



2805203647589704000

Mr Ganesh Kishanrao Rathod
HA-15, PRIDE ENIGMA, PHASE 3, 4TH
FLOOR
SUTGIRNI CHOWK
AURANGABAD
MAHARASHTRA - 431009
Contact No.: 97XXXXXXX6
Email: saxes@sxxxxxxxxxxxxxxxxx.com

Policy No : 2805 2036 4758 9704 000

| Intermediary Code | Intermediary Name | Intermediary Contact Number |
|-------------------|---|-----------------------------|
| 21038464 | BROKER : JAINUINE INSURANCE BROKER PVT LTD | - |

Renewal of Your Optima Restore Floater Insurance Policy

Dear Mr Ganesh Kishanrao Rathod ,

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 <https://www.hdfcergo.com/locators/cashless-hospitals-network>

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

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.

Warm Regards,



Authorized Signatory

Note:

- Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
- You can either email us on care@hdfcergo.com or call on our Customer care no. 022 6234 6234 / 0120 6234 6234.
- *The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

Location: Mumbai

Date: 15/03/2024

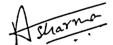
Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that the GANESH KISHANRAO RATHOD has paid Rs. 50381 (Rupees Fifty Thousand Three Hundred Eighty-One And Zero Paise Only) towards premium for Optima Restore Floater Policy No. 2805203647589704000 issued to GANESH KISHANRAO RATHOD for period of 28/03/2024 to 27/03/2025.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 15/03/2024



Authorized Signatory

*Note

- This is subject to the provisions of Section 80D of Income Tax Act, 1961 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 Policyholder.
- Please note that this certificate will not be issued if the premium payment has been made in cash.
- In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
- 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

Policy Schedule - Optima Restore Floater

| | | | |
|--------------------------------------|--|---|---|
| Policy Number | 2805 2036 4758 9704 000 | | |
| Policy Holder's Name | Mr Ganesh Kishanrao Rathod | | |
| Policy Holder's Address | HA-15, PRIDE ENIGMA, PHASE 3, 4TH FLOOR SUTGIRNI CHOWK AURANGABAD MAHARASHTRA - 431009 | | |
| Policy Holder State Name & Code | Maharashtra(27) | Place of Supply | MAHARASHTRA |
| GSTIN/ UIN (if any) of Policy Holder | | | |
| First policy inception date | 28/03/2015 | Policy Issuance Date | 15/03/2024 |
| Policy Period | From 00:01 hrs on 28/03/2024 To 24:00 hrs on 27/03/2025 | | |
| Issuing/ Servicing Office | 2ND FLOOR , MALPANI S OBEROI TOWER, OPPOSITE GOVERNMENT MILK DAIRY , RAMANAND COLONY, JALNA ROAD, AURANGABAD -431001, MAHARASHTRA AURANGABAD Tel : +91-22-66383600 | | |
| GSTIN | 27AABCL5045N1Z8 | | |
| EIA Number | Not provided | | |
| Intermediary Name | BROKER : 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 GANESH KISHANRAO RATHOD / 2020010001183128 | Member 2 Mrs Ujwala Ganesh Rathod / 2020010001183127 | Member 3 Baby Sharvari Ganesh Rathod / 2020010001183126 | Member 4 Master Parag Ganesh Rathod / 2020010001183125 | Member 5 | Member 6 |
| Date of Birth (Age) | 04/05/1979 (44) | 07/04/1985 (38) | 20/08/2008 (15) | 23/08/2011 (12) | - | - |
| Relationship to Policy Holder | Self | Wife | Daughter | Son | - | - |
| Base Sum Insured (₹) | 5000000 | | | | | |
| Multiplier Benefit SI (₹) | 500000 | | | | | |
| Protector Rider Sum Insured (₹) | - | | | | | |
| Total Sum Insured (₹) | 5500000 | | | | | |

| Other Riders and Benefits (₹) | | | | | | |
|---|-----|---|---|---|---|---|
| Protector Rider / HDHHLIP21335V022021 | - | | | | | |
| Hospital Daily Cash Rider SI (Max. 30 days) / HDHHLIP21344V022021 | - | | | | | |
| Critical Advantage Rider SI (\$) / HDHHLIP21342V022021 | - | - | - | - | - | - |
| IPA Rider SII / APOPAIP19004V011920 | - | - | - | - | - | - |
| my: health Critical Illness Sum Insured (Rs.) | | | | | | |
| my: health Critical Illness Plan | | | | | | |
| Unlimited Restore Benefit | Yes | | | | | |

| Nominee Details | |
|--|------------------------------------|
| Nominee Name : Mrs Ujwala G Rathod | 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 | 42696 | CGST@9% | 3842.5 |
| Discounts | 0 | SGST/UTGST@9% | 3842.5 |
| Loadings | 0 | IGST@18% | 0 |
| Taxable Premium | 42696 | Any other Cess or Taxes | 0 |
| Gross Premium | 50381 | | |
| Gross Premium (in words) | Rupees Fifty Thousand Three Hundred Eighty-One And Zero Paise Only | | |
| The stamp duty of Rs. 1/- (Rupees One And Zero Paise Only) paid vide e-stamp Certificate No. NO.LOA/ENF-1/CSD/34/2023/6045 dated 27/12/2023. | | | |
| 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 | | | |
| Original for Recipient/ Duplicate for Supplier | | | |
| Whether tax is payable on reverse charge basis: No | | | |

