

To,

Mr.SHASHANK M  
#H-39/A , POWER HOUSE ROAD, SOMWARPET N COORG,  
Kodagu,  
Karnataka - 571236,  
India.

Date: 06/07/2022

Contact details: +91-9632111403

**Subject: Policy Number:** 0000000015046018-03

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's **Group Health Insurance** Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Certificate of Insurance comprising of scope of cover, clauses, exclusions, terms and conditions.
- Premium Certificate
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

**Your Customer ID : 0000000023940994**

**Your Policy Number : 0000000015046018-03**

The Postal Address of your SBI General Branch that will service you in future is:

**SBI General Insurance Company Limited**  
Inland Ornate, Shop Nos.4 & 5, 1st Floor, Navbharath Circle,  
Post Kodialbail, Mangalore,  
Karnataka-575003,  
India.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at [customer.care@sbigeneral](mailto:customer.care@sbigeneral). or call our Customer Care Number **1800-102-1111, 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.



Authorized Signatory

**GROUP HEALTH INSURANCE POLICY**

Attached to and forming part of the Schedule to the Policy No. 0000000015046018-03

**Certificate Of Insurance**

This Certificate of Insurance is subject to the terms and conditions of the Master Policy No. SH-SB-02072022 issued to State Bank of India and is based on the Proposal Form duly filled and signed by the Primary Insured and payment of the Premium for the same. This Certificate records the agreement between Insured and SBI General Insurance Company and sets out the terms of insurance and the obligations of each party as below:

<b>Certificate No:</b> 0000000015046018-03	<b>SBI General Branch Office:</b> Mangalore	<b>Issue Date:</b> 06/07/2022
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INTERMEDIARY DETAILS			
Intermediary Name	: Sbi Somawarpeth 11261	Intermediary Code	: 0014121
Contact Details	: Mobile No	Landline No	: +91-8276-282844

<b>Policy Holder (Primary Insured) Name:</b>	SHASHANK M
<b>Saving A/C No.:</b>	30853421742
<b>Address:</b>	#H-39/A , POWER HOUSE ROAD, SOMWARPET N COORG, Kodagu, Karnataka - 571236, India.
<b>Policy Period:</b>	From: 02/07/2022 00:00Hrs To: Midnight of 01/07/2023
<b>Date of inception first insurance policy</b>	01/07/2019
<b>Product Type:</b>	Individual
<b>Plan Opted:</b>	1 Adult
<b>Previous Policy No.:</b>	
<b>No. of Renewals:</b>	Renewal3
<b>Nominee (Name &amp; Relationship):</b>	MAHESH KUMAR N M,Father
<b>Guardian (Name), if any:</b>	NA
<b>Total Sum Insured</b>	500,000.00

Name	Relationship with Primary Insured	Gender	Date of member entry	Date of Birth	Age	Height (in cm)	Weight (inKg)
SHASHANK M	Self	Male	02/04/2022	02/06/1991	31	187	78

**Personal Health Details (As declared by Insured in Proposal Form)**

Name	Smoking cigarettes or Consuming tobacco (chewing paste) / alcohol in any form	Pre Existing Ailment/Disease	Any health complaints/Accident/Treatment taken/hospitalization?
SHASHANK M	NA		NA

**Additional Conditions:** Coverage subject to the following additional Conditions and Clauses / Endorsements / Warranties:

**Exclusions applicable to "SHASHANK M"**

- First 30 days Waiting Period as defined under exclusions "Point2" of Policy Wordings.
- First Year Exclusions as defined under exclusions "Point3" of Policy Wordings.
- Special condition as mentioned above.

**SBI General Insurance Company Limited**

**Registered and Corporate Office:** "9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai – 400099".

**GROUP HEALTH INSURANCE POLICY**

Attached to and forming part of the Schedule to the Policy No. 0000000015046018-03

<b>Claims Assistance :</b> This policy is administered by:-	
<b>Administrator Name :</b>	SBI General Insurance
<b>Contact Address :</b>	9th Floor, Westport, Pan Card Club Road, Baner Gaon, Baner, Pune, Maharashtra, India-411045
<b>Contact No :</b>	18002106366
<b>Toll Free No :</b>	18002103366

**Premium Details**

Journal No.:	190915578
Transaction Date:	02/04/2022
SBI Bank A/C No.	30853421742
<b>Premium Particulars:</b>	<b>Premium Amount (INR)</b>
Gross Premium	3,644.07
Taxes as applicable	655.94
Kerala Flood Cess @ 1%	0.00
Final Premium	4,300.00

**Collection Details:- Receipt no: 26322688 Receipt Date: 06/07/2022 Amount: 4300.00**

Signed at : Mumbai  
(RO/BO/DO - Details)

For SBI General Insurance Company Limited

Digitally signed by  
PANKAJ VERMA  
Date: 2022.07.06  
20:03:40 IST



Date : 02/07/2022

Authorized Signatory

**Consolidated Stamp Duty Rs. 50 paid towards Insurance Policy Stamps vide Order No. LOA/CSD/323/2022/(Validity Period Dt.18/04/2022 to Dt. 14/04/2023)/1652 Date:- 13/04/2022 Dated 02/04/2022 of General Stamp Office, Mumbai**

**Important Note:**

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as mentioned below.

For complete coverage and policy wordings, kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in)

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IRDA/NL-HLT/SBIGI/P-H/V.I/39/13-14

IRDA of India Regn. No. 144

CIN: U66000MH2009PLC190546

GROUP HEALTH INSURANCE POLICY

Attached to and forming part of the Schedule to the Policy No. 0000000015046018-03

PREMIUM CERTIFICATE

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

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

Transaction Id:190915578

This is to certify that Mr/Ms/Mrs SHASHANK M has paid INR 4,300.00 (In Words Rupees Four Thousand Three Hundred) towards the premium for Group Health Insurance vide Direct Credit Transaction ID. 190915578 on 02/07/2022 for the period from 02/07/2022 To 01/07/2023 Midnight for Policy No. 0000000015046018-03

Date:02/07/2022

For and on behalf of SBI General Insurance Company Limited



Place: Mumbai

Authorized Signatory

This certificate must be surrendered to the Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting premium.

**SBI General Insurance Company Limited**

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IRDA/NL-HLT/SBIGI/P-H/V.I/39/13-14

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Attached to and forming part of the Schedule to the Policy No. 0000000015046018-03

GST INVOICE															
GST Invoice No:		72405114			GST Invoice Date:		06/07/2022								
GST No. (SBI General)		29AAMCS8857L1Z8			SBI General State		Karnataka								
SBI General Branch Address:		<b>SBI General Insurance Company Limited</b> 1st Floor, Inland Ornate, Shop Nos.4 & 5, Navbharath Circle, Post Kodialbail, Mangalore, Kodialbail, Karnataka-575003, India													
Details of Policy Holder:															
Name:		Mr.SHASHANK M													
Address:		#H-39/A , POWER HOUSE ROAD, SOMWARPET N COORG, Somwarpet, Kodagu, Kodagu, Karnataka - 571236, India.													
Policy Holder State		Karnataka			Place of Supply:		Karnataka								
					Whether Invoice under Reverse Charge:		No								
GST No./ISD No.					Policy Number		0000000015046018-03								
Insurance Product Name	HSN Code	Premium (with out Taxes )	KFC		CGST		SGST/ UTGST		IGST						
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount					
Group Health Insurance	997133	3,644.07	1%	0.00	9%	327.97	9%	327.97	0%	0					
<table border="1"> <tr> <td>Total Invoice Value (In Figures)</td> <td>4,300.00</td> <td rowspan="2">              Authorized Signatory         </td> </tr> <tr> <td>Taxes Applicable</td> <td>655.94</td> </tr> </table>											Total Invoice Value (In Figures)	4,300.00	  Authorized Signatory	Taxes Applicable	655.94
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