

Date : 19 March 2022

Mr Ajay Sharma  
Jaipur  
Jaipur  
Jaipur  
Jaipur 302020  
Rajasthan

Policy No. : 10586600

Mobile No. : XXXXXX0412



Dear Mr Ajay Sharma,

Welcome to a world where what matters, above all, is your Health....Hamesha!

Welcome to a philosophy that adheres to the tested and somewhat traditional adage that caring yields the best cure; from a company that is driven by its commitment to provide you with the very best healthcare, as much as its determination to delight and surprise you, at every given opportunity.

We welcome you to Care Health Insurance.

We at Care Health Insurance are unerringly focused on providing you access to the highest quality of healthcare and putting you back on the road to a worry-free recuperation, without a care about medical bills and other related expenses.

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following:

- Policy Certificate
- Premium Acknowledgement
- Key Policy Information
- Policy Terms and Conditions
- Policy Terms and Conditions- <https://tinyurl.com/tpk9rhx> and also available on Customer App

Also enclosed for your convenience is your Care 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 as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com); and view network hospitals across the country, cashless procedures and do much more. In case of a query at any juncture, feel free to mail us at [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) or call us at 1800-102-4488.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

## CUSTOMER APP



For Android



For iOS



### Care Health Insurance Limited

(Formerly known as Religare Health Insurance Company Limited)

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Corp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)



IRDA Regn. No. 148

CIN: U66000DL2007PLC161503

## Policy Certificate

Mr Ajay Sharma  
Jaipur  
Jaipur  
Jaipur  
Jaipur 302020  
Rajasthan 08

Policy No.	I0586600
Plan Name	CARE CLASSIC
Cover type	Floater
Policy Period - Start Date	00:00 hrs 20-Mar-2022
Policy Period - End Date	Midnight 19-Mar-2025
Nominee Name	Spouse Name
Nominee Relationship	(SPSE)
Premium Paid	Rs. 43702 (Premium Rs 37035.61 + CGST Rs 0 + IGST Rs 6666.4 + SGST Rs 0 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Ajay Sharma	Male	19-Mar-1992	51533162

## Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Ajay Sharma	51533162	Member	19-Mar-1992	None	20-Mar-2022
Spouse Name	51533163	Spouse	19-Mar-1994	None	20-Mar-2022

## Details of Cover

S No.	Particulars	Details
I	Sum Insured	Rs. 7,00,000

## Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as 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
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

## Intermediary Details

Name	Code	Contact Number
Bhaloopreet Singh	20008325	9560450143

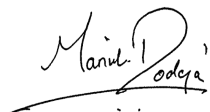
### Schedule of Benefits

S No.	Particulars	Basis of Offering
1	In-Patient Care	Up to SI
2	Pre-Hospitalization Medical Expenses	60 Days
3	Post Hospital Medical Expenses	90 Days
4	Ambulance Cover	Up to Rs 1,000 per year
5	Domiciliary Hospitalization	Up to SI including AYUSH
6	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
7	No Claims Bonus	25% increase/decrease of SI on renewal based on claim in previous year, Max increase up to 150% of SI.
8	Day Care Treatment	All day care procedures
9	Room Rent	Single Private A/C Room
10	ICU Charges	No limit
11	Initial Wait Period	30 Days
12	Named Ailment	24 months
13	Pre-Existing Diseases	48 months
14	Advance Technology Methods	Covered with sub limits, please refer T & C for sub limits.
15	AYUSH Treatment	Cover upto 10% of SI subject to Maximum Rs.50,000 per policy period
16	Organ Donor Expenses	Up to 10% SI
17	Medical Second Opinion	Available
18	Unlimited E-Consultation	Available for General Physician
19	Other Value Added Services	Health Portal- Doctor on chat, Healthy tips reminder,Discount Connect - Discounts on services at our network
20	Compassionate Travel	Up to Rs.5,000 per policy year

### Optional Cover

S No.	Particulars	Details
1	OPD Care	Coverage Amount - Rs.6000.For Coverage amount: Max limit of Rs.1000 per consultation with max consultations in policy year
2	Annual Health Check-up	Applicable

For **Care Health Insurance Limited**  
**(Formerly known as Religare Health Insurance Company Limited)**



Authorized Signatory

Date of Issue : 19-Mar-2022

Place of Issue : Gurgaon, Haryana

Service Branch : CHIL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon, Haryana - 122009 Branch Contact No.: 1246141752

Correspondence Address:

Care Health Insurance Limited

(Formerly known as 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.careinsurance.com Email : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 87219405 dated 10 February 2022, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZW IRDA Registration Number - 148 UIN : CHIHLP22071V012122

**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@careinsurance.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.

## Premium Acknowledgement

Policy No.	10586600
Client ID	51533162
Policyholder	Mr Ajay Sharma
Address	Jaipur Jaipur Jaipur Jaipur 302020, Rajasthan
Policy Period	20-Mar-2022 to 19-Mar-2025

## Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
		I	40045182	43702	INTERNET PAYMENT GATEWAY (IPG)
Gross Premium					
Care Classic	24,079.36				
-Annual Health CheckUp CClassic	1,358.38				
-OPD Care - Care CClassic	11,597.87				
Goods & Services Tax (GST)	6,666.40				
<b>Total</b>	<b>43,702.00</b>				

The Premium is rounded off to the nearest rupee.

## Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

This is to certify that Care Health Insurance Ltd. (Formerly known as Religare Health Insurance Company Limited) has received an amount of Rs. 43,702.00/- from Mr Ajay Sharma towards Payment of Health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax benefits u/s 80D of the Income Tax Act, 1961 and amendments thereof.

For **Care Health Insurance Limited**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue: 19-Mar-2022

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 Ajay Sharma

In reference to your online proposal (I I 20003828402) for 'Care' - Comprehensive Health Insurance policy, please find below the details as provided by you:

### Proposer Details

Name : MR AJAY SHARMA

Address : Jaipur  
Jaipur  
Jaipur  
Jaipur-302020  
Rajasthan

Date of Birth : 19/03/92

Landline :

Mobile : XXXXXX0412

E-mail : rawalvipul@gmail.com

### Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
AJAY SHARMA	19/03/92	MEMBER	NONE
SPOUSE NAME	19/03/94	SPOUSE	NONE

### Additional Details

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

Insured 1	Insured 2
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
No	No

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

Insured 1	Insured 2
No	No

D. Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured 1	Insured 2
No	No

## 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.

The details mentioned in above proposal form has been verified through OTP N

No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

care HEALTH INSURANCE		HEALTH CARD	
Policy No. <b>10586600</b>			
Member ID	DOB	Name	
51533162	19-Mar-1992	Ajay Sharma	
51533163	19-Mar-1994	Spouse Name	
CUSTOMER APP			
			
For Android		For iOS	

 **www.careinsurance.com**

 **1800-102-4488**

 **customerfirst@careinsurance.com**

**Care Health Insurance Limited**  
(Formerly Religare Health Insurance Company Limited)  
Unit No. 604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,  
Gurugram-122001 (Haryana)  
IRDA Registration Number - 148

**Disclaimer**  
1. This card is not transferable.  
2. Use of this card is governed by the policy terms & 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.