Certificate of Insurance

Sarv Suraksha Plus (Group)





MR ROSHAN GEORGE

MANNARATHU-HOUSE-MANALUMKAL-P-S/O:-GEOR G O-AKALAKUNNAM Near Mundankunnu KOTTAYAM, KERALA, 686503 Contact No. 92XXXXXXXX3

Date: 17/04/2024

Dear MR ROSHAN GEORGE

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family!

Your coverage of insurance under the Sarv Suraksha Plus (Group) policy reference no 2855206340676800000 is confirmed on the basis of the information and declaration provided by you.

The details of coverage are mentioned in the enclosed certificate of insurance.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

This information is to update that we have received revised UIN for the product Sarv Suraksha Plus (Group) from IRDAI and are in process of making the necessary changes in all the marketing documents and enrolment forms . In the interim you may find the earlier UIN: HDFHLGP21002V022122 in some documents. However the revised UIN:HDFHLGP24020V032324 has been updated in the footer of your certificate of Insurance

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd

Authorized Signature

HDFC ERGO General Insurance Company Limited

HDFC ERGO

Tax Certificate

Dear MR ROSHAN GEORGE,

Subject: Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986

This is to certify that we have received an amount of ₹ 1302 towards premium for Sarv Suraksha Plus (Group), Certificate No. 2855206340676800000 issued to MR ROSHAN GEORGE for the period 16/04/2024 to 15/04/2028.

Note: This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

Date: 17/04/2024
Policy issuance office: Mumbai

Certificate of Insurance

Sarv Suraksha Plus (Group)





:2855 2063 4067 6800 000 : 17/04/2024 Certificate No. Issuance Date Period of Insurance : From 16/04/2024 13:23 hrs To 15/04/2028 Midnight Invoice No. :206340676800000 Premium Frequency :Single Proposer Name :Mr Roshan George **HSN** Code :997133 :Not provided MR ROSHAN GEORGE MANNARATHU-HOUSE-MANALUMKAL-P-S/O:-GEORG :101587761183 Loan Sanction Amount :223412 Customer Id O-AKALAKUNNAM :2.9992061897458E+18 Master Policy No. Near Mundankunnu KOTTAYAM, KERALA, 686503 Contact No. 92XXXXXXX3 Loan Account No. :462578578 Lending Institution :HDFC BANK LTD. Fmail ID :roxxxxxxxxxxx66@gxxxx.com Payment Details: TW SSPG 16.04.24, Date: 16/04/2024

		ilisuleu Felsoli Delalis				
Name of Insured Person	Group member ID	Relation with policy holder*	Gender	DOB	1st Policy Inception	Sum Insured
ROSHAN GEORGE	2024410039394766	Applicant	Male	06/06/2000	16/04/2024	579250
*Relationship is relation of Insured with policyholder						

	Schedule of Coverage						
Insured Name Coverages		Sub Coverages	Base Sum Insured	Sum Insured	Co-payment / Deductible/ Excess		
	Accidental Hospitalization Expenses	Accidental Hospitalization Expenses (India)	50000	50000	0		
		Doctor Consultation In Person	2000	2000	0		
	HDFC ERGO Group OPD Care (Add-on)	General waiting Period	30 Days	30 Days	0		
ROSHAN GEORGE	TIDI C ENGO GIOUP OF D Care (Add-Oil)	Tele Consultation General Physician	Unlimited No of Consultation	Unlimited No of Consultation	0		
	Hospital Cash	Hospital Cash - Accident Only	2250/Day for 7 Days	2250/Day for 7 Days	0		
	Loss of Income/EMI Protector	Loss of Income - PTD	25000	25000	0		
		Termination from Employment	25000	25000	0		
	Major Medical Illness	Essential CI Plus	25000	25000	0		
		Accident Death	250000	250000	0		
	Personal Accident	Comatose	62500	62500	0		
		Disappearance	250000	250000	0		
		Permanent Disablement (Table E)	250000	250000	0		
		Burglary	100000	100000	0		
	Droporty Coverage	Earthquake	100000	100000	0		
	Property Coverage	Fire & Allied Perils (Contents)	100000	100000	0		
		Terrorism	100000	100000	0		

	Waiting Period Applicable				
Sec	Coverages	Waiting Period			
1	Major Medical Illness				
а	PED Waiting Period	48 months			
b	Major illness waiting period	90 days			
1.l.ii	Angioplasty	180 days			
4.1	Termination from Employment				
а	General Waiting Period	90 days			

