

Mr Manojbhai Ramchndra Kulkarni S/O RAMCHNDRA KULKARNI 25 DARSHAN BANGLOUS KARANANNAGAR ROAD KADI Kadi Mahesana Gujrat MAHESANA GUJARAT-382715 Contact No.: 9825161908

Policy No : 2805203582566202000

Intermediary Code	Intermediary Name	Intermediary Contact Number
21038464	JAINUINE INSURANCE BROKER PVT	
21030404	LTD	

Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Manojbhai Ramchndra Kulkarni,

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 for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit http://www.hdfcergo.com/our-hospitals-network.aspx

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

Warm Regards,

Margotra

Authorized Signatory

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 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 Proposer MANOJBHAI RAMCHNDRA KULKARNI has paid Rs.30167 (Rupees THIRTY THOUSAND ONE HUNDRED SIXTY-SEVEN) towards premium for Policy No. 2805203582566202000 issued to MR MANOJBHAI RAMCHNDRA KULKARNI for period 30-Aug-2022 to 29-Aug-2023.

For and on behalf of HDFC ERGO General Insurance Company Limited

Rargotra

Authorized Signatory

*Note

Location: Mumbai

Date: 27/08/2022

- 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.

Date: 27/08/2022

Location: Mumbai





Policy Number			2805 203	35 8256 6202 000									
Policy Holder's Name	Э			jbhai Ramchndra Kul	karni								
Policy Holder's Addre			S/O RAM	ICHNDRA KULKARNI ANA GUJARAT-382715	25 D/		IGL	OUS KARANAN	INAGAF	ROAD	KADI Kadi	Mahesana Gujrat	
Policy Holder State N GSTIN/ UIN (if any) of			Gujarat 8	& 24		F	Plac	ce of Supply			GUJARA1	Γ	
First policy inception		oluei	30/08/20	17		F	Poli	cy Issuance Date	<u>م</u>		27/08/202	2	
	uale		30/00/20	17		1	Uli	cy issuance Date	5		21/00/202	.2	
Policy Period			From 00	:01 hrs on 30/08/2022	To 2	4:00 hrs on 2	9/0	8/2023					
Issuing/Servicing Off	ice		AURANO	GABAD									
GSTIN			24AABC	L5045N1ZE									
EIA Number													
Intermediary Name			JAINUIN	E INSURANCE BROKE	ER P	VT LTD I	ntei	rmediary Contac	t No				
Intermediary Code			2103846	4		[Des		nized System	stem Of	Accident a Services/9	and Health insurar 9971	nce
Insured Person Det	ails					I	-						
		Men	ber 1	Member 2		Member 3		Member 4		Memb	per 5	Member 6	
			DJBHAI	Mrs Artiben		Master Yash		Miss Mansh	i i				
Particulars / Member	ID	RAMC	HNDRA			ojbhai Kulkarr							
			ARNI / 02837448	202009102837449	202	00910283745	50	202009102837	451				
Date of Birth (Age)		13/09/*	972 (49)	16/04/1981 (41)	20)/10/2001 (20))	30/04/2004 (1	8)	-		-	
Relationship to Policy	v Holder		Self	Wife		Son		Daughter		-		-	
Base Sum Insured (₹						Ę	500	000					
Multiplier Benefit SI (250	000					
Protector Rider	.,												
Sum Insured (₹)							-	-					
Total Sum Insured (₹)						750	000					
, ,		`											
Other Riders and B	enefits (र)											
Protector Rider								-					
Hospital Daily Cash I (Max. 30 days)				T			-	-				1	
Critical Advantage R (\$)	ider SI		-	-		-		-		-		-	
IPA Rider SI			-	-		-		-		-		-	
my: health Critical Illi Sum Insured (Rs.)	ness												
my: health Critical Illi Plan	ness												
Unlimited Restore Be	enefit						N	lo				I	
Nominee Details													
Nominee Name : Mrs	Artihen M	lanoibhai	Kulkarni				Rel	lationship to Polic	cyholder	· Wife			
				oolicyholder. For all oth	or Inc						00		
Premium Calculatio	on (₹)					07.0.00/							
Net Premium						ST@0%	00/						0
Discounts						ST/UTGST@	0%						0
Loadings						ST@18%	- T.					4	1602
Taxable Premium Gross Premium				25565		other Cess o	or la	axes					0
Gross Premium (in w	(orde)	Dun	oos Thirty T	Thousand One Hundred		v Sovon							
				vide e-stamp Certificat			13/2	0022/1281 dated	20/03/2	าวว			
Original for Recipient			. , .	vide e-stamp Certificat	e no	. LUA/CSD/30	J3/2	2022/1301 ualeu	29/03/2	JZZ.			
Whether tax is payab				`									
Exclusion(s) / Spec Member ID No.	ial Conditi	Name	efer the lea	Exclusion Type	olicy	Applicable on SI			Exclusion		Portability/	Renewal Benefit	
									(Years)			
202009102837448	MANOJB											Rupees Five Lakh	
		KULKARI	11									Sec 5 A (ii) Sec 5	
202009102837451		lanshi Ma	noibhai									wording is waived Rupees Five Lakh	
202003102037431		Kulkarni										Sec 5 A (ii) Sec 5	
												wording is waived	

HDFC ERGO Take it easy!

Policy Schedule - Optima Restore Floater

Exclusion(s) / Speci	al Condition(s) (Refer the lea	aflet attached in the policy	document w	.r.t. exclusions) :		
Member ID No.	Name	Exclusion Type	Applicable	Health Condition	Exclusion	Portability/ Renewal Benefit
			on SI		Duration	
					(Years)	
202009102837450	Master Yash Manojbhai					For Rs 500000(Rupees Five Lakhs)
	Kulkarni					Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
						(iii) of the policy wording is waived.
202009102837449	Mrs Artiben Manojbhai]	For Rs 500000(Rupees Five Lakhs)
	Kulkarni					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

Razotra

Authorized Signatory

Location: Mumbai Date: 27/08/2022

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

	SCHEDULE OF BENEFITS
In-patient Treatment	Upto 500000
Pre-Hospitalization	Upto 500000 for 60 days
Post-Hospitalization	Upto 500000 for 180 days
Day Care Procedures	Upto 500000
Domiciliary Treatment	Upto 500000
Organ Donor	Upto 500000
Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800
Ambulance (per hospitalization limit)	Upto Rs.2,000 per Hospitalization
E-Opinion in respect of a Critical Illness	One per policy year
Restore Benefit	100% of Basic SI (for any illness or any insured person)
Multiplier Benefit	Bonus of 50% of the Basic SI for every claim free policy year, maximum upto 100%. In case of claim, accumulated bonus will be reduced by 50%
Preventive Health Check-up (Floater)	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continous two policy years.



nsured Name	Gender
/rs Artiben Manojbhai Kulkarni	Female
iss Manshi Manojbhai Kulkarni	Female
anojbhai Ramchndra Kulkarni	Male
laster Yash Manojbhai Kulkarni	Male

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 eimbursement. 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.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Health Claim Services Address : HDFC ERGO General Insurance Company Limited Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022-62346234/ 0120-62346234Email: healthclaims@hdfcergo.com.Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license.