



3317202241792506000

MR HARESH 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 3317202241792506000 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.

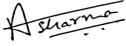
We value your relationship with us and assure you our best services at all times and we look forward to serve you.

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 Haresh 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 ₹ 753 towards premium for , Policy No. 3317202241792506000 issued to HARESH 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.

Date : 22/05/2024

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney



3317202241792506000

MR HARESH JANI 30 ROYAL VIEW SOCIETY KARANNAGAR ROAD NR GAYATRI MANDIR KADI MEHSANA MAHESANA, GUJARAT, 382715 Contact No : 97XXXXXXX8	Policy No.	:3317 2022 4179 2506 000
	Period of Insurance	:From 24/05/2024 00:01 hrs To 23/05/2025 Midnight
	Invoice No.	:202241792506000
	Proposer Name	:Mr Haresh Jani
	HSN Code	:997133
	Customer Id	:101366160841
	Annual Income	:0
	Occupation	:Others
	Loan Account No.	
	Lending Institution	
Email ID	:txxxxxxxxxli@jxxxxxxxxxxxxxxxx.com	
Payment Details	: 902000188286104, Bank Name: BizDirect	

Premium Frequency	:Yearly
Policy Type	:Individual
EIA No.	:Not provided
Customer GST No.	:24AADCH2111B1ZK

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
Haresh Jani	Self	M	05/11/1977	Jalpaben	WIFE	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 Base Sum Insured / Sum Insured	Member 2	Member 3	Member 4
1	Accidental Death	5000000/5000000			
i	Disappearance	5000000/5000000			
ii	Comatose Benefit	2500000/2500000			
<b>Optional Cover under Accidental Death</b>					
i	Burns	50000/50000			
2	Permanent Disablement (Table D)	5000000/5000000			
3	Temporary Total Disability				
I	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			
<b>Optional Covers under Emergency Medical Expenses</b>					
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			
<b>Optional Covers under Hospital Cash - Accident Only</b>					
i	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			

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
A	Basic Premium	6,950.00
B	Optional Cover Premium	320.00
C	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](http://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 no NO.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

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

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney

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](http://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>"