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Mr Pankaj Chandrakant Walsekar INDO-GERMANIC TOOL ROOM E-335 N1 CIDCO AURANGABAD ,.MAHARASHTRA NA NA AURANGABAD MAHARASHTRA-431001 Contact No.: 9823913884

Policy No: 2805203649439402000

Intermediary Code	Intermediary Name	Intermediary Contact Number
21022464	JAINUINE INSURANCE BROKER PVT	
21038464	LTD	

### **Renewal of Your Optima Restore Floater Insurance Policy**

Dear Mr Pankaj Chandrakant Walsekar,

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 PANKAJ CHANDRAKANT WALSEKAR has paid Rs.19535 (Rupees NINETEEN THOUSAND FIVE HUNDRED THIRTY-FIVE) towards premium for Policy No. 2805203649439402000 issued to MR PANKAJ CHANDRAKANT WALSEKAR for period 02-Sep-2022 to 01-Sep-2023.

For and on behalf of HDFC ERGO General Insurance Company Limited

Razotra

Authorized Signatory

\*Note

Location: Mumbai

Date: 01/09/2022

- 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.

Location: Mumbai Date: 01/09/2022

## Policy Schedule - Optima Restore Floater



Policy Number			2805 20	36 4943 9402 000										
Policy Holder's Name			Mr Pankaj Chandrakant Walsekar											
Policy Holder's Address			INDO-G	INDO-GERMANIC TOOL ROOM E-335 N1 CIDCO AURANGABAD ,.MAHARASHTRA NA NA AURANGABAD MAHARASHTRA-431001										
Policy Holder State Name & Code				Maharashtra & 27				ce of Supply			MAHARASHTRA			
GSTIN/ UIN (if any) of Policy Holder														
First policy inception date			02/09/2	02/09/2016				icy Issuance Date	9		01/09/202	22		
Policy Period			From 0	From 00:01 hrs on 02/09/2022 To 24:00 hrs on 01/09/2023										
Issuing/Servicing Office			AURAN	AURANGABAD										
GSTIN			27AAB0	27AABCL5045N1Z8										
EIA Number														
Intermediary Name				JAINUINE INSURANCE BROKER PVT LTD Intermediary Contact No										
Intermediary Code			210384	21038464				Description/ Harmonized System Of Accident and Health insur Nomenclature Code Services/9971						
Insured Person Deta	ails						·							
			lember 1			Member 3		Member 4	Memt		per 5	Member 6		
Deutieuleur (Meurleur	10		ananya Panka valsekar /			PANKAJ	-							
Particulars / Member	ID			ekar / walsekar / 01251502 2020010001251503		CHANDRAKAN WALSEKAR		/						
Date of Birth (Age)		29/0	02/2012 (10)	) 17/11/1988 (33)		7/02/1986 (36	_	-				-		
Relationship to Policy	/ Holder		Daughter	Wife		Self	<u> </u>	-		-		-		
Base Sum Insured (र	)			•			500	0000						
Multiplier Benefit SI (	₹)						500	0000						
Protector Rider														
Sum Insured (₹)								-						
Total Sum Insured (र	)					-	1000	0000						
Other Riders and B	enefits (	₹)												
Protector Rider								-						
Hospital Daily Cash F (Max. 30 days)								-						
Critical Advantage Ri (\$)	der SI		-	-	-			-		-		-		
IPA Rider SI			-	-		-		-		-		-		
my: health Critical Illr Sum Insured (Rs.)														
my: health Critical Illr Plan	ness													
Unlimited Restore Be	enefit						Y	′es						
Nominee Details									·					
Nominee Name : Mrs	Swapna	Panka	j Walsekar				Rel	lationship to Polic	cyholder:	Wife				
The nominee must be	e an imme	ediate i	relative of the	policyholder. For all oth	er Ins	sured Person	s the	e policy holder sh	all be the	nomine	ee.			
Premium Calculation	on (₹)													
Net Premium				16555	5  CG	ST@9%						1490		
Discounts				0 SGST/UTGS			@9%			1490				
Loadings						GT@0%				0				
Taxable Premium			16555 Any other Cess or Taxes							0				
Gross Premium Gross Premium (in words) Rupee				19535 pees Nineteen Thousand Five Hundred Thirty-Five										
· · ·	,		-	d vide e-stamp Certificat			03/2	2022/1381 dated	20/03/20	22				
Original for Recipient				u vide e-starrip Certifica		LUACSD/S	03/2	2022/1301 ualeu	29/03/20	<i></i> .				
Whether tax is payab				0										
					oliov	document	v r 4	ovelusions) :						
Member ID No.	r ID No. Name			Exclusion Type		Applicable on SI	e Health Condition Exclus Durat		Exclusion Duration	n				
0000040004054500	R 4'		·· Declar'						(Years)		- 500000			
2020010001251502 Miss ananya P walsekar		ekar							Sec 5 (iii) of	A (i) and the policy	00(Rupees Five Lakhs) nd Sec 5 A (ii) Sec 5 A licy wording is waived.			
		J CHANDRAKANT WALSEKAR								Sec 5	A (i) and	Rupees Five Lakhs) Sec 5 A (ii) Sec 5 A 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			
2020010001251503	Mrs swapna Pankaj walsekar					For Rs 500000(Rupees Five 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

Razgotra

Authorized Signatory

Location: Mumbai Date: 01/09/2022

"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)					
Unlimited Restore Benefit (Optional Benefit)	Unlimited restorations in a policy year					
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.					



Policy No.: 28052	03649439402000	
Insured Name	Gender	
Miss Ananya Pankaj Walsekar	Female	
Pankaj Chandrakant Walsekar	Male	
Mrs Swapna Pankaj Walsekar	Female	

#### 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.