



Dr Bharat Subhashchandra Mangal MAKAN NO 99 WARD N-19 AB ROAD SWARN PURI COLONI NA SENDHWA MADHYA PRADESH-451666 Contact No.: 9826422814

Policy No : 2805203646489303000

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

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

Dear Dr Bharat Subhashchandra Mangal,

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,

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 BHARAT SUBHASHCHANDRA MANGAL has paid Rs.36562 (Rupees THIRTY-SIX THOUSAND FIVE HUNDRED SIXTY-TWO) towards premium for Policy No. 2805203646489303000 issued to DR BHARAT SUBHASHCHANDRA MANGAL for period 31-Mar-2023 to 30-Mar-2024.

#### For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 11/03/2023

Sharma

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.

Location: Mumbai Date: 11/03/2023



# Policy Schedule - Optima Restore Floater

Particy Holder's Name         Dr Bhardt Subhashchandraff Mangal         PURI COLONINA SENDHWA NADHYA PRADESH           Particy Holder's Address         MarkAN NO 99 WARD N1 24 RAD SWARN PURI COLONINA SENDHWA NADHYA PRADESH         [11032023           Particy Holder's Address Name & Code         MarkAN NO 99 WARD N1 24 RAD SWARN PURI COLONINA SENDHWA NADHYA PRADESH         [11032023           Particy Relation Code         Particy Besting Office         [11032023         [11032023           Policy Period         Period 05:01 hrs on 3103/2024         [11032023         [11032023           Staing Genvicing Office         -binPolicy Besting Office - 00-200 KLOPK MANDA COLONY, JALNA ROAD, AURANGARAD - 431001, MAHARASHTRA AURANGABAD, 431001, GSTN         224AAGL 50450H7G         [11030203           EIA Number         Intermediary Code         21039844         [Intermediary Confact No Description Harmonized System Office - 00-2007 MALARASHTRA AURANGABAD, 431001, GSTN         [Sarvice3971           Intermediary Code         21039844         [Intermediary Confact No Description Harmonized System Of Acadomit and Health Insurance Service3971         [Marther 1]         [Marther 1]         [Marther 1]         [Marther 1]         [Marther 1]         [Marther 1]         [Marther 2]         [Marther 1]	Policy Number			2805 20	36 4648 9303 000								
Parket         Description         Control of the set of se		:		Dr Bhar	at Subhashchandra M	anga							
Policy Holder State Name & Code         Madhya Pradesh & 23         Place of Supply         MADHYA PRADESH           First policy inception date         31032018         Policy Issuance Date         141032023           Policy Policid         From 0001 hrs on 31032024         Policy Policid         141032023           Issuing/Serviceg Office         -05-Policy Issuing Office -05-2ND FLOOR, MALPAN S OBEROI TOWER, OPPOSITE GOVERNMENT MILK         DARY, RAMANARD COLONY, JALAN ROAD, ALTAN SOBEROI TOWER, OPPOSITE GOVERNMENT MILK           Issuing/Serviceg Office         -05-Policy Issuing Office -05-2ND FLOOR, MALPAN S OBEROI TOWER, OPPOSITE GOVERNMENT MILK           Issuing/Serviceg Office         -05-Policy Issuing Office -05-2ND FLOOR, MALPAN SOBEROI -01, MAHARASHTRA ALPANAGAAD, 431001.           CSTIN         224ABCL56404V12C         ESTIMAL           Intermediary Cole         103684         Data Magal / Mannahato Cole           Intermediary Cole         103684         Data Magal / Mannahato Cole         Academ and Heath Insurance Mannahato / 20000272862571         Data Magal /								UR	I COLONI NA SE	NDHWA	MADH	A PRADE	ESH-451666
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First policy inception date         3103/2018         [Pelcy Issuance Date         [1103/2023]           Policy Period         From 00:01 hrs on 3103/2024         Form 00:01 hrs on 3103/2024         Form 00:01 hrs on 3103/2024           Issuing/Servicing Office         -bPolicy Issuing Office - 50-2ND FLOOR, MALPANI S OBEROI TOWER, OPPOSITE GOVERNMENT MILK DARY, RAMANAND COLONY, JALA ROAD, ALPANOSADD - 31001, MALPARSHTRA ALPRANGADD, 43101.         EAR           GSTIN         223/402L.5045/W12G         Intermediary Contact No Description F Hamonical System OT Academt and Health Insurance Nomerodative Code         Academt and Health Insurance Services 971           Intermediary Contact No Description F Hamonical System OT Academt and Health Insurance Nomerodative Code         Member 1         Member 1         Member 6         Member 6           Intermediary Contact No Description F Hamonical System OT Academt and Health Insurance Nomerodative Code         Member 6         Member 6         Member 6           Intermediary Contact No Description F Hamonical System OT Academt and Health Insurance Nomerodative Code         Member 6         Member 6         Member 6           Intermediary Contact No Description F Hamonical System OT Academt and Health Insurance Nomerodative Code         Nomber 6         Member 6         Membe	GSTIN/ UIN (if any) of	f Policy H	Holder										
