

Date : 9 May 2019

Mr Vijay Sagar

H.No 53 Sector IB

East Ext Trikuta Nagar

Jammu 180020

Jammu & Kashmir



Policy No. : 14138556

Mobile No. : 9419235092

Dear Mr Vijay Sagar,

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

Welcome to a philosophy that adheres to the tested and somewhat traditional adage that caring yields the best cure; from a company that is driven by its commitment to provide you with the very best healthcare, as much as its determination to delight and surprise you, at every given opportunity.

We welcome you to Religare Health Insurance.

We at Religare Health Insurance are unerringly focused on providing you access to the highest quality of healthcare and putting you back on the road to a worry-free recuperation, without a care about medical bills and other related expenses.

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 as well. Visit our portal [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com); and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at [customerfirst@religarehealthinsurance.com](mailto:customerfirst@religarehealthinsurance.com) or call us at 1800-102-4488.

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

Team Religare Health Insurance

## Policy Certificate

Mr Vijay Sagar  
 H.No 53 Sector 1B  
 East Ext Trikuta Nagar  
 Jammu 180020  
 Jammu & Kashmir 01

|                            |   |
|----------------------------|---|
| Policy No.                 | 14138556  |
| Plan Name                  | CARE  |
| Cover type                 | Floater   |
| Policy Period - Start Date | 00:00 hrs 04-May-2019   |
| Policy Period - End Date   | Midnight 03-May-2022  |
| Nominee Name               | Ms Neena Koul .   |
| Nominee Relationship       | (Wife)  |
| Premium Paid               | Rs. 81522<br><small>(Premium Rs 69086.76 + CGST Rs 6217.84 + IGST Rs 0 + SGST Rs 6217.84 + UGST Rs 0)</small> |
| Premium Payment Mode       | Single Premium  |

| Policyholder | Gender | Date Of Birth | Client ID |
|--------------|--------|---------------|-----------|
| Vijay Sagar  | Male   | 19-Jan-1965   | 67749567  |

### Details of Insured

| Name         | Client ID | Relationship | Date of Birth (DD-MM-YYYY) | Pre-existing diseases (since) | Insured with the Company (since) |
|--------------|-----------|--------------|----------------------------|-------------------------------|----------------------------------|
| Vijay Sagar  | 67749567  | Member       | 19-Jan-1965                | None                          | 04-May-2019                      |
| Neena Koul   | 67756755  | Spouse       | 17-Oct-1965                | None                          | 04-May-2019                      |
| Pranav Sagar | 67756756  | Son          | 09-Jul-2002                | None                          | 04-May-2019                      |
| Kannav Sagar | 67756757  | Son          | 06-Aug-1997                | None                          | 04-May-2019                      |

### Details of Cover

| S No. | Particulars | Details      |
|-------|-------------|--------------|
| I     | Sum Insured | Rs. 5,00,000 |

### 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 |
|-----------------|----------|----------------|
| Jai Gopal Mengi | 20094096 | 9419184712     |

**for Claims & Assistance: Call 1800-102-4488**

## Schedule of Benefits

| S No. | Particulars   | Basis of Offering   |
|-------|---|---|
| 1     | 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. 1,00,000 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  |
| 11    | 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     | No Claim Bonus - SUPER | Applicable  |
| 2     | Smart Select           | Additional 20% Co-payment applicable for all claims made in Non Smart Select Network Hospitals. |

## 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

Date of Issue : 09-May-2019

Place of Issue : Gurgaon, Haryana

Service Branch : RHICL, Hall No 210, B-1, North Block, 2Nd Floor, Bahu Plaza, Jammu, Jammu & Kashmir - 180001 Branch Contact No. : 0191-2476303

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

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

Consolidated Stamp Duty paid vide E-Challan GRN no. 0043990004 dated 04 Feb 2019, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 01AADCR6281N1Z6 IRDA Registration Number - 148 UIN : IRDAI/HLT/RHI/P-H/V.II/253/16-17

**Registered office address :** 5th 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, read 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.



Health  
Insurance

**Policy No.**  
**14138556**

| Member ID | DOB         | Name         |
|-----------|-------------|--------------|
| 67749567  | 19-Jan-1965 | VIJAY SAGAR  |
| 67756755  | 17-Oct-1965 | NEENA KOUL   |
| 67756756  | 09-Jul-2002 | PRANAV SAGAR |
| 67756757  | 06-Aug-1997 | KANNAV SAGAR |

*Ab Health Hamesha*



[www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)

☎ 1800-102-4488 | 1860-500-4488

✉ [customerfirst@religarehealthinsurance.com](mailto:customerfirst@religarehealthinsurance.com)

**Religare Health Insurance Company Limited**

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

## Premium Acknowledgement

|               |  |
|---------------|--|
| Policy No.    | I4I38556   |
| Client ID     | 67749567   |
| Policyholder  | Mr Vijay Sagar   |
| Address       | H.No 53 Sector 1B<br>East Ext Trikuta Nagar<br>Jammu 180020, Jammu & Kashmir |
| Policy Period | 04-May-2019 to 03-May-2022   |

## Premium Details

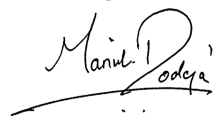
| Particulars                | Amount (in Rs.)  | Sno. | Receipt Number | Amount | Mode of Payment |
|----------------------------|------------------|------|----------------|--------|-----------------|
|                            |                  | I    | I6I957I        | 81522  | CHEQUE PAYMENT  |
| Gross Premium              |                  |      |                |        |                 |
| Care                       | 57,572.28        |      |                |        |                 |
| -NCB-Super                 | 11,514.48        |      |                |        |                 |
| Goods & Services Tax (GST) | 12,435.62        |      |                |        |                 |
| <b>Total</b>               | <b>81,522.00</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 **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue: 09-May-2019

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - I48

**Registered office address :** 5th 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.