

Date : 24 April 2020

Mr Patel Mahendrakumar Shanabhai

5 Sarvodaya Society Balasinor Near New Bus Stand

Balasinor Balasinor

Balasinor

Balasinor 388255

Gujarat



Policy No. : 17334718

Mobile No. : 9825392744

Dear Mr Patel Mahendrakumar Shanabhai,

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](http://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](mailto:customerfirst@religarehealthinsurance.com) or call 1800-102-4488. Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always

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 Patel Mahendrakumar Shanabhai  
5 Sarvodaya Society Balasinor Near New Bus Stand  
Balasinor Balasinor  
Balasinor  
Balasinor 388255  
Gujarat 24

Policy No.	17334718
Plan Name	CARE
Cover type	Floater
Policy Period - Start Date	00:00 hrs 28-May-2020
Policy Period - End Date	Midnight 27-May-2023
Premium Paid	Rs. 37493 (Premium Rs 31773.87 + CGST Rs 0 + IGST Rs 5719.26 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Patel Mahendrakumar Shanabhai	Male	16-Jun-1977	76953762

### Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Patel Mahendrakumar Shanabhai	76953762	Member	16-Jun-1977	None	28-May-2020
Patel Rashmikaben Mahendrabhai	76953763	Spouse	29-Dec-1975	None	28-May-2020
Tirthkumar Patel	76953764	Son	03-Jun-2001	None	28-May-2020

### Details of Cover

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

### Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA)
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
Policyx.Com Insurance Web Aggregator Pvt Ltd	20018910	18004200269

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

## Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Pre & Post-hospitalization medical expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
2	Daily Allowance	Rs. 500 per day; Maximum up to 5 days per Hospitalization
3	Ambulance Cover	Up to Rs. 1,500 per Hospitalization
4	Organ Donor Cover	Up to Rs. 50,000 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
8	Alternative Treatments	Up to Rs. 15,000 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	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Rent = up to 1% of Sum Insured per day; Charges = up to 2% of Sum Insured per day ICU

## Optional Cover

S No.	Particulars	Details
1	Unlimited Auto Recharge	Applicable

## 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)
Patel Mahendrakumar Shanabhai	285720178717	2857201787176602000	28-May-2015	300000 + 0.0
Patel Rashmikaben Mahendrabhai	285720178717	2857201787176602000	28-May-2015	300000 + 0.0
Tirthkumar Patel	285720178717	2857201787176602000	28-May-2015	300000 + 0.0

\*SI = Sum Insured, CB = Cumulative Bonus

## 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 : 24-Apr-2020

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

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector 39, Gurgaon - 122001.(HARYANA) Contact No : 1800-102-4488

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

Consolidated Stamp Duty paid vide E-Challan GRN no. 63671340 dated 09 Mar 2020, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZW IRDA Registration Number - 148 UIN : RHILIP20091V041920

**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 / 1800-102-6655.
- 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.**  
**17334718**

Member ID	DOB	Name
76953762	16-Jun-1977	PATEL MAHENDRAKUMAR SHANABHAI
76953763	29-Dec-1975	PATEL RASHMIKABEN MAHENDRABHAI
76953764	03-Jun-2001	TIRTHKUMAR PATEL

*Ab Health Hamesha*



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

☎ 1800-102-4488 | 1800-102-6655

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

**Religare Health Insurance Company Limited**

Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,  
Gurugram-122001 (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.	17334718
Client ID	76953762
Policyholder	Mr Patel Mahendrakumar Shanabhai
Address	5 Sarvodaya Society Balasinor Near New Bus Stand Balasinor Balasinor Balasinor Balasinor 388255, Gujarat
Policy Period	28-May-2020 to 27-May-2023

## Premium Details

Particulars	Amount (in Rs.)	Sno.	Receipt Number	Amount	Mode of Payment
		I	31126212	37493	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care	27,041.58				
-Unlimited Automatic Recharge	4,732.29				
Goods & Services Tax (GST)	5,719.26				
<b>Total</b>	<b>37,493.00</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: 24-Apr-2020

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

**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.

## Proposal Form-'CARE'

Dear Mr Patel Mahendrakumar Shanabhai

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

### Proposer Details

Name : MR PATEL MAHENDRAKUMAR SHANABHAI

Address : 5 Sarvodaya Society Balasinor Near New Bus Stand  
Balasinor Balasinor  
Balasinor-388255  
Gujarat

Date of Birth : 16/06/77

Landline :

Mobile : 9825392744

E-mail : Mr\_patel\_20000@yahoo.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
PATEL MAHENDRAKUMAR SHANABHAI	16/06/77	MEMBER	NONE
Patel Rashmikaben MAHENDRABHAI	29/12/75	SPOUSE	NONE
Tirthkumar Patel	03/06/01	SON	NONE

### Additional Details

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

Insured 1	Insured 2	Insured 3
No	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	Insured 3
No	No	No

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

Insured 1	Insured 2	Insured 3
No	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	Insured 3
No	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	Insured 3
No	NA	NA

## 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.