited Care	One claim in lifetime of the Policy without any limits on the Sum Insured.Opt-in optional available at policy inception only. Opt-out option is available after 5 Years.
3	Cumulative Bonus Booster	up to 100% of Base Policy SI per year on Renewal. There is no Maximum Limit on accumulation of Bonus under this benefit.
4	Durable Medical Equipment	Up to Rs. 50,000

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 08 Dec 2025

Place of Issue : Gurgaon, Haryana

Service Branch : Rosy Towers R S No 146 Part Old No3 New Door No 7 Nungambakkam High Road Chennai Tamil Nadu 600034Chennai,Tamil Nadu,600034

Branch Contact No. : 9289454754

Consolidated Stamp Duty paide vide E-Challan GRN No. 0142636515 dated 25/11/2025. RCM Applicability - N/A

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

GSTIN No.: 33AADCR6281N1ZZ

UIN :CHIHLIP25047V022425

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.

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Premium Acknowledgement

Policy No.	49625208
Client ID	12242669
Policyholder	Mr Jagaputhran S
Address	No 27/11 Bharathiyar Street Anandhapuram Tambaram East Kancheepuram Chennai Chennai 600059 Tamil Nadu
Policy Period	08-Dec-2025 to 07-Dec-2026

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium					
Care Supreme	7,446.17	1	C7891274	14,728.00	IPG
Annual Health Checkup(Supreme)	539.11				
Cumulative Bonus Super	744.61				
Wellness Benefit (Supreme)	32.43				
Air Ambulance Cover (Supreme)	432.44				
Claim Shield	409.53				
Care OPD	608.00				
Claim Shield plus	774.02				
Unlimited Care	937.43				
Durable Medical Equipment	536.00				
Unlimited Bonus	2,268.58				
Goods & Services Tax (GST)	0.00				
Total	14,728.00				

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 : 08 Dec 2025

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.

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Proposal Form-'CARE SUPREME'

Dear Mr Jagaputhran S

In reference to your online proposal (1129834899119) for 'Care Supreme' - Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Jagaputhran S
 Address : No 27/11 Bharathiya Street Anandhapuram Tambaram
 East Kancheepuram
 Chennai Chennai,Tamil Nadu
 600059
 Date of Birth : 09-Dec-1995
 Landline :
 Mobile : XXXXXX4113
 E-mail : JXXXXXXS@GMAIL.COM

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Jagaputhran S	09-Dec-1995	MEMBER	NONE

Additional Details

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

Insured1
N

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

Insured1
N

3. Has any proposal(s) for health insurance of the new person(s) to be insured, been declined cancelled or charged a higher premium?

Insured1
N

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

Insured1
N

5. Does your job require handling Hazardous Material or working at significant heights or high voltage or adventure sports, merchant navy & armed forces.

Insured1
N

6. NCB Descripancy

Insured1
N

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You agree 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.

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

