

 INSURANCE PROVIDER  
Go Digit General Insurance

NAME

**Onkar**

DATE OF BIRTH

**Jan. 6, 2022**

MEMBERSHIP ID

**12**

MASTER POLICY NUMBER

**CI091124P**

GENDER

**MALE**

SUM INSURED

**100000**

DISCLAIMER

This certificate is non-transferrable. This certificate is governed by policy terms and conditions. To avail cashless facility for accidental hospitalisation, provide this certificate along with valid ID proof. Valid till policy period end date or cancellation date, whichever is earlier.

For any queries, write to [claimsupport@healthysure.in](mailto:claimsupport@healthysure.in)