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Basiling Solution (Solution)         Darkyr, FAMANAND COLONY, JALINA ROAD, AURANGABAD -431001, MAHARASHTRA AURANGABAD, 431001, GSTIN           EI A Number         ZANABCL 5045N12G           EI A Number         JUNUINE INSURANCE BROKER PVT LID           Intermediary Code         21038464           Description / Harmonized System Of Accident and Health insurance Swinces9871           Particulars / Member 1         Member 1           BHARA T, ANANGAU, // A NANGAU, // 202009272662371         Member 3           Member 3         Member 4           Base Sim Insured (F)         1000187/ (S2)           Date of Bith (Age)         110001870 (S2)           ANANGAU, // ANANGAU, // Subrit State St	Policy Period			From 00	):01 hrs on 31/03/2023	To 24	4:00 hrs on 3	80/0	03/2024				
Ein Aumber         JuiNUINE INSURANCE BROKER PVT LTD         Intermediary Contact No           Intermediary Code         21038464         Description/ Harmonized System Of Accident and Health insurance Services/9971           Insured Person Details         Member 1         Description/ Harmonized System Of Accident and Health insurance Services/9971           Particulars / Member ID         SUBHARAT N 20200272862370         Member 3         Member 4         Member 5         Member 5           Date of Birth (Age)         11/06/1970 (52)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -           Date of Birth (Age)         11/06/1970 (52)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -           Sam Insured R)         Self         Wife         Daughter         Son         -         -           Vingligher Benefits (7)         500000         500000         -         -         -         -           Protector Rider         - <t< td=""><td>Issuing/Servicing Offic</td><td>се</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Issuing/Servicing Offic	се											
Intermediary Name         LJANUNE INSURANCE BROKER PVT LTD         Intermediary Contact No         Intermediary Contact No           Intermediary Code         21038464         Description1 Hermonized System Of Acident and Healtminusance Nomenclature Code         Services/9971           Insured Person Details         Member 1         Member 1         Thim Tab Brant Mangal / 202009272862370         Member 3         Member 6         Member 6           Date of Birth (Age)         Thim Tab Brant 202009272862370         Date Tab Brant Mangal / 202009272862370         Member 6         Member 6           Date of Birth (Age)         Thio (1970) 7622         2506/1973 (49)         15'10'2001 (21)         21'06'2004 (18)         -         -           Date of Birth (Age)         Thio (1970) 7622         2506/1973 (49)         15'10'2001 (21)         21'06'2004 (18)         -         -           Protector Rider Sum Insured (?)         500000         -	GSTIN			23AABC	L5045N1ZG								
Intermediary Code         21038464         Description/Harmonized System Of Accident and Health Insurance Nomenclature Code           Insured Person Details         Member 1         Member 1         Berkesey9971           Particulars / Member ID         UBHARAT T BHARAT T A MANGAL / 202009272862370         Member 3 Member 4         Member 4 Member 3 Member 4         Member 5 Member 5         Member 6           Date of Birth (Age)         11/06/1970 (52)         2506/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -           Base Sum Insured (?)         Serie         Son         -         -         -           Whitplier Benefits (?)         5000000         5000000         -         -         -           Protector Rider Sum Insured (?)         -         -         -         -         -         -           Protector Rider Sum Insured (?)         -	EIA Number												
Intermediary Code         21038464         Description/Harmonizade System Of Accident and Health Insurance Nomenclature Code           Insured Person Details         Member 1         Member 1         Member 1         BerkAPAT BHARAT T 202009272862370         Member 3 Member 3         Member 4 Masgal / 202009272862371         Member 4 Masgal / 202009272862371         Member 4 Masgal / 202009272862371         Member 5         Member 6           Date of Birth (Age)         11/06/1970 (52)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -           Date of Birth (Age)         11/06/1970 (52)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -           Base Sum Insured (?)         Son         -         -         -         -           Protector Rider Mass 30 (sys)         -         -         -         -         -           Protector Rider Sum Insured (?)         -	Intermediary Name			JAINUIN	E INSURANCE BROKE	ER PV	/T LTD  I	nte	rmediary Contac	t No			
