



Mr Yash Amrut Munot FLAT NO 1 RUTURAJ APPT NEW SHREYA NAGAR KALDA CORNER Aurangabad AURANGABAD MAHARASHTRA-431001 Contact No.: 8698497497

Policy No: 2805203585897303000

| [ | Intermediary Code | Intermediary Name                    | Intermediary Contact Number |
|---|-------------------|--------------------------------------|-----------------------------|
|   | 21038464          | JAINUINE INSURANCE BROKER PVT<br>LTD |                             |

# Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Yash Amrut Munot,

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, Location: Mumbai

Date: 26/06/2023

**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 YASH AMRUT MUNOT has paid Rs.18672 (Rupees EIGHTEEN THOUSAND SIX HUNDRED SEVENTY-TWO) towards premium for Policy No. 2805203585897303000 issued to MR YASH AMRUT MUNOT for period 28-Jun-2023 to 27-Jun-2024.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai Date: 26/06/2023

**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.



# Policy Schedule - Optima Restore Floater

| Policy Number   | 2805 2035 8589 7303 000  |                                 |   |                   |   |                         |               |                      |  |  |
|---|--|---------------------------------|---|-------------------|---|-------------------------|---------------|----------------------|--|--|
| Policy Holder's Name  |  | Mr Yash Amrut Munot             |   |                   |   |                         |               |                      |  |  |
| Policy Holder's Address   |  |                                 | FLAT NO 1 RUTURAJ APPT NEW SHREYA NAGAR KALDA CORNER Aurangabad AURANGABAD MAHARASHTRA-431001   |                   |   |                         |               |                      |  |  |
| Policy Holder State Name & Code<br>GSTIN/ UIN (if any) of Policy Holder |  | Maharash                        | Maharashtra & 27  |                   | Place of Supply   |                         | MAHARA        | MAHARASHTRA          |  |  |
| First policy inception date   |  | 25/06/202                       | 25/06/2020  |                   | Policy Issuance Date  |                         | 26/06/202     | 26/06/2023           |  |  |
| r ist policy inception date   |  | 23/00/202                       |   |                   | Folicy issuance Date  |                         | 26/06/2023    |                      |  |  |
| Policy Period From 0  |  |                                 | rom 00:01 hrs on 28/06/2023 To 24:00 hrs on 27/06/2024  |                   |   |                         |               |                      |  |  |
| Issuing/Servicing Office  |  |                                 | <b>Policy Issuing Office : 2ND FLOOR , MALPANI S OBEROI TOWER, OPPOSITE GOVERNMENT MILK DAIRY, RAMANAND COLONY, JALNA ROAD, AURANGABAD -431001, MAHARASHTRA AURANGABAD, 431001.</b> |                   |   |                         |               |                      |  |  |
| GSTIN   |  | 27AABCL                         | 27AABCL5045N1Z8   |                   |   |                         |               |                      |  |  |
| EIA Number  |  |                                 |   |                   |   |                         | ,             |                      |  |  |
| Intermediary Name   |  | JAINUINE                        | JAINUINE INSURANCE BROKER PVT LTD Intermediary Contact No   |                   |   |                         |               |                      |  |  |
| Intermediary Code   |  | 21038464                        | ļ   |                   | Description/ Harmonized System Of Accident and Health insurance |                         |               | and Health insurance |  |  |
| ,   |  |                                 |   |                   | Nomenclature Code   |                         |               | Services/9971        |  |  |
| Insured Person Details  |  |                                 |   |                   |   |                         | ,             |                      |  |  |
| insured reison betails  | Me   | mber 1                          | Member 2  | Member 3          | П   | Member 4                | Member 5      | Member 6             |  |  |
| Particulars / Member ID   | YASI<br>MI   | H AMRUT<br>JNOT /<br>0001487146 | MINAL MUNOT /<br>2022210018330495   | Welliber o        |   | Welliber 4              | Weinber       | Wellber 6            |  |  |
| Date of Birth (Age)   | 18/11  | /1994 (28)                      | 29/09/1997 (25)   | -                 |   | -                       | -             | -                    |  |  |
| Relationship to Policy Holder   |  | Self                            | Wife  | -                 |   | -                       | -             | -                    |  |  |
| Base Sum Insured (₹)  |  |                                 |   |                   | 1000  | 0000                    |               |                      |  |  |
| Multiplier Benefit SI (₹)   | 1000000  |                                 |   |                   |   |                         |               |                      |  |  |
| Protector Rider   |  |                                 |   |                   | 1000  |                         |               |                      |  |  |
|   |  |                                 |   |                   | -   |                         |               |                      |  |  |
| Sum Insured (₹)   |  |                                 |   |                   | 0000  |                         |               |                      |  |  |
| Total Sum Insured (₹) 2000000   |  |                                 |   |                   |   |                         |               |                      |  |  |
| Other Riders and Benefits (   | ₹)   |                                 |   |                   |   |                         |               |                      |  |  |
| Protector Rider /<br>HDHHLIP21335V022021                                | ector Rider /  |                                 |   |                   |   |                         |               |                      |  |  |
| Hospital Daily Cash Rider SI<br>(Max. 30 days) /<br>HDHHLIP21344V022021 | -  |                                 |   |                   |   |                         |               |                      |  |  |
| Critical Advantage Rider SI   |  |                                 |   |                   |   | I                       |               |                      |  |  |
| (Rs.) /   |  | _                               | _   | _                 |   | _                       | _             | _                    |  |  |
| HDHHLIP21342V022021   |  |                                 |   |                   |   |                         |               |                      |  |  |
| IPA Rider SI /  |  |                                 |   |                   |   |                         |               |                      |  |  |
| APOPAIP19004V011920   |  | -                               | -   | <del>-</del>      |   | -                       | -             | -                    |  |  |
| my hoalth Critical Illnoon  | 1  |                                 |   |                   |   | 1                       |               |                      |  |  |
| my: health Critical Illness<br>Sum Insured (Rs.)                        |  |                                 |   |                   |   |                         |               |                      |  |  |
| my: health Critical Illness   |  |                                 |   |                   | $\dashv$  |                         |               |                      |  |  |
| Plan  |  |                                 |   |                   |   |                         |               |                      |  |  |
| Unlimited Restore Benefit   |  |                                 |   |                   | N   | 0                       |               | '                    |  |  |
| Nominee Details   |  |                                 |   |                   |   |                         |               |                      |  |  |
| Nominee Details  Nominee Name : Minal Munot                             |  |                                 |   |                   | Ral   | ationship to Policyholo | ler: Wife     |                      |  |  |
| The nominee must be an imm  |  | lative of the s                 | olicyholdar Ear all atha  | ar Incured Person |   | <u> </u>                |               |                      |  |  |
|   | cuiale ie  | iauve oi uie p                  | oncynologi. For all othe  | i ilisuled Felsol | is tile   | policy holder shall be  | u ie nominee. |                      |  |  |
| Premium Calculation (₹)   |  |                                 |   |                   |   |                         |               |                      |  |  |
| Net Premium   |  |                                 |   | CGST@9%           |   |                         |               | 1424                 |  |  |
| Discounts   |  | 0 SGST/UTGST                    |   |                   | @9%   |                         | 1424          |                      |  |  |
| Loadings  |  | 0  IGST@0%                      |   |                   |   |                         |               | 0                    |  |  |
| Taxable Premium   |  |                                 | 15824 Any other Cess or Taxes   |                   |   | 0                       |               |                      |  |  |
| Gross Premium   |  | 18672                           |   |                   |   |                         |               |                      |  |  |
| Gross Premium (in words)  | Ru   | pees Eightee                    | n Thousand Six Hundre   | ed Seventy-Two    |   |                         |               |                      |  |  |
|   | he 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                      |  |                                 |   |                   |   |                         |               |                      |  |  |
| winding tax to payable of reverse diarge basis. No                      |  |                                 |   |                   |   |                         |               |                      |  |  |



