

HDFC ERGO General Insurance Company Limited

POLICY SCHEDULE

my: health Suraksha Policy

Silver



2952201281735904000

Mr Sunil M Dave
Liberty ComputerShop No 4 Rajpur Chatralaya Kachchh
Gujarat, 370001, Contact No : 98XXXXXX5

Policy No.	:2952 2012 8173 5904 000	Issuance Date	:09/01/2024
Period of Insurance	:From 29/12/2023 00:01 hrs To 28/12/2025 Midnight		
Invoice No.	:201281735904000	Premium Frequency	:Single
HSN Code	:997133	Policy Type	:Family Floater
Proposer Name	:Mr Sunil M Dave	PAN	:
Customer Id	:100862077091	EIA No.	: Not provided
Payment Details : 90200016135242 , Bank Name:BizDirect			
Email ID : lxxxxxxmp@xxxxx.com			

Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Basic Sum Insured (₹)	Tier	CB Amount (₹)	Pre Existing Disease
Sunil M Dave	Self	Male	15/06/1968	Anjana Sunil Dave	Spouse	09/12/2013	200000	Tier 2	60000	NO
Anjana Sunil Dave	Wife	Female	25/07/1975			09/12/2013				NO

Schedule of Coverage

Section	Covers	Details/ Applicability of Sum Insured	Limit
Base Covers			
A	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 -2,000 SI 6 to 50 L -3,500 SI 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

* You will have to bear 20% of the admissible claim amount, if you undergo treatment in Delhi, NCR, Mumbai, Thane, Mumbai Suburban, Navi Mumbai, Surat, Ahmedabad & Vadodara.

Optional Covers

C17	Hospital Cash	benefit payable , basis per day of hospitalization	Normal / day- <1000> ICU / day- <2000> Max Days - <30>
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Renewal Benefits

1	Prevent Health Check-up	1% of Sum insured for every 4 claim free years,(max upto 5000)
2	Cumulative Bonus	Applicable (5% of sum insured , max upto 50%)
3	my:health Active	Applicable

Waiting Periods

Section A	Hospitalization Cover	Sec E 1 i - General waiting period - 30 days from Policy inception date Sec E 1 ii - Listed illness & procedures - 24 Months Sec E 1 iii - Preexisting conditions - 48 Months
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Premium Details (₹)

Basic Premium	34,222.00
Loadings	0.00
Integrated Tax 18%	5,160.00
Total Premium	40,382.00

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 no NO.LOA/ENF-1/CSD/34/2023/6045 dated 27/12/2023 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018*. GST Registration No: 27AABCL045N1Z8. GST for this invoice is not payable under reverse charge basis. If 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.

Duty Constituted Attorney

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



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Mr Sunil M Dave Liberty ComputerShop No 4 Rajpur Chatralaya Kachchh Gujarat, 370001, Contact No : 98XXXXXXX5	Certificate No.	:2952 2012 8173 5904 000	Issuance Date	:09/01/2024
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	HSN Code	:997133	Policy Type	:Family Floater
	Proposer Name	:Mr Sunil M Dave	PAN	
	Customer Id	:100862077091	1st Policy Inception	:2013-12-09 00:00:00.0
	Annual Income	:		
	Occupation	:		
	Payment Details	:90200016135242 , Bank Name:BizDirect		
	Email ID	:lixxxxxxmp@gxxx.com		

my:health Koti Suraksha Insured details & Sum Insured Details (UIN- HDFHLIP21131V012021)

Insured's Name	Relationship	Date of Birth	Nominee Name	Nominee Relationship	Sum Insured	Benefit	Occupation	Annual Income	Pre Existing Disease
Sunil M Dave	Self	15/06/1968	ANJANA SUNIL DAVE	Spouse	As mentioned below	100%			NO
Anjana Sunil Dave	Wife	25/07/1975				100%			NO

Schedule of Coverage**Section B. Personal Accident****Section B.I Base Coverages**

Section #	Covers	Member 1	Member 2	Member 3	Member 4
		Self Base Sum Insured / Balance Sum insured	Wife Base Sum Insured / Balance Sum insured		
1	Accidental Death	10 Lakhs / 10 Lakhs	5 Lakh / 5 Lakhs		
i	Disappearance	10 Lakhs / 10 Lakhs	5 Lakh / 5 Lakhs		
ii	Comatose Benefit	5 Lakh / 5 Lakhs	2.5 Lakh / 2.5 Lakh		
2	Permanent Disablement	10 Lakhs / 10 Lakhs	5 Lakh / 5 Lakhs		

Section B.II - Value added Services under Section B

1	Health Coach	Covered
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Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses under Section.B

Section B.IV	Pre-existing Conditions	48months
Section B.IV	Listed illness & procedures	24 Months
Section B.IV	General Waiting Period	30 days from Policy inception date

The Policy Wording attached herewith includes all the standard coverage's 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. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 12 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.

Premium Details (₹)

A	Basic Premium	2,273.00
B	Optional Cover Premium	0.00
C	Net Premium (A+B)	2,273.00
D	Integrated Tax 18%	409.00
E	Total Premium	2,682.00

Special Conditions :

Address	6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri(E), Mumbai 400 059.
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