

Date: 27 May 2019

Mr Dr Prabodh Kumar Maji

C/O Dr P. K. Maji The Green Garden Flat No. - -

F-I/E Hesag Hatia

Ranchi

Ranchi 834003

**Iharkhand** 

Policy No.: 12566401

Mobile No.: 9470193756

Subject: Renewal of Policy No. 12566401

Dear Mr Dr Prabodh Kumar Maji,

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!







www.religarehealthinsurance.com

To know more, visit our website



# **Policy Certificate**

Mr Dr Prabodh Kumar Maji

C/O Dr P. K. Maji The Green Garden Flat No. - -

F-1/E Hesag Hatia

Ranchi

Ranchi 834003

Jharkhand 20

Policy No.	12566401
Plan Name	CARE
Cover type	Individual
Policy Period - Start Date	00:00 hrs 13-Jun-2019
Policy Period - End Date	Midnight 12-Jun-2020
Nominee Name	Chaitali
Premium Paid	Rs. 21358
	(Premium Rs 18099.7 + CGST Rs 0 + IGST Rs 3257.95 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Dr Prabodh Kumar Maji	Male	20-Jun-1961	60775346

## **Details of Insured**

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases	Sum Insured	*No Claim Bonus
Dr Prabodh Kumar Maji	60775346	20-Jun-1961	MEMBER	13-Jun-2018	NONE	7,00,000.00	70,000.00

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

# 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
Religare Health Insurance Co. Ltd.	Direct	1860-500-4488



#### **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

#### **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

Authorized Signatory Date of Issue: 27-May-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

 $We bsite: www.religarehealth in surance.com \\ Email: customer first @religarehealth in surance.com \\ Email: customer fi$ 

Consolidated Stamp Duty paid vide E-Challan GRN no. 0047008173 dated 22 Apr2019, 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

 $\textbf{Registered office address:} \ 5 \text{th Floor, 19 Chawla House, Nehru Place, New Delhi-110019}$ 

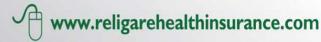
**CIN:** U66000DL2007PLC161503

#### 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.



Ab Health Hamesha



# Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurugram - I 22009 (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.	12566401
Client ID	60775346
Policyholder	Mr Dr Prabodh Kumar Maji
Address	C/O Dr P. K. Maji The Green Garden Flat No F-1/E Hesag Hatia Ranchi Ranchi 834003, Jharkhand
Policy Period	13-Jun-2019 to 12-Jun-2020

### **Premium Details**

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
iross Premium		<u> </u>	9968942	21358	INTERNET PAYMENT GATEWAY (IPG)
Care	18,099.70				
Goods & Services Tax (GST)	3,257.95				

Total 21,358.00

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. 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.

Date of Issue: 27-May-2019

## For Religare Health Insurance Company Limited

Authorized Signatory

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

 $\textbf{Registered office address:} \ 5 \text{th Floor, 19 Chawla House, Nehru Place, New Delhi-110019}$ 

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.