

HDFC ERGO General Insurance Company Limited

my: Optima Secure



2856205447286300000

MR VINAY PRAKASHCHAND KOTHARI

K K PALACE SUPAN
BAG JAMNER JALGAON JALGAONPINCODE -
424206
JALGAON, MAHARASHTRA, 424206
Contact No. 9422774764

Date :26/05/2023

Dear MR VINAY PRAKASHCHAND KOTHARI

Thank you for choosing HDFC ERGO GENERAL INSURANCE COMPANY LTD. as your preferred insurance partner. We welcome you to be a part of our family !

Your Health insurance policy reference no 2856205447286300000 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.

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited



Dear MR VINAY PRAKASHCHAND KOTHARI,

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 ₹ 33934 towards premium from MR VINAY PRAKASHCHAND KOTHARI for my: Optima Secure, Policy No. 2856205447286300000 issued to MR VINAY PRAKASHCHAND KOTHARI for the period 10/06/2023 to 09/06/2024.

Member wise premium break up is as follows:

Insured Person's Premium Details						
Name of Insured Person	Relation with policy holder	Gender	Date of Birth	Premium	Goods & Services Tax (GST)	Total Premium including GST
Vinay Prakashchand Kothari	Self	Male	04/12/1978	13969.5	2514.5	16484
Mamta Vinay Kothari	Spouse	Female	12/05/1981	6150.6	1107.1	7257.7
Pratham Vinay Kothari	Son	Male	16/01/2006	4454.66	801.83	5256.49
Pujan Vinay Kothari	Son	Male	01/12/2009	4183.31	752.99	4936.3

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.

For HDFC ERGO General Insurance Company Ltd.

Date : 26/05/2023

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

Policy Schedule

my: Optima Secure
Optima Secure



2856205447286300000

MR VINAY PRAKASHCHAND KOTHARI K K PALACE SUPAN BAG JAMNER JALGAON JALGAONPINCODE - 424206 JALGAON, MAHARASHTRA-424206 Contact No : 9422774764	Policy Number	: 2856 2054 4728 6300 000	Issuance Date	: 26/05/2023	
	Period of Insurance	: From 10/06/2023 00:01 hrs To 09/06/2024 Midnight			
	Invoice No.	: 205447286300000	Premium Frequency	: Single	
	Policyholder Name	: Mr Vinay Prakashchand	Policy Type	: FAMILY Floater	
	HSN Code	: 997133	Premium Tier	: Tier2	
Place of supply	: MAHARASHTRA	Previous Policy	: 42698060	Renewal	: No
Customer Id	: 101365844972	EIA No.	: Not provided		
PAN	: AIEPK5526D	Email ID	: waseemuddin.m@hdfcergo.com		
Intermediary Name	JAINUINE INSURANCE BROKER PVT LTD	Intermediary Code	21038464	Intermediary Contact Number	91-257-2225747

Insured Person's Details and Sum Insured - Optima Secure

Insured Person's Name	Relation with policy holder	Gender	Date of Birth	Nominee Name	Relationship with Nominee	First Policy Inception date	Base Sum Insured (₹)	Aggregate Deductible (₹)	Plus Benefit	Unlimited Restore Add on(Y/N)
Vinay Prakashchand Kothari	Self	Male	04/12/1978	Mamta Vinay Kothari	Wife	10/06/2019	1000000	0	0	Yes
Mamta Vinay Kothari	Spouse	Female	12/05/1981			10/06/2021				Yes
Pratham Vinay Kothari	Son	Male	16/01/2006			10/06/2019				Yes
Pujan Vinay Kothari	Son	Male	01/12/2009			10/06/2019				Yes

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Unlimited Restore UIN No: HDFHLIA22188V012122

Insured Person's Details and Sum Insured - Add On Covers

Insured Person's Name	my: health Critical illness Add on		my: health Hospital Cash Benefit Add on				
	Plan	Sum Insured	Hospital Cash Benefit - Normal Room	Hospital Cash Benefit - ICU	Companion Benefit	Hospital Cash Global - Opted	Hospital Cash Global - Sum Limit

Special Conditions/ Exclusions

Name of Insured Person	Exclusion/Exclusion Wavier	Loading Reason	Special Condition / Declared Pre-existing Disease

Renewal Continuity Benefits

Name of Insured Person	Sum Insured (₹)	Waiting Periods Remaining (Pre-existing Diseases)	Waiting Periods Remaining (Specific Waiting Period)	Waiting Periods Remaining: (30 Days Waiting Period)

