

## Schedule - Group Health Insurance [UIN: CHOHLGP21307V022021]

GST Invoice No.:2825437931273

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

ADDRESS: AURANGABAD BRANCH OFFICE Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony Opp. LMS Jeweller Jalna road, Aurangabad - 431005

KRANTI CHOWK S.O

Business Location

CITY: AURANGABAD

AURANGABAD BRANCH OFFICE

27AABCC6633K1ZJ GSTIN:

STATE: MAHARASHTRA

PAN: AABCC6633K SAC Code: 997133

DATE: 29/03/2023

SAC Description: Accident and health insurance services

	Policy Number : 2825/0		2825/00108996	25/00108996/000/00		: 1021365629360001	
	<b>A.</b> 1	Insured Details					
	1	Name of Insured			CASTOMACH GLOBAL PRIVATE LTD		
	2	Business / Profession	n		PRIVATE CORPORATE		

1	Name of Insured	CASTOMACH GLOBAL PRIVATE LTD		
2	Business / Profession	PRIVATE CORPORATE		
	Address of Insured	GUT NO 17/2,OPP MOTHERSOME COMPANY,NEAR VOLKSWAGEN MATERIAL GATE NIGHOJE TAL KHED,CHAKAN S.O		
	City PUNE			
3	State	MAHARASHTRA		
	Pin Code	410501 GST No.: 27AAJCC1121E1Z7		
4	4 Aadhar No			
5	PAN No.	AAJCC1121E		
6	Period of Insurance	From (time) 10:44 16/03/2023 (effective date)		
7	Insured Period	To (time) midnight of 15/03/2024 (expiration date)		
8	Loan account no.	Nil		
9	Premium Receipt	1057496539		

B. Benefits Covered:

Coverage Subject to Group Mediclaim clause with following add

shall be restricted to 60 years) Employees + Spouse + 2 Dependent Children (Maximum age of Employees & Dependent

22Employees and 31 Dependents

No of persons covered Waiver of Pre-Existing Condition Covered Waiver of 30day waiting period Covered Covered Waiver of 1st year Exclusion Maternity Extension Normal: 40000

Caesarian: 50000 Maternity Waiting Period Waiver Covered New Born Baby - Day 1 cover Covered

Covered Terrorism Non-Network Room ren Room Class Post-Hospitalisation Ambulance Expenses Entailmen Co-payment NIL NIL NIL NIL

C. Premium: Total Sum Insured 2,200,000.00 Total Premium (net) 146.437.00 CGST (9%) Rs 13,179.50

Kerala Flood Cess Rs 0.00 IGST (0%) Rs 0.00 172,796.00 Total amount payable Rs. One Lakh Seventy Two Thousand Seven Hundred Ninety Six Only (in rupees) Rupees

D. Co- Insurance Details :

ICU: 1.5%

Cholamandalam MS General Insurance Co Ltd

It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception)

1) In the event of cancellation (initiated by either the insurer or the insured), no refund shall be made if the claims ratio at the time of cancellation is > 100%. 2) Reimbursement claims to be filed within 30 days of discharge. 3) 141 Daycare Procedures Covered. 4) COVID - 19 cover-Covered under in-patient hospitalisation; Home quaratine not covered.

E. Administrator CHOLA MS HELF

DARE HOUSE, 2 ND FLOOR,

NO 2, N.S.C. BOSE ROAD,

CHENNAI G.P.O

CHENNAI

TAMIL NADU

600001

Whether tax is payable under reverse charge basis - No.

Consolidated Stamp Duty Paid Vide G.O. Rt No.88, Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 28/02/2023

Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE

LIMITED

Code: 200149210153 Contact No. 8149178773

POSP Aadhaar No .:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy

Place : CHENNAI

	CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD
Date : 29/03/2023	Authorised Signatory

Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

**Employee List** 

