

HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING



12-18-0102904-03-00

Mrs komal parmar
7 Q EKTA SOCIETY MAHAJAN WADI MIRA GAOTHAN
VISHNU MANDIR NEAR BAPA SITARAM
Thane
MAHARASHTRA
India
401107
8767957178

Dear Mrs komal parmar

Congratulations on your decision to continue your journey of active living!

You have opened doors to a life of good health and fulfilment. Aditya Birla Health Insurance is a health insurance company that is truly, genuinely interested in creating a movement towards health.

We want you to become the healthiest and best version of you, and we are committed to help you make it happen. So it gives us great pleasure to welcome you back to the pro-health ecosystem we have created solely to help you achieve your health goals.

Please find enclosed your Activ Secure policy kit which will help you understand your policy in detail and give you more information on how to access our services easily. Your policy includes:

Insurance Certificate: This is a snapshot of your policy, confirming details like the number of people covered, specific conditions, date and amount of cover. The general terms and conditions of the original policy remain unchanged.

Premium Receipt: Receipt issued for the premium paid for the renewal of the policy.

So welcome back to the world of Aditya Birla Health Insurance. Let's continue on the journey of health, together.

Best wishes,

Mayank Bathwal
Chief Executive Officer
Aditya Birla Health Insurance Co. Ltd.

Aditya Birla Health Insurance Co. Limited

(T) +91 22 6225 7600, (F) +91 22 6225 7700
care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Product Name: Activ Secure, Product UIN: ADIHLIP18076V011718
Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s)

Registered Office:

9th Floor, Tower 1, One Indiabulls Centre,
Jupiter Mills Compound, 841, Senapati Bapat
Marg, Elphinstone Road, Mumbai 400013.
CIN: U66000MH2015PLC263677
IRDAI Registration No. 153



Activ Secure - Policy Schedule

Policy Issuing Office	10th Floor,R-Tech Park,Nirlon Compound,Next To HUB Mall,Off Western Express Highway,Goregaon East,Mumbai- 400063	Policy Servicing Office	10th Floor,R-Tech Park,Nirlon Compound,Next To HUB Mall,Off Western Express Highway,Goregaon East,Mumbai,MAHARASHTRA,400063
Intermediary Name	Policy Bazaar Insurance Web Aggregator Pvt Ltd	Intermediary Code	5100002
Intermediary Contact Details	9717567744	Intermediary E-mail ID	Crthealth@policybazaar.com
Toll Free Number	18002707000		

I. Details of Proposer

Policyholder Name	Mrs komal parmar
Policyholder Address	7 Q EKTA SOCIETY MAHAJAN WADI MIRA GAOTHAN VISHNU MANDIR NEAR BAPA SITARAM Thane, 401107, Thane, MAHARASHTRA
Contact Number	8767957178
Email Id	parmarprit100@gmail.com

II. Policy Details

Product Name	Activ Secure		
Policy Number	12-18-0102904-03-00		
First Policy Start date	18/11/2016		
Start Date of Policy & Time	00:00 hrs on 05/03/2021	Expiry Date & Time of Policy	23:59 hrs on 04/03/2022
Policy Tenure (in years)	1		
Mode of Premium Payment	Single		

C.Cancer Secure Cover : Applicable

Plan Name	Cancer Secure Plan		
Second E opinion (optional)	Not Applicable		
First Cover Start date	05/03/2019		
Policy category	Renewal Business		
Portability	NA	Previous Policy Number	12-18-0102904-01-00

III . Insured Person Details

Name of the Insured Person	Personal Accident Cover								
	Sum Insured	Personal Accident Cumulative Bonus	Broken bones benefit	Burn benefit	Temporary total disablement optional Cover Sum Insured	Accidental inpatient Hospitalisation cover	EMI Protect Limit	Loan Protect Limit	Loan Account Number
Ms. komal parmar	NA	NA	NA	NA	NA	NA	NA	NA	NA

Critical illness Cover Sum Insured	Cancer Secure Sum Insured		Hospital cash Cover DCB
	Cancer Secure plan S.I	Cancer Cumulative Bonus*	
NA	1000000	200000	NA

*Cumulative Bonus will be available to those persons who were insured in such complete claim free Policy Year and continue to be insured in the subsequent Policy Year.

Name of the Insured Person	Start date of Policy of Insured	Relationship with Proposer	Member ID	Age	Gender	Occupation (Nature of Duties) (applicable for PA)	Occupation Risk Class (applicable for PA)	Pre-Existing Diseases (if applicable) Yes*/No	Address
Ms. komal parmar	05/03/2019	Self	191432311	26	Female	Self Employed	CLASS-I	No	7 Q EKTA SOCIETY MAHAJAN WADI MIRA GAOTHAN VISHNU MANDIR NEAR BAPA SITARAM Thane ,401107 ,Thane ,MAHARASHTRA

Name of the Insured Person	Special condition (if applicable)
Ms. komal parmar	NA

Name of the Insured Person	*Pre-Existing details (if applicable)
Ms. komal parmar	NA

IV . Nominee Details

Nominee Name	Nominee Relationship with Policyholder	Nominee Contact Number
PRITESH PARMAR	Spouse	8767957178

(for All insured members policyholder shall be the default nominee)

V . Previous Insurer Details (Only applicable for Portability policies)

Name of Insured Person	Date of first enrollment	Previous Insurer	Previous Policy Number	Type of Cover	Total Ported Sum Insured (Sum Insured + Cumulative Bonus) (in Rs)	Waiting period waived off (months)
NA	NA	NA	NA	NA	NA	NA

VI . Assignment: This Policy Has been assigned to NA

VII. Premium Details (Rs)

Cover	Basic Premium	Premium for Optional Covers (If Opted)	Loading (if applicable)	Gross Premium for Covers	Discounts (if applicable)	Gross Premium for Policy	CGST	SGST / UTGST	IGST	Kerala Cess	Total Premium for Policy
Cancer Secure Cover	1006.00	0.00	0.00	1006.00	0.00	1006.00	90.54	90.54	0	NA	1187.00

Gross Premium for the policy is inclusive of stamp duty

GST Registration No: 27AANCA4062G1ZN PAN Number :AANCA4062G Category: General Insurance SAC Code: 997133

The stamp duty of Rs.1 paid vide MH000079071201920M dated 02/04/2019, received from Stamp Duty Authorities vide Receipt No./GRASS DEFACE NO 0000314898201920 dated 16/04/2019, payment has been made vide Letter of Authorisation No. CSD/12/2019/1897/19 dated 23/04/2019 from Main Stamp Duty Office.

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 05/03/2021

Place : Mumbai



Authorized Signatory



Premium Certificate

For the purpose of deduction under section 80D of Income Tax amendment act, 1961 and any amendments made thereafter.

We confirm receipt of premium amount* of Rs.1187 as per below details towards the proposal/policy number 12-18-0102904-03-00 proposed by Mrs komal parmar.

Receipt Number	Instrument Number	Dated	Drawn by	Relationship	Amount	Payment Mode	Bank name
R71881885	12400520751	01/03/2021	komal parmar	Self	1187.00	Online Collections	NA

Deduction under section 80D:

Financial Year	Year wise proportionate Premium
2020-21	1,187.00

* Amount is rounded off to nearest rupee and is inclusive of all taxes and cesses as applicable. For exact premium, please refer to Section VII of Policy Schedule.

Note: The year wise deductions as mentioned above are as per provision of Section 80D and this would be subjected to the specified annual limits and other provisions as applicable for respective years as per Income Tax Act. For your eligibility and deductions please refer to provisions of Income Tax Act 1961 as modified and/or consult your tax consultant.

Any amount paid in cash towards premium will not qualify for tax benefits.

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 05/03/2021

Place : Mumbai

Authorized Signatory