Issured Parson Details         Member 1 BinkPAT (2009272862370         Member 2 Difference (2009272862371         Member 4 Member 3 (2009272862371         Member 5 Member 6         Member 5 Member 6         Member 6 Member 6           Date of Bith (App)         11/06/1970 (62)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -         -           Date of Bith (App)         11/06/1970 (62)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (18)         -         -           Base Sum Insured (?)         500000         500000         -         -         -         -           Base Sum Insured (?)         500000         500000         -         -         -         -           Crictal Sum Insured (?)         500000         -	Intermediary Code			2103846	64		l	Des	scription/ Harmor	nized Syst	em Of		
Member 1 Particulars / Member 1 SUBHARAT SUBHARATCHANDR A MANCAL.         Member 2 Dr.Ninta Bharat Mangal / 202009272863278         Member 5 Member 5 Margal / 202009272863271         Member 5 Member 5 Member 5 Margal / 202009272863271         Member 5 Member 6 Margal / 202009272863271         Member 5 Member 6 Margal / 202009272863271         Member 6 Member 5 Margal / 202009272863271         Member 6 Member 6 Margal / 202009272863271           Date of Birth (Age)         10/00/01         500000         -	Insured Person Deta	ails				-	[.						
Particulars / Member ID         BHARAT (2020927286237)         Dr. Nimita Bharat Mangal / 20209272862372         Master Knanak 20209272862372           Date of Birth (Age)         1106:1797 (52)         2506/1973 (49)         15/10/2011 (21)         2108/2004 (18)         -         -           Date of Birth (Age)         1106:1797 (52)         2506/1973 (49)         15/10/2011 (21)         2108/2004 (18)         -         -           Base Sum Insured (7)         Self         Wife         Daughter         Son         -         -           Sum Insured (8)          500000         -         -         -         -           Yorks Sum Insured (7)          500000         -         -         -         -           Charlas Sum Insured (8)          -<			M	ember 1	Member 2		Member 3		Member 4	1	Memb	er 5	Member 6
Date of Birth (Age)         11/06/1970 (52)         25/06/1973 (49)         15/10/2001 (21)         21/08/2004 (16)         -	Particulars / Member I	ID	E SUBH/ A N	BHARAT ASHCHANDF MANGAL /	Dr Nimita Bharat Mangal / 202009272862370	Miss	s Purva Bhan Mangal /		Master Rona Bharat Manga	al /			
Relationship to Policy Holder         Self         Wrife         Daughter         Son         -         -           Base Sum Insured (f)         500000         500000         -	Data of Dirth (Aga)					15	10/2001 (21)	_	21/09/2004 /1	0)			
Base Sum Insured (?)         500000           Multiplier Benefit SI (?)         500000           Protector Rider         -           Sum Insured (?)         1000000           Other Riders and Benefits (?)         1000000           Other Riders and Benefits (?)         -           Protector Rider         -           Hospital Daly Cash Rider SI         -           (%)         -           Unlimited Restore Benefit         No <t< td=""><td></td><td>Loldor</td><td>11/0</td><td>· · /</td><td>· · · ·</td><td>15</td><td></td><td>)</td><td></td><td>(8)</td><td>-</td><td></td><td>-</td></t<>		Loldor	11/0	· · /	· · · ·	15		)		(8)	-		-
Multiplier Benefit SI (?)         500000           Protector Rider         -           Sum Insured (?)         1000000           Other Riders and Benefits (?)         1000000           Other Rider SI         -           Hospital Daily Cash Rider SI (Max. 30 days)         -           Critical Advantage Rider SI (Max. 30 days)         -           Critical Advantage Rider SI (S)         -           IPA Rider SI         -           IPA Rider SI         -           Sum Insured (Rs)         -           IPA Rider SI         -           Unlimited Restore Benefit         No           Nominee Name I'ms Nimital Mangal         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 (*)         0           Net Premium 30985 / CGST@0%         0           Discounts         0				Self	vvire		<u> </u>				-		-
Protector Rider Sum Insured (?) Total Sum Insured (?) Total Sum Insured (?) Total Sum Insured (?)  Protector Rider Protector R	( )												
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Other Riders and Benefits (*)         -           Protector Rider         -           Hospital Daily Cash Rider SI (Max. 30 days)         -           Critical Advantage Rider SI (Max. 30 days)         -           Critical Advantage Rider SI (Max. 30 days)         -           IPA Rider SI         -													
Protector Rider       -         Hospital Daily Cash Rider SI (Max. 30 days)       -         Critical Advantage Rider SI (S)       -       -         (PA Rider SI       -       -         (S)       -       -         (PA Rider SI       -       -         (S)       -       -         (S)       -       -         (S)       -       -         (PA Rider SI       -       -         (PA Rider SI       -       -         (PA Rider SI       -       -         (Pa Rider SI Rider SI       -       -         (Pa Rider SI Rid							1	000	0000				
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(Max. 30 days)       -       -         Critical Advantage Rider SI       -       -       -         (B)       -       -       -       -         (IPA Rider SI       -       -       -       -       -         my: health Critical Illness       -       -       -       -       -         Sum Insured (Rs.)       -       -       -       -       -       -         My: health Critical Illness       -									-				
