

Date : 9 December 2016

Mr Lanson Paul Afonso
H No 122/A/8 Olaulim Pomburpa
Bardez Goa
Bardez 403523
Goa



Policy No. : 10902794

Mobile No. : 9923165440

Dear Mr Lanson Paul Afonso,

Welcome to a world where what matters, above all, is your Health....Hamesha!

Welcome to Religare Health Insurance.

At Religare, it's our mission to provide you access to the highest quality of healthcare and put you back on the road to a worry-free recovery, without a care about medical bills and other related expenses.

Moreover, as a member of a group that is driven by innovation and constantly aims at creating value, you can expect an unmatched bouquet of products and services.

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following details:

- Policy Certificate
- Premium Acknowledgement
- Key Policy Information
- Policy Terms and Conditions
- Claim Process

Also enclosed for your convenience is your Religare Health Card(s). This card should be presented at the time of an emergency or a planned hospitalization, to access cashless treatment at our network of over 4,500+ hospitals pan-India.

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 assistance feel free to mail us at customerfirst@religarehealthinsurance.com or call 1800-200-4488. Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always

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Team Religare Health Insurance

Policy Certificate

Mr Lanson Paul Afonso
H No 122/A/8 Olaulim Pomburpa
Bardez Goa
Bardez 403523
Goa

Policy No.	10902794
Plan Name	Care (For IndusInd Bank)
Cover type	Floater
Policy Period - Start Date	00:00 hrs 10-Dec-2016
Policy Period - End Date	Midnight 09-Dec-2019
Premium Paid	Rs. 26772 (Premium 23280.18 + Service Tax 3492.03)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Lanson Paul Afonso	Male	09-Jul-1983	54917413

Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Lanson Paul Afonso	54917413	Member	09-Jul-1983	None	10-Dec-2016
Catherine Fernandes E Afonso	54917414	Spouse	15-Jan-1990	None	10-Dec-2016

Details of Cover

S No.	Particulars	Details
I	Sum Insured	Rs. 3,00,000

Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited GYS Global, Plot No. A3, A4, A5, Sector - 125, Noida, U.P. – 201301.
Contact no.	1800-200-4488
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
Indusind Bank Ltd	20009474	022-44066666

for Claims & Assistance: Call 1800-200-4488

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Rent = up to 1% of Sum Insured per day; ICU Charges = up to 2% of Sum Insured per day
2	Pre & Post-hospitalization medical expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
3	Daily Allowance	Rs. 500 per day; Maximum up to 5 days per Hospitalization
4	Ambulance Cover	Up to Rs. 1,500 per Hospitalization
5	Organ Donor Cover	Up to Rs. 50,000 per Policy Year
6	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
7	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
8	Second Opinion	Once per Policy Year per Insured Person for each major
9	Alternative Treatments	Up to Rs. 15,000 per Policy Year
10	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
11	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year
12	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	Unlimited Auto Recharge	Applicable
2	No Claim Bonus - SUPER	Applicable
3	International Second Opinion	Applicable

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue : 09-Dec-2016

Place of Issue : Saket, New Delhi

Branch Details : null, null, null, null - null Branch Contact No. : null

Correspondence Address:

Religare Health Insurance Company Limited

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

Website : www.religarehealthinsurance.com Email : customerfirst@religarehealthinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 20781975 dated 19th Sep 2016

Service Tax Registration No: AADCR6281NSD001 IRDA Registration Number - 148 UIN: IRDAI/HLT/RHI/P-H/V.II/253/16-17

Registered office address : D-3, P3B, District Centre, Saket, New Delhi – 110 017

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, read and understood. If any of these documents have not been received, please email at customerfirst@religarehealthinsurance.com or contact the Company at 1800-200-4488 / 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.



Health
Insurance

LANSON PAUL AFONSO

Client ID
54917413

DOB
09-Jul-1983

Ab Health Hamesha

www.religarehealthinsurance.com

📞 1800-200-4488 / 1860-500-4488

customerfirst@religarehealthinsurance.com

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon - 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



Health
Insurance

CATHERINE FERNANDES E AFONSO

Client ID
54917414

DOB
15-Jan-1990

Ab Health Hamesha

www.religarehealthinsurance.com

📞 1800-200-4488 / 1860-500-4488

customerfirst@religarehealthinsurance.com

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon - 122009 (Haryana)

Disclaimer

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IRDA Registration No. 148

Premium Acknowledgement

Policy No.	10902794
Client ID	54917413
Policyholder Address	Mr Lanson Paul Afonso H No 122/A/8 Olaulim Pomburpa Bardez Goa Bardez 403523, Goa
Policy Period	10-Dec-2016 to 09-Dec-2019

Premium Details

Particulars	Amount (in Rs.)
Gross Premium	
Care	14,888.82
-International Second Opinion	2,808.00
-NCB-Super	2,977.80
-Unlimited Automatic Recharge	2,605.56
Service Tax & Levies	3,492.03
Total	26,772.00

The Premium is rounded off to the nearest rupee.

Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

This is to certify that Religare Health Insurance Co.Ltd. has received an amount of Rs. 26,772.00/- from Mr Lanson Paul Afonso towards Payment of Health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax benefits u/s 80D of the Income Tax Act, 1961 and amendments thereof.

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue: 09-Dec-2016

Place of Issue: Saket, New Delhi

IRDA Registration Number - 148

Registered office address : D-3, P3B, District Centre, Saket, New Delhi – 110 017
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.

Proposal Form-'CARE'

Dear Mr Lanson Paul Afonso

In reference to your online proposal (1120001686859) for 'Care'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : MR LANSON PAUL AFONSO

Address : H No 122/A/8 Olaulim Pomburpa
Bardez Goa
Bardez-403523
Goa

Date of Birth : 09/07/83

Landline :

Mobile : 9923165440

E-mail : afonso.lanson@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Lanson paul Afonso	09/07/83	MEMBER	NONE
Catherine Fernandes E Afonso	15/01/90	SPOUSE	NONE

Additional Details

A. Does any person(s) to be insured has any pre-existing diseases?

Insured 1	Insured 2
No	No

B. Have any of the person(s) to be insured ever filed a claim with their current/previous insurer?

Insured 1	Insured 2
No	No

C. Has any proposal for Health insurance been declined, cancelled or charged a higher premium?

Insured 1	Insured 2
No	No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Religare Health Insurance?

Insured 1	Insured 2
No	No

E. Does your job require you to be involved with any hazardous activity, significant manual labor, operating heavy machinery, handling hazardous material, working at heights / underground / construction sites, oil rigging, high voltage, high temperature, working in aircrafts or sea-going vessels or adventure sports or armed forces?

Insured 1	Insured 2
No	No

You agreed to following terms & conditions of the purchase of policy

- a. I have read and understood the brochure/prospectus/sales literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company. h.I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j. I/We consent to receive information from the Company the through physical, electronic or telecommunication means from time to time.

the undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, accurate and complete and correct in all respects and that there is all information which is relevant to this proposal that has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

You also agreed to receive service SMS and E-mail alerts.