



2825100718772501000

Dear MR KAUSHIK DAS

HOUSE NO-13, MILANPUR ROAD NEAR OYO BRAHMAPUTRA GUEST HOUS, BAMUNIMAIDAN GUWAHATI KAMRUP, ASSAM, 781021 Contact No. 8147942463

Date:07/01/2021

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

Your Health insurance policy reference no 2825100718772501000 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.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

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.

Kargotra
Vivek Rasgotra

Senior Vice President Operations and Services Group

HDFC ERGO General Insurance Company Limited

TAX CERTIFICATE

HDFC ERGO

Dear Kaushik Das,

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 ₹36,155.00 towards premium for my:Health Suraksha Policy, Policy No. 2825100718772501000 issued to KAUSHIK DAS for the period 08/01/2021 to 07/01/2022.

Note: This is subject to the provisions of Section 80D of income tax (Amendment) Act. 1986 as amended from time to time.

Deduction under Section 80D can be claimed only on payment of the premium. In case where all the installment are not paid, the deduction to be claimed under section 80D will be restricted to the proportion of the premium actually paid. In case of free look cancellation or otherwise, the benefit under this section would be nullified or prorated, as applicable.

For HDFC ERGO General Insurance Company Ltd.

Date: 07/01/2021

Policy Issuing Office: Mumbai

Rasgotia

Duly Constituted Attorney

my:Health Suraksha Policy

(SilverSmart)





	Policy No.	: 2825 1007 1877 2501 000	Issuance Date	: 07/01/2021		
	Period of Insurance	: From 08/01/2021 00:01 hrs	To 07/01/2022 Midnight			
	Invoice No.	: 100718772501000	Premium Frequency	: Yearly		
	Proposer Name	: Mr Kaushik Das	Policy Type	: Family		
MR KAUSHIK DAS HOUSE NO-13, MILANPUR ROAD NEAR OYO BRAHMAPUTRA GUEST HOUS, BAMUNIMAIDAN GUWAHATI KAMRUPASSAM-, 781021 Contact No : 8147942463	HSN Code	: 997133	PAN No.	: APAPD0319N		
	EIA No.					
	Payment Details: MH2101005803, Date: 07/01/2021, Bank Name: BizDirect					
	Email ID : kaushikdascomp@gmail.com					

my:health Suraksha - Insured Person's Details & Sum Insured										
Insured's Name	Relation with policy holder		DOB	Nominee Name	Nominee Relationship		Basic Sum Insured (₹)	Tier	CB Amount (₹)	Pre Existing Disease
Kabindra Kumar Das	Father	Male	06/02/1959	Kaushik Das	CHILD	08/01/2020	400000.00	2 Tier	40000	NA
Mina Das	Mother	Female	02/06/1963	Na	NA	08/01/2020				NA

Section	Section Covers Details/ Applicability of Sum Insured Limit						
Base Covers							
Α	Hospitalization Cover	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB				
	Medical Expenses		Basic Sum Insured and CB				
1B	Mental Healthcare		Basic Sum Insured and CB				
2	Home Healthcare		Basic Sum Insured and CB				
3	Domiciliary Hospitalization		Basic Sum Insured and CB				
4	Pre-Hospitalization		60 Days				
5	Post-Hospitalization		180 Days				
6	Day Care Procedures		Basic Sum Insured and CB				
7	Road Ambulance cover	Sub limited within the Basic Sum Insured including Cumulative Bonus	SI 1 to 5 L - 2000 SI 6 to 50 L - 3,500 Above 50 L - 15,000				
8	Organ Donor Expenses	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB				
9	Alternative Treatment	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB				
C1	Preventive Health Check Up -Booster	over and above the Basic Sum Insured	Up to 1% of Basic Sum Insured max upto Rs 5,000, on every renewal				
C5	Recovery Benefit	over and above the Basic Sum Insured	5,000				
C6	Sum Insured Rebound	over and above the Basic Sum Insured	Upto 100% of Basic Sum Insured				
C11	Waiting Period Modification Option	Reduction in the standard waiting period as opted for	3 Years				
	Renewal Benefits						

1	Cumulative Bonus	Applicable				
2	my:health Active	Applicable				
	Waiting Periods					
Section A Hospitalization Cover Sec E 1 i – General waiting period - 30 days Sec E 1 ii - Listed illness & procedures –24 months Sec E 1 iii – Preexisting conditions - 36months						
Premium Details (₹)						

Basic Premium	30640.00
Loading	0.00
GST 18% : Integrated Tax 18%(₹5515)	5515.00
Total Premium	36155.00

Special Conditions: Accepted with 10% Loading on total premium amount in view of Diabetes and No benefit shall be payable to Kabindra Kumar Das under this policy in respect of medical expenses being incurred arising directly or indirectly due to Diabetes including investigations, treatment or direct complications thereof for a period of first 3 continuous years from the date of risk commencement. Diabetes & Related complications include Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot or Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper or Hypoglycaemic Shocks.

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.

The policy is valid subject to payment received by us. 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. CSD/36/2019/2289/19 dated 27-05-2019 as prescribed in Government of Maharashrtra Order No. Mudrank -2004/4125/CR690/M-1, dated 31/12/2004. Service Tax Registration No: AABCH0738EST004.

Branch: LEELA BUSINESS PARK, 6TH FLR, ANDHERI - KURLA RD, MUMBAI, 400059. Phone No.: +91-22-66383600

For HDFC ERGO General Insurance Company Ltd.

Kargotra

Duly Constituted Attorney

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





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

Fax Number : 18602000600

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



Health Insurance - Proposal Form For my: Health Suraksha Silver Smart

Proposal No. : 2825 1007 1877 2501 000 Period of Insurance : From 08/01/2021 00:01 hrs To 07/01/2022 Midnight : 100718772501000 Premium Frequency : Yearly Invoice No. Policy Type : Family Proposer Name : Mr Kaushik Das MR KAUSHIK DAS : APAPD0319N HOUSE NO-13, MILANPUR ROAD NEAR OYO BRAHMAPUTRA GUEST HOUS, BAMUNIMAIDAN GUWAHATI KAMRUP, ASSAM - 781021 **HSN Code** : 997133 PAN No. Contact No: 8147942463 EIA No. : Not provided Payment Details: MH2101005803, Date: 07/01/2021, Bank Name: BizDirect Email ID: kaushikdascomp@gmail.com

my:health Suraksha - Insured Person's Details & Sum Insured										
Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship		Basic Sum Insured (₹)	l	CB Amount (₹)	Pre Existing Disease
Kabindra Kumar Das	Father	Male	06/02/1959	Kaushik Das	CHILD	08/01/2020	400000.00	2 Tier	40000	NA
Mina Das	Mother	Female	02/06/1963	Na	NA	08/01/2020				NA

Premium Details	
Basic Premium	30640.00
Loading	0.00
GST 18% : Integrated Tax 18%(₹5515)	5515.00
Total Premium	36155.00

Special Conditions: Accepted with 10% Loading on total premium amount in view of Diabetes and No benefit shall be payable to Kabindra Kumar Das under this policy in respect of medical expenses being incurred arising directly or indirectly due to Diabetes including investigations, treatment or direct complications thereof for a period of first 3 continuous years from the date of risk commencement. Diabetes & Related complications include Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot or Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper or Hypoglycaemic Shocks.

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 and register your service request or write to us at care@hdfcergo.com