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

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 |
| 2020010001183128 | GANESH KISHANRAO RATHOD | | | | | For Rs 500000(Rupees Five Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived. |
| 2020010001183127 | Mrs Ujwala Ganesh Rathod | | | | | For Rs 500000(Rupees Five Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived. |
| 2020010001183126 | Baby Sharvari Ganesh Rathod | | | | | For Rs 500000(Rupees Five Lakhs) Sec C1 (i) and Sec C1 (ii) Sec C1 (iii) of the policy wording is waived. |
| 2020010001183125 | Master Parag Ganesh Rathod | | | | | For Rs 500000(Rupees Five 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

Authorized Signatory

Location: Mumbai

Date: 15/03/2024

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>"

| SCHEDULE OF BENEFITS | |
|--|--|
| In-patient Treatment | Upto 5000000 |
| Pre-Hospitalization | Upto 5000000 for 60 days |
| Post-Hospitalization | Upto 5000000 for 180 days |
| Day Care Procedures | Upto 5000000 |
| Domiciliary Treatment | Upto 5000000 |
| Organ Donor | Upto 5000000 |
| Daily Cash for choosing Shared Accommodation | Rs.1000 per day, Maximum Rs.6,000 |
| 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.10,000 per policy, at the end of each year at renewal. |



Policy No.: 2805203647589704000

| Insured Name | Member ID | Date of Birth | Gender |
|-----------------------------|------------------|---------------|--------|
| Ganesh Kishanrao Rathod | 2020010001183128 | 04/05/1979 | M |
| Mrs Ujwala Ganesh Rathod | 2020010001183127 | 07/04/1985 | F |
| Baby Sharvari Ganesh Rathod | 2020010001183126 | 20/08/2008 | F |
| Master Parag Ganesh Rathod | 2020010001183125 | 23/08/2011 | M |

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.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

| S.No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|------|---|--|--|
| 1 | Name of Insurance Product/Policy | Optima Restore | NA |
| 2 | Policy number | 2805203647589704000 | NA |
| 3 | Type of Insurance Product/ Policy | Both Indemnity and Benefit | NA |
| 4 | Sum Insured | <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted:5000000 on Family Floater Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule | NA |
| 5 | Policy Coverage (What the policy covers?) | <p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. Pre-Hospitalisation- Medical expenses incurred in 60 days before the hospitalisation. 3. Post-Hospitalisation- Medical expenses incurred in 180 days after the hospitalisation 4. Day-Care procedures– Medical expenses for day care procedures. 5. Domiciliary Treatment- Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation. 6. Organ Donor- Medical expenses on harvesting the organ from the donor for organ transplantation. 7. Ambulance cover– Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency. 8. Daily Cash for choosing shared accommodation- Daily cash amount if hospitalised in shared accommodation in network hospital and hospitalisation exceeds 48 hrs 9. E-Opinion in respect of a Critical Illness – Second opinion by a 10. Emergency Air Ambulance Cover- covers, Expenses for 11. Restore Benefit- Instant addition of 100% Basic Sum Insured on complete or partial utilization of Sum Insured 12. Preventive Health Checkup – Cost of health check up paid basis Person/Policy | B-1.a B-1.b B-1.c B-1.d B-1.e B-1.f B-1.g B-1.h B-1.i B-1.j B-2.a B-3 |

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| | | <p>Optional Covers:: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p>13. Unlimited Restore Benefit (optional benefit)</p> | B-2.b |
| 6 | Exclusions (what the policy does not cover) | <p>1. Investigation & Evaluation: Code Excl04</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv. Body Mass Index (BMI)</p> <p>A. greater than or equal to 40 or</p> <p>B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>1) Obesity-related cardiomyopathy</p> <p>2) Coronary heart disease</p> <p>3) Severe sleep apnea</p> <p>4) Uncontrolled type2 diabetes</p> <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. Hazardous or Adventure Sports: Code – Excl09:</p> | <p>C.2.9</p> <p>C.2.10</p> <p>C.2.4</p> <p>C.2.7</p> <p>C.2.6</p> |