Portability Continuity Benefits

Name of Insured Person	Previous Policy Year	Sum Insured inclusive of Cumulative Bonus (₹)	Porting Benefits on Sum Insured (₹)	Waiting Periods Remaining (Pre-existing Diseases)	Waiting Periods Remaining (Specific Waiting Period)	Waiting Periods Remaining: (30 Days Waiting Period)
VINAY PRAKASHCHAND KOTHARI	1	500000	500000	2 Years	1 Year	Waived
	3	500000	500000	Waived	Waived	Waived
MAMTA VINAY KOTHARI	2	500000	500000	1 Year	Waived	Waived
	1	500000	500000	2 Years	1 Year	Waived
PRATHAM VINAY KOTHARI	3	500000	500000	Waived	Waived	Waived
	1	500000	500000	2 Years	1 Year	Waived
PUJAN VINAY KOTHARI	3	500000	500000	Waived	Waived	Waived
	1	500000	500000	2 Years	1 Year	Waived

The Policy Wording attached herewith includes all the standard coverages 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 022 - 6234 6234 / 0120 - 6234 6234.

Premium Details (₹)

Particulars	VINAY PRAKASHCHAND KOTHARI	MAMTA VINAY KOTHARI	PRATHAM VINAY KOTHARI	PUJAN VINAY KOTHARI
Base Premium (A)	13900	6120	4432.5	4162.5
Optional Cover Premium (B)	0	0	0	0
Add on Cover Premium (C)	69.5	30.6	22.16	20.81
Loading (D)	0	0	0	0
Total Premium (E=A+B+C+D)	13969.5	6150.6	4454.66	4183.31
Aggregate Deductible Discount	0	0	0	0
Online Discount	0	0	0	0
Employee Discount	0	0	0	0

HDFC ERGO General Insurance Company Limited

Particulars	VINAY PRAKASHCHAND KOTHARI	MAMTA VINAY KOTHARI	PRATHAM VINAY KOTHARI	PUJAN VINAY KOTHARI
Loyalty Discount	0	0	0	0
Family Discount	0	0	0	0
Long term Policy Discount	0	0	0	0
Total Discount (F)	0	0	0	0
Total Premium excluding GST (E-F)	13969.5	6150.6	4454.66	4183.31
GST 18% : Central Tax 9% (₹2588) + State Tax 9% (₹2588)	2514.5	1107.1	801.83	752.99
Total Premium including GST	16484	7257.7	5256.49	4936.3

Payment Details

Instrument details	90200012974470	Date	16/05/2023	Bank Name	BizDirect
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Processing Centre

HDFC ERGO General Insurance Co. Ltd. , Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida - 0120 398 8360

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.

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 noNO.LOA/CSD/477/2022/4252 dated 29/09/2022 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018. GST Registration No: 27AABCL5045N1Z8". GST for this invoice is not payable under reverse charge basis.

I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Branch :2nd floor, malpanis oberoi tower opposite government milk dairy ramanand colony jalna road, aurangabad aurangabad

For HDFC ERGO General Insurance Company Ltd.

A. Sharma

Duly Constituted Attorney

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

SCHEDULE OF BENEFITS

Section*	Plans	Optima Secure
All figures in (₹)	Base Sum Insured per Insured Person per Policy Year (in Lakh)	1000000
1.1.	Hospitalization Expenses	Covered
1.1.a.	Room Rent	At Actuals
1.1.1.h.	Road Ambulance	Covered upto sum insured
1.1.1.i.	Dental Treatment	Covered upto sum insured
1.1.1.j.	Plastic surgery	Covered upto sum insured
1.1.1.k.	Day Care Treatment	Covered upto sum insured
1.2.	Home Healthcare	Covered upto sum insured
1.3.	Domiciliary Hospitalization	Covered upto sum insured
1.4.	Ayush Treatment	Covered upto sum insured
1.5.	Pre-Hospitalization	60 days
1.6.	Post-Hospitalization	180 days
1.7.	Organ Donor Expenses	Covered upto sum insured
2.1.	Emergency Air Ambulance	Covered Up to 500000
2.2.	Daily Cash for choosing Shared Accommodation	800 per day max up to 4800
2.3.	Protect Benefit	Covered upto sum insured
2.4.	Plus Benefit	Bonus of 50% of the Base Sum Insured, maximum upto 100%.
2.5.	Secure Benefit	Equal to 100% of Base sum insured
2.6.	Automatic Restore Benefit	Equal to 100% of Base sum insured
2.7.	Aggregate Deductible	0
2.8.	E-Opinion for Critical Illness	In India
3.		Preventive Health Check-up
	Sum Insured	10 Lakhs
	Floater Policy*	5000

*For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis