



2805203718936003000

Mr Sumit Abhaykumar Jain
MAHAVIR MARG JAIN MANDIR AT
POST BODWAD Tal Bodwad
Dist-Jalgaon BODWAD
MAHARASHTRA-425310
Contact No.: 9423976185

Policy No : 2805203718936003000

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

Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Sumit Abhaykumar Jain ,

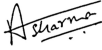
Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Renewal of Your Optima Restore Floater Insurance Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

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.

Location: Mumbai

Date: 04/10/2023

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that the Proposer SUMIT ABHAYKUMAR JAIN has paid Rs.26865 (Rupees TWENTY-SIX THOUSAND EIGHT HUNDRED SIXTY-FIVE) towards premium for Policy No. 2805203718936003000 issued to MR SUMIT ABHAYKUMAR JAIN for period 05-Oct-2023 to 04-Oct-2024.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 04/10/2023



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 2037 1893 6003 000		
Policy Holder's Name	Mr Sumit Abhaykumar Jain		
Policy Holder's Address	MAHAVIR MARG JAIN MANDIR AT POST BODWAD Tal Bodwad Dist-Jalgaon BODWAD MAHARASHTRA-425310		
Policy Holder State Name & Code	Maharashtra & 27	Place of Supply	MAHARASHTRA
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	04/10/2016	Policy Issuance Date	04/10/2023
Policy Period	From 00:01 hrs on 05/10/2023 To 24:00 hrs on 04/10/2024		
Issuing/Serviceing Office	Policy Issuing Office : 2ND FLOOR , MALPANI S OBEROI TOWER, OPPOSITE GOVERNMENT MILK DAIRY, RAMANAND COLONY, JALNA ROAD, AURANGABAD -431001, MAHARASHTRA AURANGABAD, 431001.		
GSTIN	27AABCL5045N1Z8		
EIA Number			
Intermediary Name	JAINUINE INSURANCE BROKER PVT LTD	Intermediary Contact No	
Intermediary Code	21038464	Description/ Harmonized System Of Nomenclature Code	Accident and Health insurance Services/9971

Insured Person Details						
Particulars / Member ID	Member 1 SUMIT ABHAYKUMAR JAIN / 2020010002207281	Member 2 Mrs Shradha Sumit Jain / 2020010002207282	Member 3 Master Riyansh Sumit Jain / 2020010002207283	Member 4 Master Krit Sumit Jain / 2020010002207284	Member 5	Member 6
Date of Birth (Age)	27/12/1988 (34)	09/09/1989 (34)	07/08/2015 (8)	25/03/2018 (5)	-	-
Relationship to Policy Holder	Self	Wife	Son	Son	-	-
Base Sum Insured (₹)	1000000					
Multiplier Benefit SI (₹)	1000000					
Protector Rider Sum Insured (₹)	-					
Total Sum Insured (₹)	2000000					

Other Riders and Benefits (₹)						
Protector Rider / HDHHLIP21335V022021	-					
Hospital Daily Cash Rider SI (Max. 30 days) / HDHHLIP21344V022021	-					
Critical Advantage Rider SI (Rs.) / HDHHLIP21342V022021	-	-	-	-	-	-
IPA Rider SI / APOPAIP19004V011920	-	-	-	-	-	-

my: health Critical Illness Sum Insured (Rs.)						
my: health Critical Illness Plan						
Unlimited Restore Benefit	Yes					

Nominee Details	
Nominee Name : Mrs Shradha Sumit Jain	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	22767	CGST@9%	2049
Discounts	0	SGST/UTGST@9%	2049
Loadings	0	IGST@0%	0
Taxable Premium	22767	Any other Cess or Taxes	0
Gross Premium	26865		
Gross Premium (in words)	Rupees Twenty-Six Thousand Eight Hundred Sixty-Five		
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	Health Condition	Exclusion Duration (Years)	Portability/ Renewal Benefit
2020010002207281	SUMIT ABHAYKUMAR JAIN					For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived.

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 Duration (Years)	Portability/ Renewal Benefit
2020010002207284	Master Krit Sumit Jain					For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived.
2020010002207283	Master Riyansh Sumit Jain					For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived.
2020010002207282	Mrs Shradha Sumit Jain					For Rs 1000000(Rupees Ten Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (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

Location: Mumbai

Date: 04/10/2023



Authorized Signatory

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

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)
Unlimited Restore Benefit (Optional Benefit)	Unlimited restorations in a policy year
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.



Policy No.: 2805203718936003000

Insured Name	Gender
Sumit Abhaykumar Jain	Male
Master Riyansh Sumit Jain	Male
Mrs Shradha Sumit Jain	Female
Master Krit Sumit Jain	Male

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 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.

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.