

Date : 21 Apr 2023

Mr Prabhudayal Techchand Mantri
Mantri Traders Mondha
Sailu

Parhani 431401

Maharashtra 27

Policy No: 41518555

Mobile No: XXXXXX5275



Dear Mr Prabhudayal Techchand Mantri,

Thank You for trusting us as your preferred Health Insurer.

At Care Health Insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

To help you understand our services better, please go through the 'Know your policy' better' kit that accompanies this letter and constitutes the following

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process
- Policy Terms and Conditions- <https://bit.ly/3qals5e> and also available on Customer App

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal www.careinsurance.com and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance



CUSTOMER APP

For Android

For iOS

Care Health Insurance Limited
Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi: 110019
Corresp. Office: Vigul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector 43, Gurugram-122009 (Haryana)
ID No: 140

Care Health-
Customer App



WhatsApp
982902452



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Policy Certificate

Mr Prabhudayal Techchand Mantri
 Mantri Traders Mondha
 Sailu
 Parbani: 431401
 Maharashtra 27

Policy No. 41518555
 Plan Name CARE CLASSIC
 Cover type Floater
 Policy Period - Start Date 00:00 hrs 29-Apr-2023
 Policy Period - End Date Midnight 28-Apr-2024
 Nominee Name (Relation) Padma mantri (Wife)
 Premium Paid Rs.24,109.00
 Premium Rs 20431.00+CGST Rs 0.00+IGST Rs 3,677.59+SGST Rs 0.00
 Premium Payment Mode Single Premium

Details of Insured Person

Policyholder Mr Prabhudayal Techchand Mantri
 Gender Male
 Date Of Birth 07-Apr-1970
 Client ID 37709848

Details of Cover

Name	Client ID	Date of Birth	Relationship	Insured with the Company (since)	Pre-existing diseases since
Prabhudayal Techchand Mantri	37709848	07-Apr-1970	MEMBER	29-Apr-2022	NONE
Dhiraj Prabhudayal Mantri	37727552	05-Apr-2001	SON	29-Apr-2022	NONE
Padma Prabhudayal Mantri	37727553	05-Aug-1973	SPOUSE	29-Apr-2022	NONE

Policy Insured Name Prabhudayal Techchand Mantri
 Policy Sum Insured 5,00,000.00
 Accumulated No Claim Bonus Amount 1,25,000.00

Note - NCB/NCB Shield Protection has been applied on this renewal.
 - Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.
 - Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on individual Basis
 - Coverage and Claims Subject to the Policy Terms & Conditions

Contact details for Claims & Policy Servicing

Correspondence address Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
 E-mail ID for Claims claims@careinsurance.com
 Website www.careinsurance.com

Intermediary Details

Name JAININE INSURANCE BROKERS PRIVATE LIMITED
 Code 20060888

Contact Details

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 ID No: 149

Schedule of Benefits

S No. Particulars

1	In-Patient Care
2	Pre-Hospitalization Medical Expenses
3	Post Hospital Medical Expenses
4	Ambulance Cover
5	Domiciliary Hospitalization
6	Unlimited Automatic Recharge
7	No Claims Bonus
8	Day Care Treatment
9	Room Rent
10	ICU Charges
11	Treatment of Cataract
12	Initial Wait Period
13	Named Allment
14	Pre-Existing Diseases
15	Advance Technology Methods
16	AYUSH Treatment
17	Organ Donor Expenses
18	Medical Second Opinion
19	Unlimited E-Consultation
20	Other Value Added Services
21	Compassionate Travel

Optional Cover

S NO. Particulars

1 Annual Health Check-up

Details
Applicable

Basis of Offering

Up to SI
60 Days
90 Days
Up to Rs 1,000 per year
Up to SI including AYUSH
Available for unlimited times for unrelated or same illness.
25% increase/decrease of SI on renewal based on claim in previous year, Max increase up to 150% of SI.
All day care procedures
Single Private A/C Room.
No limit
Up to 40,000 per eye, Max 60,000 per policy period
30 Days
24 months
48 months
Covered with sub limits, please refer T & C for sub limits.
Cover upto 10% of SI subject to Maximum Rs.50,000 per policy period
Up to 10% SI
Available
Available for General Physician
Health Portal- Doctor on chat, Healthy tips reminder, Discount Connect - Discounts on services at our network
Up to Rs.5,000 per policy year

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IDPAI Regd. No. 119 / 2014/20001/00701/044757

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Portability Details of the Insured

Previous Insurer : ORIENTAL INSURANCE CO. LTD

Name	First Policy Number	Expiry Policy Number	Date of First Enrollment	Expiry Policy SI Rs. (Original SI+CB)
PRABHUDAYAL TECHCHAND	182400/48/20	182100/48/2022/344	29-Apr-2015	3,00,000 + 0
MANTRI	182400/48/20	182100/48/2022/344	29-Apr-2015	3,00,000 + 0
Padma PRABHUDAYAL Mantri	182400/48/20	182100/48/2022/344	29-Apr-2015	3,00,000 + 0

For Care Health Insurance Limited

(Signature)

Authorized Signatory

Date of Issue : 21 Apr 2023

Place of Issue : Gurgaon, Haryana

Service Branch : C BLOCK on the 2nd Floor BRIJ TARNAG COMMERCIAL COMPLEX HNo631 191/1 to 631 196/2C Besides Greenland Guest House Begumpet Hyderabad Telangana 500016 Hyderabad, Telangana, 500016

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State
GSTIN No.: 27AADCR6281N1Z5
UN : CHHLP22071V012122

Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.

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IPVAT No. 119 / 1 (11/11/2000) 2007/01/01/2019

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Premium Acknowledgement

Policy No.	41518555
Client ID	37709848
Policyholder	Mr Prabhudayal Techchand Mantri
Address	Mantri Traders Mondha Sailu Parbhani 431401 Maharashtra 27
Policy Period	29-Apr-2023 to 28-Apr-2024

Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
Gross Premium	19,554.18	1	A2075764	24,109.00	IPG
Care Classic					
Annual Health Checkup CClassic	876.82				
Goods & Services Tax (GST)	3,677.59				
Total	24,109.00				

The Premium is rounded off to the nearest rupee.

Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

The premium paid through any mode other than cash for this policy is eligible for income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

For Care Health Insurance Limited

(Signature)

Authorized Signatory

Date of Issue : 21 Apr 2023

Place of Issue : Gurgaon, Haryana

Note:

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is disbonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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 ID No: 11011770001000701014400

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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

Care HEALTH INSURANCE
HEALTH CARD

Policy No. 41518555
Member ID DOB
37709848 07-Apr-1970 Prabhudayal Techchand Mantri
37727552 05-Apr-2001 Dhiral Prabhudayal Mantri
37727553 05-Aug-1973 Padma Prabhudayal Mantri

 **www.careinsurance.com**

Care Health Customer App

For iOS



For Android



WhatsApp 8860402452



SELF HELP



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Disclaimer

1. This card is not redeemable.
2. Use of services is governed by the policy terms & conditions.
3. Use of services (e.g. tele care) needs to be provided along with valid ID proof.
4. Valid with policy partners and does not apply to non-network providers.

IRDAI Registration No. 148