



2805203638849102000

Mr Sanjaykumar Trilokchand Agrawal

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C-15 TOWN CENTRE  
BH CIDCO BUS STAND  
AURANGABAD  
MAHARASHTRA - 431001  
Contact No.: 9689930232  
Email: riddhisiddhi232@gmail.com

Policy No : 2805 2036 3884 9102 000

Intermediary Code	Intermediary Name	Intermediary Contact Number
21038464	JAINUINE INSURANCE BROKER PVT LTD	-

### Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Sanjaykumar Trilokchand Agrawal ,

Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Renewal of Your Optima Restore Floater Insurance Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us.

Please visit our website [www.hdfcergo.com](http://www.hdfcergo.com) for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit <https://www.hdfcergo.com/locators/cashless-hospitals-network>

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Warm Regards,



Authorized Signatory

Location: Mumbai

Date: 13/05/2022

Note:

1. Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
2. You can either email us on [care@hdfcergo.com](mailto:care@hdfcergo.com) or call on our Customer care no. 022 6234 6234 / 0120 6234 6234.
3. \*The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

### Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961\*

This is to certify that the MR. SANJAYKUMAR TRILOKCHAND AGRAWAL has paid Rs. 29611 (Rupees Twenty-Nine Thousand Six Hundred Eleven And Zero Paise Only) towards premium for Optima Restore Floater Policy No. 2805203638849102000 issued to MR. SANJAYKUMAR TRILOKCHAND AGRAWAL for period of 14/05/2022 to 13/05/2023.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 13/05/2022



Authorized Signatory

\*Note

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 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 Policyholder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

## Policy Schedule - Optima Restore Floater

Policy Number	2805 2036 3884 9102 000		
Policy Holder's Name	Mr Sanjaykumar Trilokchand Agrawal		
Policy Holder's Address	-- C-15 TOWN CENTRE BH CIDCO BUS STAND AURANGABAD MAHARASHTRA - 431001		
Policy Holder State Name & Code	Maharashtra(27)	Place of Supply	MAHARASHTRA
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	29/04/2016	Policy Issuance Date	13/05/2022
Policy Period	From 00:01 hrs on 14/05/2022 To 24:00 hrs on 13/05/2023		
Issuing/Service Office	2ND FLOOR, MALPANI S OBEROI TOWER, OPPOSITE GOVERNMENT MILK DAIRY, RAMANAND COLONY, JALNA ROAD, AURANGABAD -431001, MAHARASHTRA AURANGABAD Tel : +91-22-66383600		
GSTIN	27AABCL5045N1Z8		
EIA Number	Not provided		
Intermediary Name	JAINUINE INSURANCE BROKER PVT LTD	Intermediary Contact No	-
Intermediary Code	21038464	Description/ Harmonized System Of Nomenclature Code	Accident and Health insurance Services/9971

Insured Person Details						
Particulars / Member ID	Member 1 SANJAYKUMAR TRILOKCHAND AGRAWAL / 202009262835272	Member 2 Mrs Neha Sanjaykumar Agrawal / 202009262835273	Member 3 Baby Krati Sanjaykumar Agrawal / 202009262835274	Member 4 Master Viresh Sanjaykumar Agrawal / 202009262835275	Member 5	Member 6
Date of Birth (Age)	26/01/1981 (41)	23/08/1982 (39)	30/05/2006 (15)	11/08/2011 (10)	-	-
Relationship to Policy Holder	Self	Wife	Daughter	Son	-	-
Base Sum Insured (₹)	1000000					
Multiplier Benefit SI (₹)	1000000					
Protector Rider Sum Insured (₹)	-					
Total Sum Insured (₹)	2000000					

Other Riders and Benefits (₹)						
Protector Rider	-					
Hospital Daily Cash Rider SI (Max. 30 days)	-					
Critical Advantage Rider SI (\$)	-	-	-	-	-	-
IPA Rider SI	-	-	-	-	-	-

my: health Critical Illness Sum Insured (Rs.)						
my: health Critical Illness Plan						
Unlimited Restore Benefit	No					

Nominee Details	
Nominee Name : Mrs Neha Sanjaykumar Agrawal	Relationship to Policyholder: Wife
The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.	

Premium Calculation (₹)			
Net Premium	25094	CGST@9%	2258.5
Discounts	0	SGST/UTGST@9%	2258.5
Loadings	0	IGST@18%	0
Taxable Premium	25094	Any other Cess or Taxes	0
Gross Premium	29611		
Gross Premium (in words)	Rupees Twenty-Nine Thousand Six Hundred Eleven And Zero Paise Only		
The stamp duty of Rs. 1/- ( Rupees One And Zero Paise Only ) paid vide e-stamp Certificate No. LOA/CSD/303/2022/1381 dated 28/03/2022.			
Original for Recipient/ Duplicate for Supplier			
Whether tax is payable on reverse charge basis: No			

Exclusion(s) / Special Condition(s) (Refer the leaflet attached in the policy document w.r.t. exclusions) :						
Member ID No.	Name	Exclusion Type	Applicable on SI	Health Condition	Exclusion Duration (Years)	Portability/ Renewal Benefit
202009262835272	SANJAYKUMAR TRILOKCHAND AGRRAWAL					For Rs 1000000(Rupees Ten Lakhs) Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (iii) of the policy wording is waived.
202009262835273	Mrs Neha Sanjaykumar Agrawal					For Rs 1000000(Rupees Ten Lakhs) Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (iii) of the policy wording is waived.
202009262835274	Baby Krati Sanjaykumar Agrawal					For Rs 1000000(Rupees Ten Lakhs) Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (iii) of the policy wording is waived.

## Policy Schedule - Optima Restore Floater

Exclusion(s) / Special Condition(s) (Refer the leaflet attached in the policy document w.r.t. exclusions) :						
Member ID No.	Name	Exclusion Type	Applicable on SI	Health Condition	Exclusion Duration (Years)	Portability/ Renewal Benefit
202009262835275	Master Viresh Sanjaykumar Agrawal					For Rs 1000000(Rupees Ten Lakhs) Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (iii) of the policy wording is waived.

Claim Administrator : HDFC ERGO General Insurance Company Ltd

For and on behalf of HDFC ERGO General Insurance Company Limited


Location: Mumbai

Date: 13/05/2022



Authorized Signatory

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>"

 <b>Policy No.: 2805203638849102000</b>	
Insured Name	Gender
Sanjaykumar Trilokchand Agrawal	M
Mrs Neha Sanjaykumar Agrawal	F
Baby Krati Sanjaykumar Agrawal	F
Master Viresh Sanjaykumar Agrawal	M

**Terms and Conditions**

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency.(6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site www.hdfcergo.com. Alternatively you may write to us at Healthclaims@hdfcergo.com.

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