

# Welcome to a secure future



72451

GP000196-0226900

MR SURESH BABU S  
50G FLOOR SRI SAI LAYOUT  
HULIMANGALA ROAD  
NEAR GREEN TREE RESTAURANT  
ANEKAL  
KARNATAKA - 560105  
INDIA  
Contact No: 9060444291



Date : 24-Mar-2020

## CERTIFICATE OF INSURANCE (COI)

Certificate No. GP000196-0226900

Dear MR SURESH BABU S,

Welcome to the Canara HSBC Oriental Bank of Commerce Life Insurance family and thank you for your trust in our product. It is a privilege to be associated with you.

This is your Certificate of Insurance that has been issued in consideration of the payment of premium and subject to all terms and conditions of Canara HSBC Oriental Bank of Commerce Life Insurance Group Secure Master Policy No. GP000196.

### POLICY DETAILS

|  |                    |  |                       |
|--|--------------------|--|-----------------------|
| Customer ID                                | 833454             | Master Policyholder (MPH)                                  | CAN FIN HOMES LIMITED |
| Branch Code                                | CF269              | Branch Name  | 2nd Floor,"1th Cross  |
| Loan A/C No.                               | 269201000157       | Joint Life Option  | NA                    |
| Rate of Interest (p.a.)%                   | 14.                | Loan Share   | NA                    |
| Type of Loan                               | HOME LOAN          | Type of Cover  | REDUCING              |
| Benefit                                    | GSER - DEATH & TPD | Initial Sum Assured (₹)                                    | 1,600,000             |
| Loan Sanctioned / Outstanding              | 1600000            | Premium Payment Term (in months)                           | 60                    |
| Premium Payment Frequency                  | Annual Premium     | Cover Term (in months)                                     | 180                   |
| Loan Term (in months)                      | 180                | Risk Commencement Date                                     | 23-Mar-2020           |
| Cover end Date                             | 23-Mar-2035        | Moratorium Period (if any)*                                | 0                     |
| Age at Cover Start Date                    | 24                 | Nominee  | RADHA S.              |
| Appointee (if applicable)                  |                    | Base Premium (₹)   | 3,152.00              |
| Last Premium Due Date                      | 23-Mar-2024        | Goods and Services Tax & applicable cess (es)/levy, if any | 567.36                |
| Insurance Premium added in the loan amount | No                 | Total Premium (₹)  | 3,719.36              |
|  |                    | Insurance proceeds payout to MPH authorised                | Yes                   |

Please write back to us at customerservice@canarahsbclife.in should you require any further details or call us at our toll free numbers 1800 103 0003/1800 180 0003 (BSNL/MTNL Users). You may also visit us at our website www.canarahsbclife.com.

In case, you do not agree with the terms and conditions of the contract, you have the option to request for cancellation of the Certificate Of Insurance with a written request to the Company stating the reasons for objection within 15 days from the receipt of Certificate Of Insurance. In case you opt for cancellation within the said period, We shall refund the Premium paid by you subject only to deduction of the proportionate risk Premium for the period of life cover, stamp duty and medical expenses (if any).

Looking forward to continued relationship.

Sachin Dutta

Chief Operating Officer

### Claims process made simple

1. Certificate of insurance
2. Claim form to be completed by claimant
3. Copy of life assured's death certificate
4. Copy of claimant's Photo ID proof and Address proof (e.g. PAN card, driving license, passport, Voter ID etc). Please note that your Photo ID proof & Address proof mandatorily needs to be duly attested both by claimant and by any Gazetted officer or any Bank/ company personnel.
5. Cancelled cheque with account number and name of the account holder printed on it or Copy of self attested Bank Account Statement / Bank Passbook
6. Medical records of past and present hospitalization / treatment
7. Claims forms to be completed by respective authorities (hospital, medical attendant's, employer etc).
8. Credit account statement (CAS) mentioning the outstanding loan amount to be filled by the Master Policyholder.
9. Loan Account statement as on date of death.

For unnatural/accidental death, these documents are to be included.