| | | | |
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| | | <p>Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization</p> <p>15. Maternity: Code – Excl18</p> | <p>C.2.3</p> <p>C.2.11</p> <p>C.2.12</p> <p>C.2.5</p> <p>C.2.8</p> <p>C.2.14</p> |
|--|--|---|--|

| | | | |
|--|--|---|--|
| | | <p>i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</p> <p>Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ol style="list-style-type: none"> 1. War or similar situations Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. 2. Intentional self injury or attempted suicide while sane or insane. 3. Any Insured Person’s participation or involvement in naval, military or air force operation. 4. Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia 5. Treatment availed outside India. 6. Treatment at a healthcare facility that is not a Hospital 7. Circumcisions (unless necessitated by illness or injury and forming part of treatment) 8. Non allopathic treatment 9. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. 10. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) 11. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips and similar products. 12. Sleep apnoea. 13. External congenital diseases, defects or anomalies 14. Expenses incurred by the insured on organ donation 15. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 16. Any non medical expenses mentioned in List I of Annexure I of policy document 17. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed | <p>C.3.1</p> <p>C.3.2</p> <p>C.3.3</p> <p>C.3.4</p> <p>C.3.5</p> <p>C.3.6</p> <p>C.3.7</p> <p>C.3.8</p> <p>C.3.9</p> <p>C.3.10</p> <p>C.3.11</p> <p>C.3.12</p> <p>C.3.13</p> <p>C.3.14</p> <p>C.3.15</p> <p>C.3.16</p> <p>C.3.17</p> |
|--|--|---|--|

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| | | <p>18. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>19. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>20. Drugs or treatments which are not supported by a prescription.</p> <p>21. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.</p> <p>22. Admission for administration of Intraarticular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion.</p> <p>23. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p> | <p>C.3.18</p> <p>C.3.19</p> <p>C.3.20</p> <p>C.3.21</p> <p>C.3.22</p> <p>C.3.23</p> |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. | <p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p> | <p>C.1.i</p> <p>C.1.ii</p> <p>C.1.iii</p> |
| 8 | <p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> | <p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover (limits basis plan/sum insured chosen):</p> <ol style="list-style-type: none"> 1. Road Ambulance : Up to 2K 2. Daily Cash for choosing Shared Accommodation : Upto Rs 800/1K per day up to 4.8/6K per day 3. Preventive Health Checkup: <ul style="list-style-type: none"> • Individual (Per Insured) : Upto Rs 1.5/2/4/5K • Floater(Per Policy): Upto Rs 2.5/5/8/10K | <p>B.1.g</p> <p>B-1.h</p> <p>B-3</p> |
| 9 | <p>Claims/Claims Procedure</p> | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>For Cashless Process :</p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. <p>(Note: In case of internal verification, the final stand will be confirmed</p> | <p>E</p> |

| | | | |
|----|-----------------------|---|-----|
| | | <p>within 24 hours from the time the last necessary document is received by us) For Reimbursement Process : i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us) ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) For Reimbursement Process : Provide the details /web link for following: i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234 iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/exclusion-list.pdf iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p> | |
| 10 | Policy Servicing | <p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p> | E |
| 11 | Grievances/Complaints | <p>In case of any grievance the insured person may contact the Company through: - Website: www.hdfcergo.com - Toll free: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com Insured Person may contact the Grievance officer at cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: - link: https://www.hdfcergo.com/customer-voice/grievances</p> | D.i |

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder;

I have read the above and confirm having noted the deta

Place:

Date:

(Signature of the Policyholder)

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

| S.No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|------|--|---|----------------------|
| 1 | Name of Insurance Product/Policy | Unlimited Restore | NA |
| 2 | Policy number | 2805203647589704000 | NA |
| 3 | Type of Insurance Product/ Policy | Indemnity | NA |
| 4 | Sum Insured | <ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted:0 | NA |
| 5 | Policy Coverage (What the policy covers?) | <p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted.</p> <p>Expenses in respect of:</p> <p>1. Unlimited Restore - Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your Sum Insured rebound or Restore benefit (as applicable)</p> | B.i |
| 6 | Exclusions (what the policy does not cover) | All exclusions applicable to the base product will apply to this Add-on as well | C |
| 7 | Waiting period <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage. | All waiting period applicable to the base product will apply to this Add-on as well | C |
| 8 | Financial limits coverage of Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) | NA | NA |

| | | | |
|----|-------------------------|---|-----|
| 9 | Claims/Claims Procedure | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</p> <p>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us)</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/exclusion-list.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p> | E |
| 10 | Policy Servicing | <p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p> | E |
| 11 | Grievances/Complaints | <p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Toll free: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 | D.F |

| | | | |
|----|------------------|---|--|
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement. | |
|----|------------------|---|--|

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)