

Date : 3 March 2020

Mr Parmar Pritesh Chaganlal

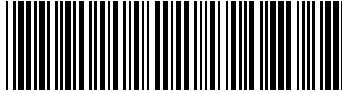
7 Q Ekta Society Mahajanwadi Mira Gaothan Vishnu Mandir Bapa

Sitatram Mandir Thane

Thane

Thane 401107

Maharashtra



Policy No. : 12203823

Mobile No. : 8767957178

Subject : Renewal of Policy No. 12203823

Dear Mr Parmar Pritesh Chaganlal,

We take this opportunity to thank you once again for entrusting us with your health; and assure you of our commitment to keep you worry-free....hamesha.

We are pleased to confirm renewal of your policy; and enclosed are the following documents with regard to the same :

- Policy Certificate
- Premium Acknowledgement (including tax certificate)

To enjoy seamless services offered by your policy, please note the following :

- Health Cards and all other documents issued along with your first policy shall continue to be valid.
- To enable quicker processing, we request you to mention your Member Card Number / Policy Number in all future correspondence with us.
- To further simplify procedures, we're online at [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com); where you can view network hospitals across the country, cashless procedures and do much more.

For any clarifications, please feel free to mail us at [customerfirst@religarehealthinsurance.com](mailto:customerfirst@religarehealthinsurance.com) or call us at 1800-102-4488.

Wishing you Health....Hamesha!

To know more, visit our website

[www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)

✓ Quick quote & buy    ✓ Online renewals    ✓ Customer support    ✓ Claim centre



1800-102-4488  
1860-500-4488



[customerfirst@religarehealthinsurance.com](mailto:customerfirst@religarehealthinsurance.com)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,  
Sector-39, Gurugram-122001 (Haryana)  
CIN:U66000DL2007PLC161503 IRDA Regn. No.: 148

Health Insurance | Travel Insurance | Critical Illness | Personal Accident

## Policy Certificate

Mr Parmar Pritesh Chaganlal  
 7 Q Ekta Socity Mahajanwadi Mira Gaothan Vishnu Mandir Bapa  
 Sitatram Mandir Thane  
 Thane  
 Thane 401107  
 Maharashtra 27

|                            |  |
|----------------------------|--|
| Policy No.                 | I2203823   |
| Plan Name                  | CARE   |
| Cover type                 | Floater  |
| Policy Period - Start Date | 00:00 hrs 08-Mar-2020  |
| Policy Period - End Date   | Midnight 07-Mar-2021   |
| Nominee Name               | Komal Parmar   |
| Nominee Relationship       | (WIFE)   |
| Premium Paid               | Rs. 10965<br>(Premium Rs 9292.1 + CGST Rs 0 + IGST Rs 1672.56 + SGST Rs 0 + UGST Rs 0) |
| Premium Payment Mode       | Single Premium   |

| Policyholder             | Gender | Date Of Birth | Client ID |
|--------------------------|--------|---------------|-----------|
| Parmar Pritesh Chaganlal | Male   | 30-Dec-1993   | 59344456  |

### Details of Insured

| Name                     | Client ID | Relationship with the Policyholder | Date of Birth (DD-MM-YYYY) | Pre-existing diseases (since) | Insured with the Company (since) | *#No Claim Bonus | *#No Claim Bonus-SUPER |
|--------------------------|-----------|------------------------------------|----------------------------|-------------------------------|----------------------------------|------------------|------------------------|
| Parmar Pritesh Chaganlal | 59344456  | MEMBER                             | 30-Dec-1993                | NONE                          | 08-Mar-2018                      | 120,000.00       | 600,000.00             |
| Komal Parmar             | 66401804  | SPOUSE                             | 11-Feb-1995                | NONE                          | 08-Mar-2019                      | 60,000.00        | 300,000.00             |

\*The No Claim Bonus & No Claim Bonus-SUPER shown in the Policy Certificate is provisional. The No Claim Bonus & No Claim Bonus-SUPER calculated on the Expiry Date, shall only be considered as final. However, in case of any change in provisional No Claim Bonus & No Claim Bonus-SUPER, the same shall be intimated to the Policyholder by the Company through a separate endorsement.

#Subject to the Policy Terms&Conditions, the cumulative Bonus available will be addition of No Claim Bonus and No claim Bonus Super up to the maximum amount of Rs. 720,000 for all the Insureds collectively.

### Details of Cover

| S No. | Particulars | Details      |
|-------|-------------|--------------|
| 1     | Sum Insured | Rs. 6,00,000 |

### 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    |

## 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 : 03-Mar-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

Service Tax Registration No:AADCR628INSD001 IRDA Registration Number - 148 UIN : RHHIPI9113V031819

**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.**  
**12203823**

| Member ID | DOB         | Name                     |
|-----------|-------------|--------------------------|
| 59344456  | 30-Dec-1993 | PARMAR PRITESH CHAGANLAL |
| 66401804  | 11-Feb-1995 | KOMAL PARMAR             |

*Ab Health Hamesha*



[www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)

1800-102-4488 | 1860-500-4488

✉ [customerfirst@religarehealthinsurance.com](mailto: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.    | 12203823   |
| Client ID     | 59344456   |
| Policyholder  | Mr Parmar Pritesh Chaganlal  |
| Address       | 7 Q Ekta Society Mahajanwadi Mira Gaouthan Vishnu Mandir Bapa<br>Sitatram Mandir Thane<br>Thane<br>Thane 401107, Maharashtra |
| Policy Period | 08-Mar-2020 to 07-Mar-2021   |

## Premium Details

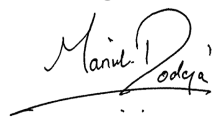
| Particulars                | Amount (in Rs.)  | Sno. | Receipt Number | Amount | Mode of Payment                |
|----------------------------|------------------|------|----------------|--------|--------------------------------|
| Gross Premium              |                  | 1    | 30937587       | 10965  | INTERNET PAYMENT GATEWAY (IPG) |
| Care                       | 8,447.36         |      |                |        |                                |
| -NCB-Super                 | 844.74           |      |                |        |                                |
| Goods & Services Tax (GST) | 1,672.56         |      |                |        |                                |
| <b>Total</b>               | <b>10,965.00</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 **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue: 03-Mar-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.