а	General Walting Period	90 days
	Survival Period Applicable	
S.No.	Coverage	Survival Period
1	Major Medical Illness	7 Days

HDFC ERGO Group OPD Care (Add-on) claim process

Please Go To Self Help Page, Select Claims Tab, Authenticate yourself ,Select the policy with above cover and proceed with the service

Premium Details (₹)				
Particulars	ROSHAN GEORGE			
Base Premium (A)	1992.13			
Optional Cover Premium (B)	0			
Medical Underwriting Loading (C)	0			
Total Premium (D=A+B+C)	1992.13			
Discounts (E)	0			
Goods & Service Tax (GST) (F)	359			
Gross Premium (G)	1992			
Grand Total - Premium excluding GST (H)	1992			
Grand Total - Premium including GST (I)	2351			

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 noNO.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. Goods & Services Tax Registration No: 32AABCL5045N1ZHGST for this invoice is not payable under reverse charge basis. I/ 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: 2nd floor, w mall, kk road, near kfc kanjikuzhi, kottayam kottayam

Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: +91 22-62346234/+91-120 6234 6234 | www.hdfcergo.com

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



Agent Name: HDFC BANK LTD Agent Code: 201587086428 Tel No.: 91-22-61606161

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney





This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234

Email : healthclaims@hdfcergo.com

Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th

floor, Tower 1, Steller IT Park, C-25,

Sector-62,Noida-201301.
Website : www.hdfcergo.com

e- Enrollment form

Sarv Suraksha Plus (Group)



Enrollment Form No :2855 2063 4067 6800 000 Period of Insurance : From 16/04/2024 13:23 hrs To 15/04/2028 Midnight Invoice No. :206340676800000 Premium Frequency :Single Proposer Name :Mr Roshan George MR ROSHAN GEORGE MANNARATHU-HOUSE-MANALUMKAL-P-S/O:-GEORG HSN Code :997133 :Not provided :101587761183 Loan Sanction Amount :223412 Customer Id O-AKALAKUNNAM Master Policy No. :2.9992061897458E+18 Near Mundankunnu KOTTAYAM, KERALA, 686503 :462578578 Loan Account No. Contact No. 92XXXXXXX3 :HDFC BANK LTD. Lending Institution Fmail ID :roxxxxxxxxxxx66@gxxxx.com Payment Details: TW SSPG 16.04.24, Date: 16/04/2024

Insured Person Details						
Name of Insured Person	Group member ID	Relation with policy holder*	Gender	DOB	1st Policy Inception	Sum Insured
ROSHAN GEORGE	2024410039394766	Applicant	Male	06/06/2000	16/04/2024	579250

^{*}Relationship is relation of Insured with policyholder

Nominee Name Nomin		Nominee Relationship		Appointee Name		Appointee Relationship	
GEORGEKUTTY MATHEW FATHE		THER					
			Schedule o	f Coverage			
Insured Name Coverages			Sub Coverages		Base Sum Insured	Sum Insured	Co-payment / Deductible/ Excess
	Accidental Hospitalization Ex	penses	Accidental Hospitaliz (India)	ation Expenses	50000	50000	0
	HDFC ERGO Group OPD Care (Add-on)		Tele Consultation G	eneral Physician	Unlimited No of Consultation	Unlimited No of Consultation	0
			General waiting Peri	od	30 Days	30 Days	0
			Doctor Consultation	In Person	2000	2000	0
	Hospital Cash		Hospital Cash - Acci	ident Only 2250/Day for 7 Days		2250/Day for 7 Days	0
	Loss of Income/EMI Protector		Termination from En	ployment	25000	25000	0
ROSHAN GEORGE			Loss of Income - P7	D	25000	25000	0
	Major Medical Illness		Essential CI Plus		25000	25000	0
	Personal Accident		Comatose		62500	62500	0
			Disappearance		250000	250000	0
			Accident Death		250000	250000	0
			Permanent Disablen	nent (Table E)	250000	250000	0
			Terrorism		100000	100000	0
	Property Coverage		Fire & Allied Perils (0	Contents)	100000	100000	0
	Property Coverage		Earthquake		100000	100000	0
			Burglary		100000	100000	0
			Waiting Perio	d Applicable			
Sec Coverage	es		<u> </u>	<u> </u>	Waiting Period	<u> </u>	<u> </u>
1 Major Mo	dical Illnoce						