(5)       -	(Max. 30 days)								-				
IPA Rider SI       - <t< td=""><td></td><td>der SI</td><td></td><td>-</td><td>-</td><td></td><td>-</td><td></td><td>-</td><td></td><td>-</td><td></td><td>-</td></t<>		der SI		-	-		-		-		-		-
Sum Insured (Rs.)       my: health Critical Illness         my: health Critical Illness       No         Value       No         Nominee Details       No         Nominee Name : Mrs Nimita Mangal       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 (₹)       Relationship to Policyholder. State and the policyholder. For all other Insured Persons the policy holder shall be the nominee.         Premium Calculation (₹)       0         Net Premium       30985 [CGST@0%         Discounts       0         0       SGST/UTGST@0%         Cross Premium       30985 [Any other Cess or Taxes         0       Gross Premium (in words)         Rupees Thirty-Six Thousand Five Hundred Sixty-Two       0         The stamp duty of Rs. 1/- (Rupees One Only ) paid vide e-stamp Certificate No. LOA/CSD/303/2022/1381 dated 29/03/2022.       Original for Recipient/ Duplicate for Supplier         Whether tax is payable on reverse charge basis: No       Exclusion (\$)       Portability/ Renewal Benefit         Member ID No.       Name       Exclusion Type       Applicable on SU Suppler         Vortation       Verafic       For Rs 100000(Rupees One Lakhs) Sec 5 A (ii) and Sec 5 A (ii) and Sec 5 A (iii) Sec 5 A (iii) of the policy wording is wa				-	-		-		-		-		-
Pran Unlimited Restore Benefit No           Nominee Details         No           Nominee Datails         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 (₹)           Premium Calculation (₹)         0           Net Premium         30985 [CGST@0%         0           Discounts         0         SGST/UTGST@0%         0           Loadings         0         IGST@18%         5577           Taxable Premium         30985 [Any other Cess or Taxes         0           Gross Premium (in words)         Rupees Thirty-Six Thousand Five Hundred Sixty-Two         0           The stamp duty of Rs. 1/- (Rupees One Only ) paid vide e-stamp Certificate No. LOA/CSD/303/2022/1381 dated 29/03/2022.         0           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) :         Portability/ Renewal Benefit           202009272862368         BHARAT SUBHASHCHANDRA MANGAL         SuBHASHCHANDRA         For Rs 100000(Rupees One Lakhs) Sec 5 A (i) and Sec 5 A (ii) Sec 5 A	Sum Insured (Rs.)												
Nominee Details       Relationship to Policyholder: Wife         Nominee Name : Mrs Nimita Mangal       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       30985       CGST@0%       0         Discounts       0       SGST/UTGST@0%       0         Loadings       0       ISGST/UTGST@0%       0         Loadings       0       ISGST/UTGST@0%       0         Cross Premium       30985       Any other Cess or Taxes       0         Gross Premium (in words)       Rupees Thirty-Six Thousand Five Hundred Sixty-Two       The stamp duty of Rs. 1/- (Rupees One Only ) paid vide e-stamp Certificate No. LOA/CSD/30/2022/1381 dated 29/03/2022.       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) :       Portability/ Renewal Benefit         202009272862368       BHARAT       SUBHASHCHANDRA       For Rs 100000(Rupees One Lakhs)         Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (ii) Sec 5 A (iii) sec 5 A (iii) sec 5 A (iii) of the policy wording is waived.       SubHASHCHANDRA		iess											
Nominee Name : Mrs Nimita Mangal       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       30985 [CGST@0%         Discounts       0 [SGST/UTGST@0%         Loadings       0 [GST@18%         Taxable Premium       30985 [Any other Cess or Taxes         Gross Premium (in words)       Rupees Thirty-Six Thousand Five Hundred Sixty-Two         The stamp duty of Rs. 1/- ( Rupees One Only ) paid vide e-stamp Certificate No. LOA/CSD/303/2022/1381 dated 29/03/2022.         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         202009272862368       BHARAT SUBHASHCHANDRA MANGAL	Unlimited Restore Be	nefit						N	10				
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       30985 CGST@0%       0         Discounts       0       SGST/UTGST@0%       0         Loadings       0       IGST@18%       SGST/UTGST@0%       SGST/UTGST@0%       SGST/UTGST@0%       SGST/UTGST@0%       SGST/UTGST@1%         Taxable Premium       30985 Any other Cess or Taxes       O         Gross Premium (in words)       Rupees Thirty-Six Thousand Five Hundred Sixty-Two         The stamp duty of Rs. 1/- (Rupees One Only ) paid vide e-stamp Certificate No. LOA/CSD/303/2022/1381 dated 29/03/2022.       Original for Recipient/ Duplicate for Supplier         Whether tax is payable on reverse charge basis: No       Exclusion Type       Applicable on SI													



