

**Date : 8 November 2022**

**Ms Nagireddy Saritha**  
**301 139/B Sri Sai Nilayam Godavari Main Road Sai Sernity**  
**Sai Sernity Layout**  
**Bangalore 560049**  
**Karnataka**

**Policy No. : 48685242**

**Mobile No. : XXXXXX2821**



Dear Ms Nagireddy Saritha,

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
- Policy Terms and Conditions- <https://bit.ly/3rFYIDu> and also available on Customer App

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](http://www.careinsurance.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@careinsurance.com](mailto:customerfirst@careinsurance.com) or call us at 1800-102-4488.

For any assistance feel free to mail us at [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) or call 1800-102-4488. Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always

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



For iOS



### Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

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



IRDA Regn. No. 148

CIN: U66000DL2007PLC161503

## Policy Certificate

Ms Nagireddy Saritha  
 301 139/B Sri Sai Nilayam Godavari Main Road Sai Sernity  
 Sai Sernity Layout  
 Bangalore 560049  
 Karnataka 29

Policy No.	48685242
Plan Name	CARE
Cover type	Individual
Policy Period - Start Date	00:00 hrs 09-Nov-2022
Policy Period - End Date	Midnight 08-Nov-2023
Nominee Name	Nagireddy Nagarathnamma
Nominee Relationship	(MOTH)
Premium Paid	Rs. 525 (Premium Rs 444.93 + CGST Rs 0 + IGST Rs 80.09 + SGST/UGST Rs 0)
Premium Payment Mode	MONTHLY PREMIUM
Installment Amount	525.01
Total Premium	6,300.06

Policyholder	Gender	Date Of Birth	Client ID
Nagireddy Saritha	Female	13-Feb-2003	10500689

## Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Nagireddy Saritha	10500689	Member	13-Feb-2003	None	09-Nov-2022	5,50,000.00

## Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as 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
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

## Intermediary Details

Name	Code	Contact Number
Policybazaar Insurance Brokers Pvt Ltd	20374491	1800-2585970

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

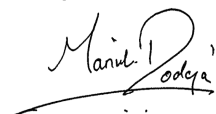
Optional Cover

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

## Special Conditions

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

For **Care Health Insurance Limited**  
**(Formerly known as Religare Health Insurance Company Limited)**



Authorized Signatory

Date of Issue : 08-Nov-2022

Place of Issue : Gurgaon, Haryana

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

Correspondence Address:

Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,

Website : [www.careinsurance.com](http://www.careinsurance.com) Email : [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Consolidated Stamp Duty paid vide E-Challan GRN no. 89495132 dated 18 April 2022, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZW IRDA Registration Number - 148 UIN : CHIHLP22184V062122

**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@careinsurance.com](mailto:customerfirst@careinsurance.com) or contact the Company at 1800-102-4488 / 1800-102-6655.
- 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.

## Premium Acknowledgement

Policy No.	48685242
Client ID	10500689
Policyholder	Ms Nagireddy Saritha
Address	301 139/B Sri Sai Nilayam Godavari Main Road Sai Sernity Sai Sernity Layout Bangalore 560049, Karnataka
Policy Period	09-Nov-2022 to 08-Nov-2023

## Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
		1	91054935	525	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care	404.48				
-NCB-Super	40.45				
Goods & Services Tax (GST)	80.09				
<b>Total</b>	<b>525.00</b>				

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**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue: 08-Nov-2022

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.
- 4) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

## Proposal Form-'CARE'

Dear Ms Nagireddy Saritha

In reference to your online proposal (I I20044360 I60) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MS NAGIREDDY SARITHA

Address : 30I I39/B Sri Sai Nilayam Godavari Main Road Sai Sernity  
Sai Sernity Layout  
Bangalore-560049  
Karnataka

Date of Birth : I3/02/03

Landline :

Mobile : XXXXXX282I

E-mail : ravikumarreddyI03@gmail.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Nagireddy Saritha	I3/02/03	MEMBER	NONE

### Additional Details

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

Insured I
No

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

Insured I
No

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

Insured I
No

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

Insured I
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.

The details mentioned in above proposal form has been verified through OTP N

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

	HEALTH CARD	
Policy No. <b>48685242</b>		
Member ID	DOB	Name
10500689	13-Feb-2003	Nagireddy Saritha
CUSTOMER APP		
		
For Android	For iOS	

	<b>www.careinsurance.com</b>
	<b>1800-102-4488</b>
	<b>customerfirst@careinsurance.com</b>
<b>Care Health Insurance Limited</b> (Formerly Religare Health Insurance Company Limited)	
Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)	
IRDA Registration Number - 148	
<b>Disclaimer</b> 1. This card is not transferable. 2. Use of this card is governed by the policy terms & 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.	