my: Optima Secure





MR KANAGAVEL K

1/275 KRISHNAPURAM Jilobanaickampalayam kodigeyam COIMBATORE, TAMIL NADU, 642122 Contact No. 9159122426

Date :06/12/2022 Dear MR KANAGAVEL K

Thank you for choosing HDFC ERGO GENERAL INSURANCE COMPANY LTD. as your preferred insurance partner. We welcome you to be a part of our family !

Your Health insurance policy reference no 2856205096620900000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

HDFC ERGO

Dear MR KANAGAVEL K,

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 Rs. 33417 towards premium from MR KANAGAVEL K for my: Optima Secure, Policy No. 2856205096620900000 issued to MR KANAGAVEL K for the period 30/11/2022 to 29/11/2023.

Member wise premium break up is as follows:

| Insured Person's Premium Details | | | | | | | |
|----------------------------------|--|--------|------------|--------|---------|----------|--|
| Name of Insured Person | Name of Insured Person Relation with policy holder Gender Date of Birth Premium Goods & Services Tax (GST) GST | | | | | | |
| Krishnasamy A | Father | Male | 01/06/1966 | 20710 | 3727.79 | 24437.79 | |
| Sivakami Krishnasamy | Mother | Female | 01/07/1970 | 7609.5 | 1369.71 | 8979.21 | |

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.

For HDFC ERGO General Insurance Company Ltd.

Date: 06/12/2022

Duly Constituted Attorney

Policy Schedule

my: Optima Secure Optima Secure





| | Policy Number | : 2856 2050 9662 0900 000 | Issuance Date | : 06/12/2022 | |
|--|---------------------------------|-----------------------------|------------------------|------------------|--|
| | Period of Insurance | : From 30/11/2022 12:37 hrs | To 29/11/2023 Midnight | | |
| | Invoice No. | : 205096620900000 | Premium Frequency | : Single | |
| | Policyholder Name | : Mr Kanagavel K | Policy Type | : FAMILY Floater | |
| MR KANAGAVEL K | HSN Code | : 997133 | Premium Tier | : Tier2 | |
| 1/275 KRISHNAPURAM Jilobanaickampalayam kodigeyam | Place of supply | : TAMIL NADU | Previous Policy | | |
| COIMBATORE, TAMIL NADU-642122 Contact No : 9159122426 | Customer Id | : 101287957597 | Renewal | : No | |
| Contact No . 9109122420 | EIA No. | : Not provided | | | |
| | PAN | | | | |
| | Email ID : kanagu2win@gmail.com | | | | |
| Intermediary Name | Intermediary Code | | Intermediary Contact N | lumber | |
| HE DIRECT_DBG DIRECT_10137 | 200278133519 | | 91-22-66383600 | | |

| Insured Person's Details and Sum Insured - Optima Secure | | | | | | | | | | |
|--|-----------------------------|--------|------------------|-----------------|---------------------------|------------|----------------------------|--------------------------|--------------|-------------------------------------|
| Insured Person's Name | Relation with policy holder | Gender | Date of Birth | Nominee Name | Relationship with Nominee | | Base Sum Insured (₹) | Aggregate Deductible (₹) | Plus Benefit | Unlimited Restore Add on(Y/N) |
| Krishnasamy A | Father | Male | 01/06/1966 | Priya Kanagavel | Wife | 30/11/2022 | 500000 | 0 | 0 | No |
| Sivakami Krishnasamy | Mother | Female | 01/07/1970 | | | 30/11/2022 | | | | No |

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

| Unlimited Restore UIN No: HDFHLIA22188V012122 | | | | | | | |
|--|------|-------------|--|--------------------------------|----------------------|------------------------------------|--|
| Insured Person's Details and Sum Insured – Add On Covers | | | | | | | |
| my: health Critical illness Add on my: health Hospital Cash Benefit Add on | | | | | | | |
| Insured Person's Name | Plan | Sum Insured | Hospital Cash Benefit - Normal Room | Hospital Cash Benefit - ICU | Companion Benefit | Hospital Cash Global - Opted | Hospital Cash Global - Sum Limit |
| | | | | | | | |
| | | | | | | | |

| | Special Conditions/ Exclusions | | | | | | |
|------------------------|--------------------------------|-------------------------|-----------------------------|---------------------------|---|--------------------------------|--|
| Name of Insured Person | Exclusion/Exclusion Wavier | | Loading Reason | | Special Condition / Declared Pre-existing | | |
| | | | | | Disease | | |
| Krishnasamy A | | | | Hypertension_1 | | | |
| | Renewal Continuity Benefits | | | | | | |
| Name of Insured Person | son Sum Insured (Rs.) | | Waiting Periods Remaining W | | Remaining | Waiting Periods Remaining: (30 | |
| Name of misured Ferson | Suili ilisuleu (NS.) | (Pre-existing Diseases) | | (Specific Waiting Period) | | Days Waiting Period) | |
| | | | | | | | |

| Portability Continuity Benefits | | | | | | | | |
|---------------------------------|-------------|--|-------------|-------------------------|---------------------|---------------------|--|--|
| Name of Insured Person | Previous | Previous Sum Insured inclusive Porting Benefits on Waiting Periods Waiting Periods Waiting Periods | | | | | | |
| | Policy Year | of Cumulative Bonus | Sum Insured | Remaining (Pre-existing | Remaining (Specific | Remaining: (30 Days | | |
| | | (Rs.) | (Rs.) | Diseases) | Waiting Period) | Waiting Period) | | |
| | | | | | | | | |

