HDFC ERGO General Insurance Company Limited





MR BHARGHAV JANI 30 ROYAL VIEW SOCIETY KARANNAGAR ROAD NR GAYATRI MANDIR KADI MEHSANA MAHESANA, GUJARAT, 382715 Contact No: 97XXXXXXX8

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

Your Personal Accident Insurance Policy no 3317202238482106000 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!!

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

TAX CERTIFICATE

Dear Bharghav Jani,

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 $\rat{753}$ towards premium for , Policy No. 3317202238482106000 issued to BHARGHAV JANI for the period 24/05/2024 to 23/05/2025.

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.

Duly Constituted Attorney

Date: 22/05/2024

Policy Issuing Office: Mumbai

HDFC ERGO General Insurance Company Limited

Policy Schedule

my:health Koti Suraksha

Policy No.





Period of Insurance :From 24/05/2024 00:01 hrs To 23/05/2025 Midnight Invoice No. :202238482106000 Premium Frequency :Yearly :Mr Bharghav Jani Proposer Name Policy Type :Individual MR BHARGHAV JANI HSN Code :997133 30 ROYAL VIEW SOCIETY KARANNAGAR ROAD NR :100063652640 Customer Id EIA No. :Not provided GAYATRI MANDIR KADI MEHSANA Customer GST No. :24AADCH2111B1ZK Annual Income :0 MAHESANA, GUJARAT, 382715 :Others Occupation Contact No: 97XXXXXXX8 Loan Account No. Lending Institution Email ID :texxxxxxxxxli@jxxxxxxxxxxxxxxx.com Payment Details: 902000188294665, Bank Name:BizDirect

:3317 2022 3848 2106 000

my:health Koti Suraksha - Insured Person's Details & Sum Insured										
Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	Occupation	Annual Income	Pre Existing Disease
Bharghav Jani	Self	М	11/06/1979	Amitaben	SPOUSE	24/05/2018	As mentioned below	Others	0	No

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

Schedule of Coverage Section B. Personal Accident Section B.I Base Coverages

Section #	Covers	Member 1 Self	Member 2	Member 3	Member 4		
		Base Sum Insured / Sum Insured					
1	Accidental Death	500000/500000					
i	Disappearance	500000/500000					
ii	Comatose Benefit	2500000/2500000					
	Optional Cover under Accidental Death						
i	Burns	50000/50000					
2	Permanent Disablement (Table D)	500000/5000000					
3	Temporary Total Disability						
1	Temporary Total Disability - Accident Only	Rs.15000 per Week, upto104 Weeks (lifetime limit)					
II	Temporary Total Disability - Accident & Illness	00					
4	Broken Bones	100000/100000					
5	Emergency Medical Expenses	100000/100000					
II	Optional Covers under Emergency Medical Expenses						
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0					
ii	Co-Payment (in percentage)	0/0					
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day					
III	Optional Covers under Hospital Cash - Accident Only						
į	Companion Benefit	0/0	-				
ii	Hospital Cash - ICU	0/0					
iii	Time Deductible modification Option	0/0					
iv	Hospital Cash - Global	0/0					
7	Chauffeur Benefit	0/0	·				
Caption B. III. Ontional Covers under Caption 2. Devenuel Assident							

	Section B III. Optional Covers under Section 2 – Personal Accident					
i	Preventive Health Check Up	0/0				
ii	Last Rites	10000/10000				
iii	Dependent Child Education Benefit	500000/500000				
iv	Renewal Premium Benefit	0/0				
V	Parental Care Benefit	50000/50000				
vi	Medical Evacuation	0/0				

Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses under Section.B				
Section B.IV	Pre-existing Conditions	48months		
Section B.IV	Listed illness & procedures	24 Months		
Section B.IV	General Waiting Period	30 days from Policy inception date		

The Policy Wording attached herewith includes all the standard coverage's 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. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 10 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.



	Premium Details (₹)					
	Particulars	Premium				
Α	Basic Premium	6,950.00				
В	Optional Cover Premium	320.00				
С	Net Premium (A+B)	7,270.00				
D	GST 18% : Central Tax 9% (₹654.5) + State Tax 9% (₹654.5)	1,309.00				
E	Gross Premium (C+D)	8,579.00				

Special Conditions

Temporary Total Disablement exclusion is applied for Years for

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.

The policy is valid subject to payment received by us. 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/ENF-1/CSD/34/2023/6045 dated 27/12/2023 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018&;. Goods & Tax Registration No: 24AABCL5045N1ZEGST 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: a shridhar athens, office no 1201 to 1206, 12th floor matheran villa satellite jodhpur near rani laxmibai statue nehrunagar ahmedabad

For HDFC ERGO General Insurance Company Ltd.

Broker Name : JAINUINE INSURANCE BROKER PVT LTD Broker Code : 21038464

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Explore any of our advanced digital options below and get quick assistance for your policy servicing queries.



Click on https://selfhelp.hdfcergo.com to visit our "Help" section



Live Chat with DIA on www.hdfcergo.com



Send us 'Hi' on our WhatsApp Number 8169 500 500



Download the here app by HDFC ERGO

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