HDFC ERGO General Insurance Company Limited





MR DAVINWERJIT SINGH FLAT NO. 2, BLOCK NO. 35 SHRI BALAJI AGORA RESIDENCY BEHINDE AGORA MALL SP RING ROAD AHMEDABAD, GILIARAT, 382424

AHMEDABAD, GUJARAT, 382424 Contact No: 9306016874

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family!

Your Personal Accident Insurance Policy no 3317202357100504000 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.

Vivek Rasgotra

Senior Vice President Operations and Services Group

TAX CERTIFICATE

Dear Davinwerjit Singh,

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 $\ref{753}$ towards premium for , Policy No. 3317202357100504000 issued to DAVINWERJIT SINGH for the period 22/07/2022 to 21/07/2023.

Note: This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

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: 14/07/2022

Policy Issuing Office: Mumbai

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

Policy Schedule

my:health Koti Suraksha





MR DAVINWERJIT SINGH FLAT NO. 2, BLOCK NO. 35 SHRI BALAJI AGORA

RESIDENCY BEHINDE AGORA MALL SP RING ROAD AHMEDABAD, GUJARAT, 382424 Contact No : 9306016874

Policy No.	:3317 2023 5710 0504 000					
Period of Insurance	:From 22/07/2022 00:01 hrs To 21/07/2023 Midnight					
Invoice No.	:202357100504000	Premium Frequency	:Yearly			
Proposer Name	:Mr Davinwerjit Singh	Policy Type	:Individual			
HSN Code	:997133	PAN No.				
Customer Id	:101583461965	EIA No.	:Not provided			
Annual Income	:1000000					
Occupation	:Other office jobs					
Loan Account No.						
Lending Institution						
Email ID	:sales.jainuine@gmail.com					
Payment Details : 902	Payment Details: 90200008767874, Bank Name:BizDirect					

my:health Koti Suraksha - Insured Person's Details & Sum Insured										
Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	Occupation	Annual Income	Pre Existing Disease
Davinwerjit Singh	Self	М	27/09/1959	Avinash Kaur	SPOUSE	17/07/2018	As mentioned below	Other office jobs	1000000	No

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

Schedule of Coverage Section B. Personal Accident Section B.I Base Coverages

Section #	Covers	Member 1 Self	Member 2	Member 3	Member 4			
		Base Sum Insured / Sum Insured						
1	Accidental Death	2500000/2500000						
i	Disappearance	2500000/2500000						
ii	Comatose Benefit	1250000/1250000						
	Optional Cover under Accidental Death							
i	Burns	50000/50000						
2	Permanent Disablement (Table D)	2500000/2500000						
3	Temporary Total Disability	1040000/1040000						
1	Temporary Total Disability - Accident Only	10000 per Week,104 Weeks/10000 per Week, 104 Weeks						
II	Temporary Total Disability - Accident & Illness	0/0						
4	Broken Bones	100000/100000						
5	Emergency Medical Expenses	100000/100000						
II		Optional Cover	s under Emergency Medical	Expenses	•			
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0	<u> </u>					
ii	Co-Payment (in percentage)	0/0						
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day						
III	Optional Covers under Hospital Cash - Accident Only							
i	Companion Benefit	0/0	•	1				
ii	Hospital Cash - ICU	0/0						
iii	Time Deductible modification Option	0/0						
iv	Hospital Cash - Global	0/0						
7	Chauffeur Benefit	0/0						
		Section B III. Optional Cov	ers under Section 2 – Person	al Accident				

	Section B III. Optional Covers under Section 2 – Personal Accident					
i	Preventive Health Check Up	0/0				
ii	Last Rites	10000/10000				
iii	Dependent Child Education Benefit	250000/250000				
iv	Renewal Premium Benefit	0/0				
٧	Parental Care Benefit	50000/50000				
vi	Medical Evacuation	0/0				

	Waiting Periods Applicable to Temporary Total Disablement limess and Emergency Medical Expenses under Section.b				
Section B.IV	Pre-existing Conditions	48months			
Section B.IV	Listed illness & procedures	24 Months			
Section B.IV	General Waiting Period	30 days from Policy inception date			

The Policy Wording attached herewith includes all the standard coverage's 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. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 10 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.



	Premium Details (₹)				
	Particulars	Premium			
Α	Basic Premium	4,334.00			
В	Optional Cover Premium	178.00			
С	Net Premium (A+B)	4,512.00			
D	GST 18% : Central Tax 9% (₹406) + State Tax 9% (₹406)	812.00			
E	Gross Premium (C+D)	5,324.00			

Special Conditions

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim

The policy is valid subject to payment received by us. 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 noLOA NO. CSD/366/2022/2430 dated 06/06/2022 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018". Goods & Services Tax Registration No: 24AABCL5045N1ZE. GST for this invoice is not payable under reverse charge basis.

Branch: 206, sec fl. shopper plaza iv,opp. bsnl tel exch rd, navarangpura ahmedabad

Broker Name : JAINUINE INSURANCE BROKER PVT LTD

Broker Code: 21038464

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

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