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 022 - 6234 6234 / 0120 - 6234 6234.

| Premium Details (₹) | | | | | | |
|-----------------------------------|---------------|----------------------|--|--|--|--|
| Particulars | Krishnasamy A | Sivakami krishnasamy | | | | |
| Base Premium (A) | 21800 | 8010 | | | | |
| Optional Cover Premium (B) | 0 | 0 | | | | |
| Add on Cover Premium (C) | 0 | 0 | | | | |
| Loading (D) | 0 | 0 | | | | |
| Total Premium (E=A+B+C+D) | 21800 | 8010 | | | | |
| Aggregate Deductible Discount | 0 | 0 | | | | |
| Online Discount | 1090 | 400.5 | | | | |
| Employee Discount | 0 | 0 | | | | |
| Loyalty Discount | 0 | 0 | | | | |
| Family Discount | 0 | 0 | | | | |
| Long term Policy Discount | 0 | 0 | | | | |
| Total Discount (F) | 1090 | 400.5 | | | | |
| Total Premium excluding GST (E-F) | 20710 | 7609.5 | | | | |
| Goods & Service Tax (GST) | 3727.79 | 1369.71 | | | | |
| Total Premium including GST | 24437.79 | 8979.21 | | | | |

| Payment Details | | | | | |
|--------------------|---------------|------|------------|-----------|-----------|
| Instrument details | 3422211257025 | Date | 30/11/2022 | Bank Name | Bizdirect |

Processing Centre

HDFC ERGO General Insurance Co. Ltd., Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida - 0120 398 8360

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.



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 noNO.LOA/CSD/477/2022/4252 dated 29/09/2022 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018. GST Registration No: 27AABCL5045N1Z8". GST for this invoice is not payable under reverse charge basis.

I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Branch: leela business park, 6th flr, andheri - kurla rd, mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

For detailed policy terms and conditions please visit our website https://www.hdfcergo.com/download/policy-wordings

| | | | SCHEDULE OF BEN | IEFITS | | | | |
|--------------------|--|-------------------|--|-----------------------------------|--------------------|-----------------|--|--|
| Section* | Plans | | | Optima Secure | | | | |
| All figures in Rs. | Base Sum Insured per Insured Year (in Lakh) | Person per Policy | 5/10/15/20/25/50/100/200 | | | | | |
| 1.1. | Hospitalization Expenses | | | Co | vered | | | |
| 1.1.a. | Room Rent | | | At A | Actuals | | | |
| 1.1.1.h. | Road Ambulance | | | Covered up | to sum insured | | | |
| 1.1.1.i. | Dental Treatment | | | Covered up | to sum insured | | | |
| 1.1.1.j. | Plastic surgery | | | Covered up | to sum insured | | | |
| 1.1.1.k. | Day Care Treatment | | | Covered up | to sum insured | | | |
| 1.2. | Home Healthcare | | | | to sum insured | | | |
| 1.3. | Domiciliary Hospitalization | | | | to sum insured | | | |
| 1.4. | Ayush Treatment | | Covered upto sum insured | | | | | |
| 1.5. | Pre-Hospitalization | | 60 days | | | | | |
| 1.6. | Post-Hospitalization | | 180 days | | | | | |
| 1.7. | Organ Donor Expenses | | Covered upto sum insured | | | | | |
| 1.8. | Cumulative Bonus | | Not Covered | | | | | |
| 2.1. | Emergency Air Ambulance | | Covered Up to 500,000 | | | | | |
| 2.2. | Daily Cash for choosing Share | ed Accommodation | 800 per day max up to 4800 | | | | | |
| 2.3. | Protect Benefit | | Covered upto sum insured | | | | | |
| 2.4. | Plus Benefit | | Bonus of 50% of the Base Sum Insured, maximum upto 100%. | | | | | |
| 2.5. | Secure Benefit | | | Equal to 100% of Base sum insured | | | | |
| 2.6. | Automatic Restore Benefit | | | | f Base sum insured | | | |
| 2.7. | Aggregate Deductible | | 25,000/50,000/100,000 | | | | | |
| 2.8. | E-Opinion for Critical Illness In India | | | | | | | |
| | Preventive Health Check-up | | | | | | | |
| | Sum Insured | 5 Lakhs | 10 Lakhs | 15 Lakhs | 20,25 & 50 Lakhs | 100 & 200 Lakhs | | |
| 3. | Individual Policy* | 1,500 | 2,000 | 4,000 | 5,000 | 8,000 | | |
| | Floater Policy* | 2,500 | 5,000 | 8,000 | 10,000 | 15,000 | | |

^{*}For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis



Member Name Krishnasamy A Health Condition Hypertension_1

| Health Conditions Elaboration | | | | | |
|-------------------------------|----------------------------------|--|--|--|--|
| ICD CODE | Description | | | | |
| I10 | Essential (primary) hypertension | | | | |





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 term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234

Email : healthclaims@hdfcergo.com

Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th

floor, Tower 1, Steller IT Park, C-25,

Sector-62, Noida-201301.

Website : www.hdfcergo.com