

HDFC ERGO General Insurance Company Limited



2828100920045500000

Dear MR SOUVIK ROY

29/1 BANAMALI SARKAR STREET
NEAR KUMARTULY PARK

KOLKATTA, WEST BENGAL, 700005
Contact No. 9903325434

Date :18/11/2020

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !
Your Health insurance policy reference no 2828100920045500000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!"

For HDFC ERGO General Insurance Company Ltd.

Vivek Rasgotra
Senior Vice President Operations and Services Group

HDFC ERGO General Insurance Company Limited

TAX CERTIFICATE



Dear Souvik Roy,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986

This is to certify that we have received an amount of ₹ 24,439.00 towards premium for my: Health Suraksha Policy, Policy No. 2828100920045500000 issued to SOUVIK ROY for the period 23/11/2020 to 22/11/2021.

Note : This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

Deduction under Section 80D can be claimed only on payment of the premium. In case where all the installment are not paid, the deduction to be claimed under section 80D will be restricted to the proportion of the premium actually paid. In case of free look cancellation or otherwise, the benefit under this section would be nullified or prorated, as applicable.

For HDFC ERGO General Insurance Company Ltd.

Date : 18/11/2020

Policy Issuing Office: Mumbai

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

my:Health Suraksha Policy

(Classic)



2828100920045500000

MR SOUVIK ROY 29/1 BANAMALI SARKAR STREET NEAR KUMARTULY PARK KOLKATTAWEST BENGAL-, 700005 Contact No : 9903325434	Policy No. : 2828 1009 2004 5500 000	Issuance Date : 18/11/2020
	Period of Insurance : From 23/11/2020 00:01 hrs To 22/11/2021 Midnight	
	Invoice No. : 100920045500000	Premium Frequency : Yearly
	Proposer Name : Mr Souvik Roy	Policy Type : Individual
	HSN Code : 997133	PAN No. :
	EIA No. : Not provided	
	Payment Details : MH2011013931, Date : 18/11/2020, Bank Name :BizDirect	
	Email ID : souvik.r.1983@gmail.com	

my:health Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Basic Sum Insured (₹)	Tier	CB Amount (₹)	Pre Existing Disease
Shikha Roy	Mother	Female	27/10/1953	Souvik Roy	Child	23/11/2017	300000	2 Tier	45000	NA

Schedule of Coverage

Section	Covers	Details/ Applicability of Sum Insured	Limit
Base Covers			
A	Hospitalization Cover	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
	Medical Expenses		Basic Sum Insured and CB
1B	Mental Healthcare		Basic Sum Insured and CB
2	Home Healthcare		Basic Sum Insured and CB
3	Domiciliary Hospitalization		Basic Sum Insured and CB
4	Pre-Hospitalization		60 Days
5	Post-Hospitalization		180 Days
6	Day Care Procedures		Basic Sum Insured and CB
7	Road Ambulance cover	Sub limited within the Basic Sum Insured including Cumulative Bonus	SI 1 to 5 L - 2000 SI 6 to 50 L - 3,500 Above 50 L - 15,000
8	Organ Donor Expenses	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
9	Alternative Treatment	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
C2	Parent And Child Care Cover- Basic	over and above the Basic Sum Insured	<Normal Delivery-25,000 C Section Delivery-40 000>
i	Maternity Expenses	Up to Parent and Child care Cover- Basic ,Sum Insured Limit	<Normal Delivery-25,000 C Section Delivery-40 000 >
ii	OPD treatment	Sub limited within Parent and Child care Cover- BasicSum Insured Limit	<Rs. 1,500>
i	Medical Expenses	within Parent and Child care Cover- Basic Sum Insured Limit	<Rs. 2,000>
ii	New Born Baby Cover	Upto Basic Sum Insured, upon addition of baby in the policy immediately after birth, through endorsement	Basic Sum Insured
C5	Recovery Benefit	over and above the Basic Sum Insured	<10000>
C6	Sum Insured Rebound	over and above the Basic Sum Insured	upto 100% of basic Sum Insured
C11	Waiting Period Modification Option	Reduction in the standard waiting period as opted for	3 Years

Renewal Benefits

1	Cumulative Bonus	Applicable(5% of sum insured,max upto 50%)
2	my:health Active	Applicable

Waiting Periods

Section A	Hospitalization Cover	Sec E 1 i – General waiting period - 30 days Sec E 1 ii - Listed illness & procedures –24 months Sec E 1 iii – Preexisting conditions - 36months
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Premium Details (₹)

Insured 1 - SHIKHA ROY	
Total premium (Excluding Tax)	20711.00
GST 18% : Integrated Tax 18%(₹3728)	3727.98
Total Premium (Including Taxes)	24439.00

Special Conditions : No benefit shall be payable to SHIKHA ROY under this policy in respect of medical expenses being incurred arising directly or indirectly due to Diabetes Mellitus, Cholelithiasis, & Intestinal Obstruction including investigations, treatment or direct complications thereof for a period of first 3 continuous years from the date of risk commencement.

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.

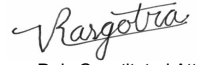
The policy is valid subject to payment received by us. If the premium is not realised the policy shall be void from inception.Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no. CSD/36/2019/2289/19 dated 27-05-2019 as prescribed in Government of Maharashtra Order No. Mudrank -2004/4125/CR690/M-1, dated 31/12/2004. Service Tax Registration No: AABCH0738EST004 .

Branch :LEELA BUSINESS PARK, 6TH FLR, ANDHERI - KURLA RD, MUMBAI, 400059. Phone No. : +91-22-66383600

Agent Code :201714906552



Agent Name :POLICYBAZAAR INSURANCE WEB AGGREGATORS PVT. LTD Tel No. :2088787

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings.>"

		
Policy No.:2828100920045500000		
Valid From: 23/11/2020 Renewal Date: 22 November		
Insured Name	Date Of Birth	Gender
SHIKHA ROY	27/10/1953	Female

HDFC ERGO General Insurance Company Limited**This card is for identification purpose only.**

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 - 6234 6234 / 0120 - 6234 6234
Fax Number : 18602000600
Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor,
Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.
Website : www.hdfcergo.com

Health Insurance - Proposal Form For my:Health Suraksha Classic

MR SOUVIK ROY 29/1 BANAMALI SARKAR STREET NEAR KUMARTULY PARK KOLKATTA, WEST BENGAL - 700005 Contact No : 9903325434	Proposal No.	: 2828 1009 2004 5500 000
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Proposer declaration

"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Disclaimer : Proposal Form and Policy Schedule have been generated basis details entered by proposer / insured on Online Platform (either on HDFCERGO.com or its affiliated Online Channels (IRDAI Licensed Intermediaries). For any modification, kindly visit URL <https://www.hdfcergo.com/customer-care/customer-support.html> and register your service request or write to us at care@hdfcergo.com

Agent Code :201714906552

Agent Name :POLICYBAZAAR INSURANCE WEB AGGREGATORS PVT. LTD Tel No. :2088787