

## Policy Certificate

Mr Sourabh Chhabra

H. No.-1055

Sector- 7C

Near Jan Kalyan Mandir

Faridabad 121006

Haryana 06

Policy No.	I 363 I 409
Plan Name	CARE
Cover type	Floater
Policy Period - Start Date	00:00 hrs 20-Jan-2020
Policy Period - End Date	Midnight 19-Jan-2023
Nominee Name	Sourabh Chhabra
Nominee Relationship	(SONM)
Premium Paid	Rs. 88884 <small>(Premium Rs 75325.8 + CGST Rs 6779.32 + IGST Rs 0 + SGST Rs 6779.32 + UGST Rs 0)</small>
Premium Payment Mode	Single Premium

Policyholder	Date Of Birth	Client ID
Sourabh Chhabra	31-Jan-1987	65328078

### Details of Insured

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)
Prem Chhabra	65328079	Mother	02-May-1960	None	20-Jan-2020
Vijay Chhabra	65328080	Father	08-Apr-1958	None	20-Jan-2020

### Details of Cover

S No.	Particulars	Details
I	Sum Insured	Rs. 10,00,000

### Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009.
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
Vipul .	20065851	9311742557

**for Claims & Assistance: Call 1800-102-4488**