## Policy Schedule - Optima Restore Floater

Exclusion(s) / Speci	ial Condition(s) (Refer the le	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)	
202009272862372	Master Ronak Bharat					For Rs 100000(Rupees One Lakhs)
	Mangal					Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
						(iii) of the policy wording is waived.
						For Rs 400000(Rupees Four Lakhs)
						Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
						(iii) of the policy wording is waived.
202009272862371	Miss Purva Bharat Mangal				İ	For Rs 100000(Rupees One Lakhs)
						Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
						(iii) of the policy wording is waived.
						For Rs 400000(Rupees Four Lakhs)
						Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
						(iii) of the policy wording is waived.
202009272862370	Dr Nimita Bharat Mangal					For Rs 100000(Rupees One Lakhs)
						Sec 5 A (i) and Sec 5 A (ii) Sec 5 A (iii) of the policy wording is waived.
						(iii) of the policy wording is waived.
						For Rs 400000(Rupees Four Lakhs)
						Sec 5 A (i) and Sec 5 A (ii) Sec 5 A
1						(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

Asharmo Authorized Signatory

Location: Mumbai

Date: 11/03/2023

"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
Dr Nimita Bharat Mangal	Other
Bharat Subhashchandra Mangal	Male
/laster Ronak Bharat Mangal	Male
liss Purva Bharat Mangal	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 invation the policy is cancelled (2) in case of renewal presserent (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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