1. Police report (FIR, Panchnama, police investigation report)
2. Post mortem & chemical viscera report (if performed)





### DETAILS OF MEMBER TO BE INSURED

|   |   |
|---|---|
| Full Name   | : MR SURESH BABU S  |
| Gender  | : Male  |
| Date of Birth   | : 23-Aug-1995   |
| E-mail  | :   |
| Communication Address   | : 50G FLOOR SRI SAI LAYOUT HULIMANGALA ROAD NEAR GREEN TREE RESTAURANT            |
| City  | : ANEKAL  |
| Pin Code  | : 560105  |
| Contact No  | : 9060444291  |
| Occupation  | : SALARIED  |
| Occupation Description  | : Executive-desk Job-Govt/private   |
| Employer's Name & Address                                     | : TATA CONSULTANCY SERVICES ELECTRONIC CITY PHASE 2 BANGALORE 560105 IND KA       |
| Current Country of Residence                                  | :   |
| Status  | : Resident of India   |
| Occupation categories   | :   |
| Are there any risks associated with your occupation? E.g. :   | Working with boiler, explosives, chemicals etc. <input type="button" value="No"/> |
| Do you take part in hobbies that are risky in any way? E.g. : | aviation, diving, mountaineering, etc. <input type="button" value="No"/>          |

### HEALTH DETAILS OF MEMBER TO BE INSURED

|  |                                   |  |                                   |
|--|-----------------------------------|--|-----------------------------------|
| Height: 173 cm   |                                   | Weight: 70 kg  |                                   |
| 1. During the last five years, have you consulted a doctor or have been advised to undergo any medical investigation or treatment for any medical condition (other than minor cough, cold or flu), or had a surgery, or been hospitalized? <input type="button" value="No"/> |                                   |  |                                   |
| 2. Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid? <input type="button" value="No"/>                                    |                                   |  |                                   |
| 3. Has your proposal for life, health or accident insurance or application for reinstatement for any of these ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover? <input type="button" value="No"/>                                      |                                   |  |                                   |
| 4. Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? If answer to this question is YES then please tick the relevant box given below  |                                   |  |                                   |
| hypertension / high blood pressure   | <input type="button" value="No"/> | diabetes/high blood sugar/ sugar in urine            | <input type="button" value="No"/> |
| chest pain/heart attack  | <input type="button" value="No"/> | kidney problem or disease of the reproductive organs | <input type="button" value="No"/> |
| any other heart disease/problem  | <input type="button" value="No"/> | liver problems/jaundice/hepatitis B or C             | <input type="button" value="No"/> |
| HIV infection/AIDS or positive test for HIV  | <input type="button" value="No"/> | nervous, psychiatric or mental disorder              | <input type="button" value="No"/> |
|  |                                   | cancer, tumour, growth or cyst of any kind           | <input type="button" value="No"/> |
|  |                                   | tuberculosis or any other lung disorder              | <input type="button" value="No"/> |
|  |                                   | any blood disorder (e.g. haemophilia, thalassaemia)  | <input type="button" value="No"/> |
|  |                                   | stroke / paralysis                                   | <input type="button" value="No"/> |
| 5. Are you currently suffering from or have you previously suffered from any other physical deformity, critical illness, injury (other than minor fracture of the limbs) or have undergone major surgical operation not mentioned above? <input type="button" value="No"/>   |                                   |  |                                   |

### DECLARATION

I agree to -

- Allow Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited to settle any insurance claim proceeds that is due to me under the policy directly in favour of the Master Policyholder to the extent of the amounts outstanding under my loan A/C number 269201000157 availed from the Master Policyholder. The balance insurance claim proceeds if any, after settlement of the outstanding loan amount shall be paid to me or my nominee or legal heirs as the case may be.

Eligible for applicable tax benefits under Income Tax Act, 1961. Tax benefit will be available as per the prevailing laws and subject to change.

Goods and Services Tax Identification Number: 06AADCC1881F1ZW

UIN: 136N024V05

Kindly refer to the key terms & conditions attached along with this COI.