

# my: Optima Secure

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2776204277897700000

## MR MURLIDHAR MAHADEV RAI

**C08 Ankita CHSL Thakurli East**

**THANE, MAHARASHTRA, 421201**

**Contact No. 9326145262 Date :29/08/2021**

Dear MR MURLIDHAR MAHADEV RAI

Thank you for choosing HDFC ERGO GENERAL INSURANCE COMPANY LTD. as your preferred insurance partner. We welcome you to be a part of our family ! Your Health insurance policy reference no 27762042778972700000 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.

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.

Duly Constituted Attorney



**HDFC ERGO General Insurance Company Limited**

**Dear MR MURLIDHAR MAHADEV RAI,**

**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 Rs. 42439 towards premium from MR MURLIDHAR MAHADEV RAI for , Policy No. 2776204277897700000 issued to MR MURLIDHAR MAHADEV RAI for the period 23/08/2021 to 22/08/2022.

Member wise premium break up is as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insured Person’s Premium Details** | | | | | | |
| **Name of Insured Person** | **Relation with policy holder** | **Gender** | **Date of Birth** | **Premium** | **Goods & Services Tax (GST)** | **Total Premium including GST** |
| MURLIDHAR MAHADEV RAI | Self | Male | 11/11/1962 | 29062.5 | 5231.25 | 34293.75 |
| ASHADEVI MAHADEV RAI | Spouse | Female | 08/10/1995 | 6901.88 | 1242.33 | 8144.21 |

Note:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

For HDFC ERGO General Insurance Company Ltd.

Date : 29/08/2021

Duly Constituted Attorney

# Policy Schedule

**my: Optima Secure**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Policy Number | | **: 2776 2042 7789 7700 000** | | | Issuance Date | | | **: 29/08/2021** | | |
|  | | | | Period of Insurance | | **: From 23/08/2021 16:53 hrs** | | | **To 22/08/2022 Midnight** | | |  | | |
|  | | | | Invoice No. | | **: 204277892600000** | | |  | Premium Frequency | | | **: Single** | | |
|  | | | | Policyholder Name | | **: Mr Murlidhar Mahadev Rai** | | |  | Policy Type | | | **: FAMILY Floater** | | |
| MR MURLIDHAR MAHADEV RAI  B05 ANKITA NAGARI CHSL THAKURLI EAST THANE, MAHARASHTRA-421201  Contact No : 9326145262 | | | | HSN Code Place of supply Customer Id  EIA No. | | **: 997134**  **: MAHARASHTRA**  **: 111959143503**  **: Not provided** | | |  | Premium Tier Previous Policy Renewal | | | **: Tier1**  **: No** | | |
|  | | | | PAN | |  | | |  |  | | |  | | |
|  | | | | Email ID : [murlidharray0@gmail.com](mailto:murlidharray0@gmail.com) | | | | | | | | | | |
| Intermediary Name | | | | Intermediary Code | | | | | Intermediary Contact Number | | | | | |
| POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED | | | | 200645791415 | | | | | 91-1800258597 | | | | | |
| **Insured Person’s Details & Sum Insured** | | | | | | | | | | | | | | |
| **Insured Person’s Name** | **Relation with policy holder** | **Gender** | **Date of Birth** | | **Nominee Name** | | **Relationship with Nominee** | **First Policy Inception date** | | | **Base Sum Insured**  **(`)** | **Aggregate Deductible (`)** | | **Plus Benefit** |
| Murlidhar Mahadev Rai | Self | Male | 11/11/1962 | | Ashadevi Murlidhar Rai | | Wife | 23/08/2019 | | | 500000 | 25000 | | 30000 |
| Ashadevi Murlidhar Rai | Spouse | Female | 08/10/1965 | |  | |  | 23/08/2019 | | |

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insured Person’s Details and Sum Insured – Add On Covers** | | | | | | | | | |
| **Insured Person’s Name** | **my: health Critical illness Add on** | | **my: health Hospital Cash Benefit Add on** | | | | | | |
| **Plan** | **Sum Insured** | **Hospital Cash Benefit**  **- Normal Room** | | **Hospital Cash Benefit - ICU** | **Companion Benefit** | | **Hospital Cash Global - Opted** | **Hospital Cash Global - Sum Limit** |
|  |  |  |  | |  |  | |  |  |
| **Special Conditions/ Exclusions** | | | | | | | | | |
| **Name of Insured Person** | **Exclusion/Exclusion Wavier** | | **Loading Reason** | | | **Special Condition / Declared Pre-existing**  **Disease** | | | |
|  |  | |  | | |  | | | |
| **Renewal Continuity Benefits** | | | | | | | | | |
| **Name of Insured Person** | **Sum Insured (Rs.)** | **Waiting Periods Remaining**  **(Pre-existing Diseases)** | | **Waiting Periods Remaining**  **(Specific Waiting Period)** | | | **Waiting Periods Remaining: (30**  **Days Waiting Period)** | | |
|  |  |  | |  | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Portability Continuity Benefits** | | | | | | |
| **Name of Insured Person** | **Previous**  **Policy Year** | **Sum Insured inclusive**  **of Cumulative Bonus (Rs.)** | **Porting Benefits on**  **Sum Insured (Rs.)** | **Waiting Periods**  **Remaining (Pre-existing Diseases)** | **Waiting Periods**  **Remaining (Specific Waiting Period)** | **Waiting Periods**  **Remaining: (30 Days Waiting Period)** |
|  |  |  |  |  |  |  |

