

Date: 6 March 2019

Mr Parmar Pritesh Chaganlal

7 Q Ekta Socity 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; 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 or call us at 1800-102-4488.

Wishing you Health....Hamesha!





You T





www.religarehealthinsurance.com



To know more, visit our website



## **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.	12203823
Plan Name	CARE
Cover type	Floater
Policy Period - Start Date	00:00 hrs 08-Mar-2019
Policy Period - End Date	Midnight 07-Mar-2020
Nominee Name	Muktaben Parmar
Nominee Relationship	(MOTH)
Premium Paid	Rs. 10965
	(Premium Rs 9292.1 + CGST Rs 0 + IGST Rs 1672.58 + 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-SUPER
Parmar Pritesh Chaganlal	59344456	MEMBER	30-Dec-1993	NONE	08-Mar-2018	60,000.00	300,000.00
Komal Parmar	66401804	SPOUSE	11-Feb-1995	NONE	08-Mar-2019	0.00	0.00

<sup>\*</sup>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. 360,000 for all the Insureds collectively.

## **Details of Cover**

12	Vo.	Particulars	Details
1		Sum Insured	Rs. 6,00,000

## Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Sector – 43,Golf Course Road, Gurgaon - 122009.
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
I	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. I,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

#### **Previous Insurer:**

## **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: 06-Mar-2019 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

Vipul Tech Square, Tower C, 3rd Floor, Sector – 43,Golf Course Road, Gurgaon - 122009 Contact No : 1800-102-4488 Fax:1800-200-6677

 $We bsite: www.religare health in surance.com \\ Email: customer first@religare health in surance.com \\$ 

Consolidated Stamp Duty paid vide E-Challan GRN no. 0043990004 dated 04 Feb 2019, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZW IRDA Registration Number - 148 UIN: IRDAI/HLT/RHI/P-H/V.II/253/16-17

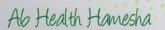
Registered office address: 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

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, ead 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.







# www.religarehealthinsurance.com

1800-102-4488 | 1860-500-4488 □ customerfirst@religarehealthinsurance.com

# Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor; Golf Course Road, Sec-43, Gurugram-122009 (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 Socity Mahajanwadi Mira Gaothan Vishnu Mandir Bapa Sitatram Mandir Thane Thane Thane 401107, Maharashtra
Policy Period	08-Mar-2019 to 07-Mar-2020

## **Premium Details**

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
			9740744	10965	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care	8,447.36				
-NCB-Super	844.74				
Goods & Services Tax (GST)	1,672.58				
Total	10.045.00				
Total	10,965.00				

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.

## For Religare Health Insurance Company Limited

Authorized Signatory

Date of Issue: 06-Mar-2019

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.