



3317202357114004000

MR BHAVIN GIRISHBHAI VYAS
47 SAMTAVA BUNGLOW AT SHELATA SANAND
AHMEDABAD, GUJARAT, 382110
Contact No : 9714989898

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 3317202357114004000 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 Bhavin Girishbhai Vyas,

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 ₹ 678 towards premium for , Policy No. 3317202357114004000 issued to BHAVIN GIRISHBHAI VYAS for the period 27/07/2022 to 26/07/2023.

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.

Date : 19/07/2022

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney



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MR BHAVIN GIRISHBHAI VYAS 47 SAMTAVA BUNGLOW AT SHELATA SANAND AHMEDABAD, GUJARAT, 382110 Contact No : 9714989898	Policy No.	:3317 2023 5711 4004 000		
	Period of Insurance	:From 27/07/2022 00:01 hrs To 26/07/2023 Midnight		
	Invoice No.	:202357114004000	Premium Frequency	:Yearly
	Proposer Name	:Mr Bhavin Girishbhai Vyas	Policy Type	:Family
	HSN Code	:997133	PAN No.	
	Customer Id	:100780889028	EIA No.	:Not provided
	Annual Income	:0		
	Occupation	:Other office jobs		
Loan Account No.				
Lending Institution				
Email ID	:pancholi.tejas@gmail.com			
Payment Details	: 000404, Bank Name:HDFC BANK LTD			

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
Bhavin Girishbhai Vyas	Self	M	06/08/1979	Girishbhai	FATHER	27/07/2018	As mentioned below	Other office jobs	0	No
Riya	Spouse	F	01/08/1987	Bhavin	SPOUSE	27/07/2018		Housewife		No
Rivan	Dependent Son	M	07/12/2015	Bhavin	FATHER	27/07/2018		Student		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 Base Sum Insured / Sum Insured	Member 2 Spouse Base Sum Insured / Sum Insured	Member 3 Dependent Son Base Sum Insured / Sum Insured	Member 4
1	Accidental Death	1000000/1000000	500000/500000	250000/250000	
i	Disappearance	1000000/1000000	500000/500000	250000/250000	
ii	Comatose Benefit	500000/500000	250000/250000	125000/125000	
Optional Cover under Accidental Death					
i	Burns	50000/50000	0/0	0/0	
2	Permanent Disablement (Table D)	1000000/1000000	500000/500000	250000/250000	
3	Temporary Total Disability	1040000/1040000	0/0	0/0	
I	Temporary Total Disability - Accident Only	10000 per Week, 104 Weeks/10000 per Week, 104 Weeks	0/0		
II	Temporary Total Disability - Accident & Illness	0/0	0/0		
4	Broken Bones	100000/100000	0/0	0/0	
5	Emergency Medical Expenses	100000/100000	0/0	0/0	
Optional Covers under Emergency Medical Expenses					
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0	0/0	0/0	
ii	Co-Payment (in percentage)	0/0	0/0		
6	Hospital Cash - Accident Only	3000 per Day, 30 Days/3000 per Day, 30 Day	0/0		
Optional Covers under Hospital Cash - Accident Only					
i	Companion Benefit	0/0	0/0		
ii	Hospital Cash - ICU	0/0	0/0		
iii	Time Deductible modification Option	0/0	0/0		
iv	Hospital Cash - Global	0/0	0/0		
7	Chauffeur Benefit	0/0	0/0		

Section B III. Optional Covers under Section 2 – Personal Accident

i	Preventive Health Check Up	0/0	0/0	0/0	
ii	Last Rites	10000/10000	0/0	0/0	
iii	Dependent Child Education Benefit	100000/100000	0/0	0/0	
iv	Renewal Premium Benefit	0/0	0/0	0/0	
v	Parental Care Benefit	50000/50000	0/0	0/0	
vi	Medical Evacuation	0/0	0/0	0/0	

Waiting Periods Applicable to Temporary Total Disablement Illness 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
A	Basic Premium	3,287.00
B	Optional Cover Premium	82.00
C	Net Premium (A+B)	3,369.00
D	GST 18% : Central Tax 9% (₹303) + State Tax 9% (₹303)	606.00
E	Gross Premium (C+D)	3,975.00

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.>"