



2805204143144500000

MR MAHESHBHAI JITUBHAI LATHIYA
341 MAHAVIR SOCIETY
NEAR SHAYAMDHAM CHOWK NANA
VARACHHA
SURAT
GUJARAT - 395010
Contact No.: 8160006909

Policy No : 2805 2041 4314 4500 000

Intermediary Code	Intermediary Name	Intermediary Contact Number
201086022700	SANGANI HIMAT ARVINDBHAI	91-9586297362

Your Optima Restore Floater Policy

Dear Mr Maheshbhai Jitubhai Lathiya ,

Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Your Optima Restore Floater Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us.

Please visit our website www.hdfcergo.com for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit <https://www.hdfcergo.com/locators/cashless-hospitals-network>

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

Warm Regards,



Authorized Signatory

Location: Mumbai

Date: 06/05/2021

Note:

1. Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
2. You can either email us on care@hdfcergo.com or call on our Customer care no. 022 6234 6234 / 0120 6234 6234.
3. *The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that the MR. MAHESHBHAI JITUBHAI LATHIYA has paid Rs. 22816 (Rupees Twenty-Two Thousand Eight Hundred Sixteen And Zero Paise Only) towards premium for Optima Restore Floater Policy No. 2805204143144500000 issued to MR. MAHESHBHAI JITUBHAI LATHIYA for period of 04/05/2021 to 03/05/2022.

Location: Mumbai

Date: 06/05/2021

For and on behalf of HDFC ERGO General Insurance Company Limited

Authorized Signatory

***Note**

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 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 Policyholder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

Policy Schedule - Optima Restore Floater

Policy Number	2805 2041 4314 4500 000		
Policy Holder's Name	Mr Maheshbhai Jitubhai Lathiya		
Policy Holder's Address	341 MAHAVIR SOCIETY NEAR SHAYAMDHAM CHOWK NANA VARACHHA SURAT GUJARAT - 395010		
Policy Holder State Name & Code	Gujarat(24)	Place of Supply	GUJARAT
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	04/05/2021	Policy Issuance Date	06/05/2021
Policy Period	From 00:01 hrs on 04/05/2021 To 24:00 hrs on 03/05/2022		
Issuing/Servicing Office	HDFC ERGO HEALTH INSURANCE LIMITED OFFICE NO.-1004, UPPER GROUND FLOOR, 21ST CENTURY CENTER, RUSTAMPURA, RING ROAD, SURAT-395002, GUJARAT SURAT Tel : +91-22-66383600		
GSTIN	24AABCL5045N1ZE		
Intermediary Name	SANGANI HIMAT ARVINDBHAI	Intermediary Contact No	91-9586297362
Intermediary Code	201086022700	Description/ Harmonized System Of Nomenclature Code	Accident and Health insurance Services/9971

Insured Person Details

Particulars / Member ID	Member 1 MAHESHBHAI JITUBHAI LATHIYA / 2021110008671681	Member 2 SONALBEN MAHESHBHAI LATHIYA / 2021110008671682	Member 3 MITALI MAHESHBHAI LATHIYA / 2021110008671683	Member 4 AKASH MAHESHBHAI LATHIYA / 2021110008671684	Member 5	Member 6
Date of Birth (Age)	25/08/1978 (42)	25/10/1980 (40)	24/10/2000 (20)	21/10/2002 (18)	-	-
Relationship to Policy Holder	Self	Wife	Daughter	Son	-	-
Base Sum Insured (₹)	500000					
Multiplier Benefit SI (₹)	-					
Protector Rider Sum Insured (₹)	0					
Total Sum Insured (₹)	500000					

Other Riders and Benefits (₹)

Protector Rider	Opted					
Hospital Daily Cash Rider SI (Max. 30 days)	Rs. 1000 per day					
Critical Advantage Rider SI	-	-	-	-	-	-
IPA Rider SI	-	-	-	-	-	-

Nominee Details

Nominee Name : Sonalben Maheshbhai Lathiya	Relationship to Policyholder: Wife
The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.	

Premium Calculation (₹)

Net Premium	19336	CGST@9%	1740
Discounts	0	SGST/UTGST@9%	1740
Loadings	0	IGST@18%	0
Taxable Premium	19336	Any other Cess or Taxes	0
Gross Premium	22816		
Gross Premium (in words)	Rupees Twenty-Two Thousand Eight Hundred Sixteen And Zero Paise Only		
The stamp duty of Rs. 1/- (Rupees One And Zero Paise Only) paid vide e-stamp Certificate No. CSD/362/2020/1302 dated 20/03/2020. (Not applicable for the state of Jammu).			
Original for Recipient/ Duplicate for Supplier			
Whether tax is payable on reverse charge basis: No			

Claim Administrator : HDFC ERGO Health Insurance Company Ltd

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 06/05/2021



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



Policy No.: 2805204143144500000

Insured Name	Gender
Maheshbhai Jitubhai Lathiya	M
Sonalben Maheshbhai Lathiya	F
Mitali Maheshbhai Lathiya	F
Akash Maheshbhai Lathiya	M

Terms and Conditions

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency. (6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site www.hdfcergo.com. Alternatively you may write to us at Healthclaims@hdfcergo.com.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Health Claim Services Address : HDFC ERGO General Insurance Company Limited Stellar IT Park, Tower-1 , 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022-62346234/ 0120-62346234 Email: healthclaims@hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license.