

## Policy Certificate

Mr Kilar Seshadriah Ravi  
 549 3Rd Floor 14Th Main Sector 7  
 Hsr Layout  
 Bangalore South  
 Bangalore South 560102  
 Karnataka 29

Policy No.	11513287
Plan Name	CARE
Cover type	Floater
Policy Period - Start Date	00:00 hrs 10-Aug-2019
Policy Period - End Date	Midnight 09-Aug-2020
Nominee Name	Kilar
Nominee Relationship	(SPSE)
Premium Paid	Rs. 14966 (Premium Rs 12682.89 + CGST Rs 0 + IGST Rs 2282.91 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Date Of Birth	Client ID
Kilar Seshadriah Ravi	16-Jul-1965	56893816

## Details of Insured

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases	*#No Claim Bonus
Likhith Ravi	56914029	02-Aug-2002	SON	10-Aug-2017	NONE	80,000.00
Bharatha Ravi	56914030	23-Aug-1999	SON	10-Aug-2017	NONE	80,000.00
Vijayalakshmi Ravi	56914031	11-Dec-1970	SPOUSE	10-Aug-2017	Breast disorders	80,000.00

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

#Subject to the Policy Terms&Conditions, the No Claim Bonus shown above would be available only up to the maximum amount of Rs. 80,000 for all the Insureds collectively.

## Details of Cover

S No.	Particulars	Details
1	Sum Insured	Rs. 4,00,000

## 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
Krishna Kumar Pandey	20059230	9650510922