# 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<br>Duration<br>(Years) | Portability/ Renewal Benefit   |
| 2022210018330495   | MINAL MUNOT      |                |                  |                  |                                  | For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years  For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) of the policy wording is waived and Sec C1 (ii) is reduced to 1 year and Sec C1 (iii) is reduced to 2 years |
| 2020010001487146   | YASH AMRUT MUNOT |                |                  |                  |                                  | For Rs 500000(Rupees Five Lakhs)<br>Sec C1 (i) and Sec C1 (ii) Sec C1 (iii)<br>of the policy wording is waived.<br>For Rs 1000000(Rupees Ten Lakhs)<br>Sec C1 (i) of the policy wording is<br>waived and Sec C1 (ii) is reduced to 1<br>year and Sec C1 (iii) is reduced to 2<br>years                           |

Claim Administrator: HDFC ERGO GENERAL INSURANCE COMPANY LTD

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Authorized Signatory

Date: 26/06/2023

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

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|--|--|--|--|--|--|
| SCHEDULE OF BENEFITS   |  |  |  |  |  |
| In-patient Treatment   | Upto 1000000   |  |  |  |  |
| Pre-Hospitalization  | Upto 1000000 for 60 days   |  |  |  |  |
| Post-Hospitalization   | Upto 1000000 for 180 days  |  |  |  |  |
| Day Care Procedures  | Upto 1000000   |  |  |  |  |
| Domiciliary Treatment  | Upto 1000000   |  |  |  |  |
| Organ Donor  | Upto 1000000   |  |  |  |  |
| Daily Cash for choosing Shared Accommodation   | Rs.800 per day, Maximum Rs.4,800   |  |  |  |  |
| Ambulance (per hospitalization limit)  | Upto Rs.2,000 per Hospitalization  |  |  |  |  |
| Emergency Air Ambulance Cover  | Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year  |  |  |  |  |
| 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.5,000 per policy, at the end of each year at renewal.           |  |  |  |  |  |





#### 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 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.

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.