

Date 21-May-2023

MR. YATINDER KUMAR Kumar  
16/21 BAPA NAGAR BLOCK-I  
KAROL BAGH NEW DELHI  
NEW DELHI DELHI  
Contact No - 98\*\*\*\*\*08

Sub:Endorsement Certificate No. 64687670.

Dear Sir/Madam,  
Thank you for reaching out to us.

We hereby confirm that your request ID No.(2304172082) for modification of details in policy No. (64687670) has been successfully processed.

Please note the following changes made in the captioned policy:

Proposer /Insured Name	Details to be modified	Details as appearing in original policy	Modified Details
MR. YATINDER KUMAR Kumar	Rectification In Name	First name: YATINDER, Last Name: KUMAR Kumar	YATINDER,KUMAR

The effective date of endorsement is 17/04/2023.

All other terms and conditions of the Policy remain the same.

In case of any discrepancy in the above stated modification, please connect with us at the below mentioned coordinates, within 15 days from the effective date of change or else it will be deemed as acceptable and correct.

### Team Care Health Insurance

Date of Issue: 21-May-2023

Place of Issue: Gurugram, Haryana

Kindly note that this is a computer generated document and hence no signature is required.

#### Care Health Insurance Limited

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

#### REACH US @



Care Health-  
Customer App



WhatsApp  
**8860402452**

#### Self Help Portal:

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

#### Submit Your Queries / Requests:

[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)