Waiting Period Applicable				
Sec	Coverages	Waiting Period		
1	Major Medical Illness			
а	PED Waiting Period	48 months		
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Survival Period Applicable

S.No.	Coverage	Survival Period
1	Major Medical Illness	7 Days
		Premium Details (₹)
Particulars		ROSHAN GEORGE
Base Prem	iium (A)	1992.13
Optional Co	over Premium (B)	0
Medical Un	derwriting Loading (C)	0
Total Premi	ium (D=A+B+C)	1992.13
Discounts ((E)	0
Goods & Se	ervice Tax (GST) (F)	359
Out to Duni	(0)	4000

Good Health Declaration

Gross Premium (G)

Grand Total - Premium excluding GST (H)

Grand Total - Premium including GST (I)

1992

1992

2351

e- Enrollment form

Sarv Suraksha Plus (Group)



Are you suffering from OR are you diagnosed with OR do you have symptoms related to OR are you on regular Medication OR Have you undergone any of the below procedure OR Are you under regular follow up of Doctors for any of the below Ailments / complaints / symptoms / Diseases? Coronary Heart diseases, heart valve diseases, Congenital Heart diseases, Cancer, Carcinoma in situ, Osteo-Arthritis, Joint replacement, Intervertebral disc disease, Chronic Kidney diseases, Dialysis, Osteo-Arthritis, Joint replacement, Intervertebral disc disease, Chronic Liver Diseases, Hepatitis B, C, E, Cirrhosis, Gall stones, Pancreatitis, Congenital Diseases, Auto Immune diseases, Major Organ transplant, HIV & AIDS, Uterine Fibroid, Uterine prolapse, Chronic Obstructive pulmonary diseases, Stroke, Paralysis and Brain tumour. NO

Declaration & Warranty on behalf of all Persons Proposed to be Insured

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.

I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposalunderwriting and/ or claims settlement and with any Governmental and/or Regulatory Authority

Declaration & Warranty on behalf of Insurer:

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment.

In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy(Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect to any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10Lakhs.

Assignment Clause: It is here by declared and agreed that

1. From the Policy Start Date , the monies payable by the Company to the Insured and all rights , title , benefits and interest of the Insured under this Policy in section stand assigned in favour of the Bank / Financial institution as named in the Schedule of this Policy;

2.Upon any monies becoming payable under this Policy the same shall be paid by the Company to the Bank / Financial institution as named in Schedule of this Policy without any reference / notice to the Insured , but not exceeding the Principal Out standing as defined under the Policy . In the event of any monies pay able under this Policy exceeding the Principal Out standing , the Company shall pay such monies as exceeding the Principal Outstanding to the Insured /Nominee;

3.The receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

4.That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured here under but not so as to impair rights of the Financier to recover the full amount of any claim it may have on other parties insured here under but not so as to impair.

Consent for Transfer into Loan Account Number

I Roshan George hereby declare, agree and confirm that: From the Certificate Risk Start Date, any claim payable by the Company under this Certificate of Insurance shall be deposited directly in the loan account number :462578578 maintained by the Bank /Financial Institution as named in the Certificate of Insurance '.In the event of any claims becoming payable under this certificate of Insurance, the same shall be deposited by the Company in the aforementioned loan account held with the 'Bank/Financial Institution as named in the Certificate of Insurance ' without any reference / notice to the undersigned, but not exceeding the Principal Outstanding as defined under the certificate. In the event of any claims payable under this certificate exceeding the Principal Outstanding, the Company shall pay such claim amount exceeding the Principal Outstanding to the undersigned. Upon receipt of such claim amount in the manner aforesaid by the Bank/Financial Institution as named in the certificate of insurance and the Insured shall completely discharge the Company from all liability, claims under the certificate of Insurance and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be .

Disclaimer: Proposal Form and Policy Schedule have been generated basis details entered by proposer / insured on Online Platform (either on HDFCERGO.com or its affiliated Online Channels (IRDAI Licensed Intermediaries). For any modification, kindly visit URL https://www.hdfcergo.com/customer-care/customer-support.html and register your service request or write to us at care@hdfcergo.com

Branch: 2nd floor, w mall, kk road, near kfc kanjikuzhi, kottayam kottayam

Agent Name: HDFC BANK LTD

Agent Code : 201587086428 Tel No. : 91-22-61606161

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