

Policy Certificate

Ms Prachi Karnik
 A-102 Rajashree Chs Deoolwadi
 Tarun Bharat Chakala Andheri East
 Mumbai
 Mumbai 400099
 Maharashtra 27

| | |
|----------------------------|--|
| Policy No. | 10883783 |
| Plan Name | CARE |
| Cover type | Floater |
| Policy Period - Start Date | 00:00 hrs 03-Dec-2019 |
| Policy Period - End Date | Midnight 02-Dec-2020 |
| Premium Paid | Rs. 14103 (Premium Rs 11951.49 + CGST Rs 1075.59 + IGST Rs 0 + SGST Rs 1075.59 + UGST Rs 0) |
| Premium Payment Mode | Single Premium |

| | | | |
|---------------|--------|---------------|-----------|
| Policyholder | Gender | Date Of Birth | Client ID |
| Prachi Karnik | Female | 15-Dec-1973 | 54836479 |

Details of Insured

| Name | Client ID | Relationship with the Policyholder | Date of Birth (DD-MM-YYYY) | Pre-existing diseases (since) | Insured with the Company (since) | *#No Claim Bonus | *#No Claim Bonus-SUPER |
|---------------|-----------|------------------------------------|----------------------------|-------------------------------|----------------------------------|------------------|------------------------|
| Prachi Karnik | 54836479 | MEMBER | 15-Dec-1973 | NONE | 26-Nov-2016 | 100,000.00 | 500,000.00 |
| Shreya Karnik | 54836480 | DAUGHTER | 26-Sep-1996 | NONE | 26-Nov-2016 | 100,000.00 | 500,000.00 |
| Ajit Karnik | 54836481 | SON | 25-Mar-1999 | NONE | 26-Nov-2016 | 100,000.00 | 500,000.00 |

*The No Claim Bonus & No Claim Bonus-SUPER shown in the Policy Certificate is provisional. The No Claim Bonus & No Claim Bonus-SUPER calculated on the Expiry Date, shall only be considered as final. However, in case of any change in provisional No Claim Bonus & No Claim Bonus-SUPER, the same shall be intimated to the Policyholder by the Company through a separate endorsement.

#Subject to the Policy Terms&Conditions, the cumulative Bonus available will be addition of No Claim Bonus and No claim Bonus Super up to the maximum amount of Rs. 600,000 for all the Insureds collectively.

Details of Cover

| S No. | Particulars | Details |
|-------|-------------|--------------|
| 1 | Sum Insured | Rs. 5,00,000 |

Contact details for Claims & Policy Servicing

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|--------------------------------|--|
| 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 |
|-----------------------|----------|----------------|
| Prachi Mohnish Karnik | 20018211 | 9322648275 |