

Date : 19 January 2020

Ms Kamupriya Kanupriya
Rgb 708 Purva Riviera Varthur Road Marthahalli
Near Marathahalli Bridge
Bangalore 560037
Karnataka



Policy No. : 16652767

Mobile No. : 9663318357

Dear Ms Kamupriya Kanupriya,

Welcome to a world where what matters, above all, is your Health....Hamesha!

Welcome to a philosophy that adheres to the tested and somewhat traditional adage that caring yields the best cure; from a company that is driven by its commitment to provide you with the very best healthcare, as much as its determination to delight and surprise you, at every given opportunity.

We welcome you to Religare Health Insurance.

We at Religare Health Insurance are unerringly focused on providing you access to the highest quality of healthcare and putting you back on the road to a worry-free recuperation, without a care about medical bills and other related expenses.

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following details:

- Policy Certificate
- Premium Acknowledgement
- Key Policy Information
- Policy Terms and Conditions
- Claim Process

Also enclosed for your convenience is your Religare Health Card(s). This card should be presented at the time of an emergency or a planned hospitalization, to access cashless treatment at our network of over 4,500+ hospitals pan-India.

To further simplify procedures, we're online as well. Visit our portal www.religarehealthinsurance.com; and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at customerfirst@religarehealthinsurance.com or call us at 1800-102-4488.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Religare Health Insurance

Policy Certificate

Ms Kamupriya Kanupriya
 Rgb 708 Purva Riviera Varthur Road Marthahalli
 Near Marathahalli Bridge
 Bangalore 560037
 Karnataka 29

Policy No.	I 6652767
Plan Name	CARE
Cover type	Floater
Policy Period - Start Date	00:00 hrs 20-Jan-2020
Policy Period - End Date	Midnight 19-Jan-2022
Nominee Name	Manish Gupta
Nominee Relationship	(SPSE)
Premium Paid	Rs. 24657 (Premium Rs 20895.4 + CGST Rs 0 + IGST Rs 3761.16 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Kamupriya Kanupriya	Female	13-Oct-1979	73915278

Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Kamupriya Kanupriya	73915278	Member	13-Oct-1979	None	20-Jan-2020
Vivaan Gupta	73915279	Son	26-Dec-2010	None	20-Jan-2020

Details of Cover

S No.	Particulars	Details
I	Sum Insured	Rs. 10,00,000

Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)
Contact no.	1800-102-4488
Fax no.	1800-200-6677
E-mail ID for Claims	claims@religare.com
E-mail ID for Policy servicing	customerfirst@religarehealthinsurance.com
Website	www.religarehealthinsurance.com

Intermediary Details

Name	Code	Contact Number
Policy Bazaar Insurance Web Aggregator Pvt Ltd	20031094	18002088787

for Claims & Assistance: Call 1800-102-4488

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Category = Single Private Room
2	Pre-hospitalization & Post-hospitalization medical Expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
3	Ambulance Cover	Up to Rs. 2,000 per Hospitalization
4	Organ Donor Cover	Up to Rs. 1,00,000 per Policy Year
5	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
6	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
7	Second Opinion	Once per Policy Year per Insured Person for each major illness/injury
8	Alternative Treatments	Up to Rs. 20,000 per Policy Year
9	No Claims Bonus	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim
10	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year
11	No Claim Bonus - SUPER (Add-on Cover)	50% of Sum Insured for each Claim free year, maximum upto 100% of Sum Insured; Reduced by 50% of Sum Insured in case of Claim

Optional Cover

S No.	Particulars	Details
1	No Claim Bonus - SUPER	Applicable

Special Conditions

S No.	Particulars
1	Co-payment (Applicable where age of member at entry is 61 years or above)

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue : 19-Jan-2020

Place of Issue : Gurgaon, Haryana

Service Branch : RHICL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon , Haryana - 122009 Branch Contact No.: 1800-102-4488

Correspondence Address:

Religare Health Insurance Company Limited

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA) Contact No : 1800-102-4488

Website : www.religarehealthinsurance.com Email : customerfirst@religarehealthinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 61347960 dated 27 Dec 2019, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZW IRDA Registration Number - 148 UIN : RHIIHLIP20091V041920

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

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 email at customerfirst@religarehealthinsurance.com or contact the Company at 1800-102-4488 / 1860-500-4488.
- 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.



Health
Insurance

Policy No.
16652767

Member ID	DOB	Name
73915278	13-Oct-1979	KAMUPRIYA KANUPRIYA
73915279	26-Dec-2010	VIVAAN GUPTA

Ab Health Hamesha



www.religarehealthinsurance.com

📞 1800-102-4488 | 1860-500-4488

✉ customerfirst@religarehealthinsurance.com

Religare Health Insurance Company Limited

Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,
Gurugram-122001 (Haryana)

Disclaimer

1. This Card is not transferable.
2. Use of this Card is governed by the Policy Terms and Conditions.
3. To avail cashless facility, this Card needs to be produced along with photo ID proof.
4. Valid upto Policy Period End Date or cancellation date, whichever is earlier.

IRDA Registration No. 148

Premium Acknowledgement

Policy No.	16652767
Client ID	73915278
Policyholder	Ms Kamupriya Kanupriya
Address	Rgb 708 Purva Riviera Varthur Road Marthahalli Near Marathahalli Bridge Bangalore 560037, Karnataka
Policy Period	20-Jan-2020 to 19-Jan-2022

Premium Details

Particulars	Amount (in Rs.)	Sno.	Receipt Number	Amount	Mode of Payment
		1	30679285	24657	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care	18,995.80				
-NCB-Super	1,899.60				
Goods & Services Tax (GST)	3,761.16				
Total	24,657.00				

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 **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue: 19-Jan-2020

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019
CIN : U66000DL2007PLC161503

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.

Proposal Form-'CARE'

Dear Ms Kamupriya Kanupriya

In reference to your online proposal (1120010827177) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : MS KAMUPRIYA KANUPRIYA

Address : Rgb 708 Purva Riviera Varthur Road Marthahalli
Near Marathahalli Bridge
Bangalore-560037
Karnataka

Date of Birth : 13/10/79

Landline :

Mobile : 9663318357

E-mail : mg7237@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Kamupriya Kanupriya	13/10/79	MEMBER	NONE
Vivaan Gupta	26/12/10	SON	NONE

Additional Details

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

Insured 1	Insured 2
No	No

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

Insured 1	Insured 2
No	No

C. Has any proposal for Health insurance been declined, cancelled or charged a higher premium?

Insured 1	Insured 2
No	No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Religare Health Insurance?

Insured 1	Insured 2
No	No

You agreed 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, 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.
- 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 the 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, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that 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.

You also agreed to receive service SMS and E-mail alerts.