The Policy Wording attached herewith includes all the standard coverages offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our toll free number 022 - 6234 6234 / 0120 - 6234 6234.

|  |  |  |
| --- | --- | --- |
| **Premium Details (₹)** | | |
| Particulars | Murlidhar Mahadev Rai | Ashadevi Murlidhar Rai |
| Base Premium (A) | 38750 | 9202.5 |
| Optional Cover Premium (B) | 0 | 0 |
| Add on Cover Premium (C) | 0 | 0 |
| Loading (D) | 0 | 0 |
| Total Premium (E=A+B+C+D) | 38750 | 9202.5 |
| Aggregate Deductible Discount | 9687.5 | 2300.62 |
| Online Discount | 0 | 0 |
| Employee Discount | 0 | 0 |
| Loyalty Discount | 0 | 0 |
| Family Discount | 0 | 0 |
| Long term Policy Discount | 0 | 0 |
| Total Discount (F) | 9687.5 | 2300.62 |
| Total Premium excluding GST (E-F) | 29062.5 | 6901.88 |
| Goods & Service Tax (GST) | 5231.25 | 1242.33 |
| Total Premium including GST | 34293.75 | 8144.21 |

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| --- | --- | --- | --- | --- | --- |
| **Payment Details** | | | | | |
| Instrument details | 902210821648911 | Date | 21/08/2021 | Bank Name | BizDirect |

|  |
| --- |
| **Processing Centre** |
| HDFC ERGO General Insurance Co. Ltd. , Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida - 0120 398 8360 |
| For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on [www.hdfcergo.com](http://www.hdfcergo.com/) for policy copy/tax certificate/make  changes/register & track claim. |
| 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 noCSD/105/2021/2914 dated 03/08/2021 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018. GST Registration No: 27AABCL5045N1Z8". GST for this invoice is not payable under reverse charge basis. |

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| **Branch :**leela business park, 6th flr, andheri - kurla rd, mumbai |

For HDFC ERGO General Insurance Company Ltd.



For detailed policy terms and conditions please visit our website [https://www.hdfcergo.com/download/policy-wordings](http://www.hdfcergo.com/download/policy-wordings)

Duly Constituted Attorney

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHEDULE OF BENEFITS** | | | | | | | |
| **Section\*** | **Plans** | | **Optima Secure** | | | | |
| All figures  in Rs. | Base Sum Insured per Insured Person per Policy  Year (in Lakh) | | 5/10/15/20/25/50/100/200 | | | | |
| 3.1 | Hospitalization Expenses | | Covered | | | | |
| 3.1 | Room Rent | | Single AC Private Room for SI less than 50 Lakhs  Actuals for 50 Lakh and above | | | | |
| 3.1.1. a. | Road Ambulance | | Covered upto sum insured | | | | |
| 3.1.1. b. | Dental Treatment | | Covered upto sum insured | | | | |
| 3.1.1. c. | Plastic surgery | | Covered upto sum insured | | | | |
| 3.1.1. d. | Day Care Treatment | | Covered upto sum insured | | | | |
| 3.2 | Home Healthcare | | Covered upto sum insured | | | | |
| 3.3 | Domiciliary Hospitalization | | Covered upto sum insured | | | | |
| 3.4 | Ayush Treatment | | Covered upto sum insured | | | | |
| 3.5 | Pre-Hospitalization | | 60 days | | | | |
| 3.6 | Post-Hospitalization | | 180 days | | | | |
| 3.7 | Organ Donor Expenses | | Covered upto sum insured | | | | |
| 3.8 | Cumulative Bonus | | Not Covered | | | | |
| 4.1 | Emergency Air Ambulance | | Covered Up to 500,000 | | | | |
| 4.2 | Daily Cash for choosing Shared Accommodation | | 800 per day max up to 4800 | | | | |
| 4.3 | Protect Benefit | | Covered upto sum insured | | | | |
| 4.4 | Plus Benefit | | Bonus of 50% of the Base Sum Insured, maximum upto 100%. | | | | |
| 4.5 | Secure Benefit | | Equal to 100% of Base sum insured | | | | |
| 4.6 | Automatic Restore Benefit | | Equal to 100% of Base sum insured | | | | |
| 4.7 | Aggregate Deductible | | 25,000/50,000/100,000 | | | | |
| 4.8 | E-Opinion for Critical Illness | | In India | | | | |
| 5 | Preventive Health Check-up | | | | | | |
| Sum Insured | 5 Lakhs | | 10 Lakhs | 15 Lakhs | 20,25 & 50 Lakhs | 100 & 200 Lakhs |
| Individual Policy\* | 1,500 | | 2,000 | 4,000 | 5,000 | 8,000 |
| Floater Policy\* | 2,500 | | 5,000 | 8,000 | 10,000 | 15,000 |

\*For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis

