

**Date : 31 May 2023**

Mr Manav Sharma  
House.no-75, Krishan Kunj Extn-1  
Laxmi Nagar  
New Delhi 110092  
Delhi 07

Policy No: 66193065

Mobile No: XXXXXX8863



Dear Mr Manav Sharma,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

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

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process
- Policy Terms and Conditions- <https://bit.ly/3UMzQ3S> and also available on Customer App

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com) and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

#### CUSTOMER APP



For Android



For iOS

#### Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,  
Sector-43, Gurugram-122009 (Haryana)  
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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8860402452

Self Help Portal:  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

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### Policy Certificate

Mr Manav Sharma  
House.no-75, Krishan Kunj Extn-1  
Laxmi Nagar  
New Delhi 110092  
Delhi 07

|                            |  |
|----------------------------|--|
| Policy No.                 | 66193065   |
| Plan Name                  | Care Supreme   |
| Cover Type                 | Floater  |
| Policy Period - Start Date | 00:00 hrs 24-May-2023  |
| Policy Period - End Date   | Midnight 23-May-2024   |
| Nominee Name (Relation)    | Alka Sharma (Wife)   |
| Premium Paid               | Rs.21,991.00<br>(Premium Rs 18636.88+Underwriting Loading Rs 0.00+CGST Rs1,677.30+IGST Rs0.00+SGST Rs1,677.30+UGST Rs0.00) |
| Premium Payment Mode       | Single Premium   |

| Policyholder    | Gender | Date Of Birth | Client ID |
|-----------------|--------|---------------|-----------|
| Mr Manav Sharma | Male   | 09-May-1984   | 23781323  |

### Details of Insured Person

| Name           | Client ID | Relationship | Date of Birth (DD-MM-YYYY) | Pre-existing diseases (since)             | Insured with the Company (since) | Sum Insured  |
|----------------|-----------|--------------|----------------------------|---|----------------------------------|--------------|
| Manav Sharma   | 23781323  | MEMBER       | 09-May-1984                | port benefit passed for left leg fracture | 24-May-2023                      | 10,00,000.00 |
| Alka Sharma    | 23863969  | SPOUSE       | 18-Nov-1985                | NONE                                      | 24-May-2023                      |              |
| Agridha Sharma | 23863970  | DAUGHTER     | 11-Jun-2018                | NONE                                      | 24-May-2023                      |              |

### Contact details for Claims & Policy Servicing



|                        |  |
|------------------------|--|
| Correspondence address | Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana) |
| E-mail ID for Claims   | claims@careinsurance.com   |
| Website                | www.careinsurance.com  |

### Intermediary Details

| Name              | Code     | Contact Details |
|-------------------|----------|-----------------|
| VIJAY SINGH VISHT | 20306972 | 9289766141      |

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## Schedule of Benefits

| S No. | Particulars                           | Basis of Offering  |
|-------|---------------------------------------|--|
| 1     | Sum Insured                           | 1000000  |
| 2     | In-Patient Care                       | Up to SI   |
| 3     | Day Care Treatment                    | All Day Care Procedures  |
| 4     | Advance Technology Methods            | Up to SI   |
| 5     | Pre-Hospitalization Medical Expenses  | Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization |
| 6     | Post Hospitalization Medical Expenses | Up to SI, Post-Hospitalization expense cover for 180 days after discharge        |
| 7     | AYUSH Treatment                       | Up to SI   |
| 8     | Domiciliary Hospitalization           | Up to SI   |
| 9     | Organ Donor Cover                     | Up to SI   |
| 10    | Ambulance Cover                       | Up to Rs. 10,000   |
| 11    | Cumulative Bonus                      | 50% of SI, max up to 100% of SI.   |
| 12    | Unlimited Automatic Recharge          | Available for unlimited times for unrelated or same illness.                     |
| 13    | Unlimited E-Consultations             | Available for Consultations with General Physicians                              |
| 14    | Health Services (Health Portal)       | Doctor on chat, Healthy tips reminder, etc.                                      |
| 15    | Health Services (Discount Connect)    | Discounts on services such as consultations, diagnostics etc at our network      |
| 16    | Room Rent                             | All categories covered.  |
| 17    | ICU                                   | No Limit   |
| 18    | Named Ailments Coverage               | 24 Months  |
| 19    | Pre-existing Diseases Coverage        | 48 Months  |
| 20    | Initial Wait Period                   | 30 Days  |

## Optional Cover

| S NO. | Particulars            | Details   |
|-------|------------------------|---|
| 1     | Annual Health check up | Once for all Insured every policy year  |
| 2     | Cumulative Bonus Super | Upto 100% increase in the Sum Insured, on a cumulative basis for each completed and continuous policy year upto a max of 500% |
| 3     | Wellness Benefit       | Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches  |
| 4     | Air Ambulance Cover    | Up to 5 lacs per year.  |

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## Portability Details of the Insured

**Previous Insurer :** HDFC ERGO GENERAL INS. CO. LTD

| Name         | First Policy Number | Expiry Policy Number    | Date of First Enrollment | Expiry Policy SI Rs. (Original SI+CB) |
|--------------|---------------------|-------------------------|--------------------------|---------------------------------------|
| Manav Sharma | 2805 2038 09        | 2805 2038 0930 0001 000 | 11-Mar-2015              | 5,00,000 + 5,00,000                   |
| Alka Sharma  | 2805 2038 09        | 2805 2038 0930 0001 000 | 11-Mar-2015              | 5,00,000 + 5,00,000                   |

### For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 31 May 2023

Place of Issue : Gurgaon, Haryana

Service Branch : Flat no 301 DDA Building no 5 District Centre Janakpuri New Delhi  
Delhi 110058 New Delhi, Delhi, 110058

Branch Contact No. : 9289454691

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 07AADCR6281N1ZU

UIN :CHIHLP23128V012223

#### 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 feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- 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.

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#### Submit Your Queries/Requests:

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### Premium Acknowledgement

|               |   |
|---------------|---|
| Policy No.    | 66193065  |
| Client ID     | 23781323  |
| Policyholder  | Mr Manav Sharma   |
| Address       | House.no-75, Krishan Kunj Extn-1<br>Laxmi Nagar<br>New Delhi 110092<br>Delhi 07 |
| Policy Period | 24-May-2023 to 23-May-2024  |

### Premium Details

| Particulars                    | Amount (in Rs.)  | S.no. | Receipt Number | Amount    | Mode of Payment |
|--------------------------------|------------------|-------|----------------|-----------|-----------------|
| Gross Premium                  |                  | 1     | A2618530       | 21,991.00 | IPG             |
| Care Supreme                   | 15,697.71        |       |                |           |                 |
| Annual Health Checkup(Supreme) | 872.08           |       |                |           |                 |
| NCB Super (Supreme)            | 1,569.78         |       |                |           |                 |
| Wellness Benefit (Supreme)     | 64.86            |       |                |           |                 |
| Air Ambulance Cover (Supreme)  | 432.45           |       |                |           |                 |
| Goods & Services Tax (GST)     | 3,354.60         |       |                |           |                 |
| <b>Total</b>                   | <b>21,991.00</b> |       |                |           |                 |

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.

### For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 31 May 2023

Place of Issue : Gurgaon, Haryana

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.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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**Proposal Form-'CARE SUPREME'**

Dear Mr Manav Sharma

In reference to your online proposal (1120053717635) for 'Care Supreme'- Comprehensive Health Insurance policy, please find below the details as provided by you:

**Proposer Details**

Name : Mr Manav Sharma  
Address : House.no-75, Krishan Kunj Extn-1  
Laxmi Nagar  
New Delhi ,Delhi  
110092  
Date of Birth : 09-May-1984  
Landline :  
Mobile : XXXXXX8863  
E-mail : mXXXXXXa@gmail.com

**Details of the Persons be Insured**

| Name           | Date of Birth | Relation | Pre-existing Diseases                     |
|----------------|---------------|----------|---|
| Manav Sharma   | 09-May-1984   | MEMBER   | port benefit passed for left leg fracture |
| Alka Sharma    | 18-Nov-1985   | SPOUSE   | NONE                                      |
| Agridha Sharma | 11-Jun-2018   | DAUGHTER | NONE                                      |

**Additional Details**

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

| Insured1 | Insured2 | Insured3 |
|----------|----------|----------|
| Y        | N        | N        |

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

| Insured1 | Insured2 | Insured3 |
|----------|----------|----------|
| Y        | N        | N        |

3. Has any of your proposal(s) for Health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?

| Insured1 | Insured2 | Insured3 |
|----------|----------|----------|
| N        | N        | N        |

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Company or any other Company without break?

| Insured1 | Insured2 | Insured3 |
|----------|----------|----------|
| N        | N        | N        |

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## 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/online, 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.
- 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 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, complete and correct in all respects and that all information which is relevant to this proposal 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.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company

The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.


| care HEALTH INSURANCE |             | HEALTH CARD    |  |
|-----------------------|-------------|----------------|--|
| Policy No.            |             |                |  |
| 66193065              |             |                |  |
| Member ID             | DOB         | Name           |  |
| 23781323              | 09-May-1984 | Manav Sharma   |  |
| 23863969              | 18-Nov-1985 | Alka Sharma    |  |
| 23863970              | 11-Jun-2018 | Agridha Sharma |  |



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SELF HELP  
A PORTAL FOR ASSASSINATING YOUR POLICY ONLINE

Submit Your Queries/Requests: [www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

**Disclaimer**  
1. This card is not transferable.  
2. Use of this card is governed by the policy terms & 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.  
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