

Mrs Gouri Manoj Shah
W/O MANOJ SHAH PLOT NO 469 N-3
CIDCO Aurangabad AURANGABAD
MAHARASHTRA-431001

Policy No : 2805203647504004000

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

Renewal of Your Optima Restore Floater Insurance Policy

Dear Mrs Gouri Manoj Shah ,

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

Location: Mumbai

Date: 04/09/2024

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 GOURI MANOJ SHAH has paid Rs.34225 (Rupees THIRTY-FOUR THOUSAND TWO HUNDRED TWENTY-FIVE) towards premium for Policy No. 2805203647504004000 issued to MRS GOURI MANOJ SHAH for period 16-Sep-2024 to 15-Sep-2025.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 04/09/2024



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 2036 4750 4004 000		
Policy Holder's Name	Mrs Gouri Manoj Shah		
Policy Holder's Address	W/O MANOJ SHAH PLOT NO 469 N-3 CIDCO Aurangabad AURANGABAD MAHARASHTRA-431001		
Policy Holder State Name & Code	Maharashtra & 27	Place of Supply	MAHARASHTRA
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	16/09/2019	Policy Issuance Date	04/09/2024
Policy Period	From 00:01 hrs on 16/09/2024 To 24:00 hrs on 15/09/2025		
Issuing/ Servicing 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 GOURI MANOJ SHAH / 202009272897964	Member 2 Mr Aryan Manoj Shah / 202009272897965	Member 3	Member 4	Member 5	Member 6
Date of Birth (Age)	11/07/1975 (49)	03/03/2001 (23)	-	-	-	-
Relationship to Policy Holder	Self	Son	-	-	-	-
Base Sum Insured (₹)	1500000					
Multiplier Benefit SI (₹)	1500000					
Protector Rider Sum Insured (₹)	0					
Total Sum Insured (₹)	3000000					

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 : Aryan Manoj Shah	Relationship to Policyholder: Son
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	29004	CGST@9%	2610.5
Discounts	0	SGST/UTGST@9%	2610.5
Loadings	0	IGST@0%	0
Taxable Premium	29004	Any other Cess or Taxes	0
Gross Premium	34225		
Gross Premium (in words)	Rupees Thirty-Four Thousand Two Hundred Twenty-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
202009272897965	Mr Aryan Manoj Shah					For Rs 1500000(Rupees Fifteen 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
202009272897964	GOURI MANOJ SHAH					For Rs 1500000(Rupees Fifteen 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: 04/09/2024



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 1500000
Pre-Hospitalization	Upto 1500000 for 60 days
Post-Hospitalization	Upto 1500000 for 180 days
Day Care Procedures	Upto 1500000
Domiciliary Treatment	Upto 1500000
Organ Donor	Upto 1500000
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.8,000 per policy, at the end of each year at renewal.



Policy No.: 2805203647504004000

Insured Name	Gender
Gouri Manoj Shah	Female
Mr Aryan Manoj Shah	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/ 0120-62346234 Email: 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	Policy number shall be as on Policy Schedule issued post policy issuance	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: on 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

		<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> <ol style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes <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>

		<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>
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<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:</p>	
<p>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>	
<p>1. War or similar situations</p>	C.3.1
<p>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.</p>	
<p>2. Intentional self injury or attempted suicide while sane or insane.</p>	C.3.2
<p>3. Any Insured Person's participation or involvement in naval, military or air force operation.</p>	C.3.3
<p>4. Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia</p>	C.3.4
<p>5. Treatment availed outside India.</p>	C.3.5
<p>6. Treatment at a healthcare facility that is not a Hospital</p>	C.3.6
<p>7. Circumcisions (unless necessitated by illness or injury and forming part of treatment)</p>	C.3.7
<p>8. Non allopathic treatment except for inpatient care AYUSH treatment.</p>	C.3.8
<p>9. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.</p>	C.3.9
<p>10. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)</p>	C.3.10
<p>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.</p>	C.3.11
<p>12. Sleep apnoea.</p>	C.3.12
<p>13. External congenital diseases, defects or anomalies</p>	C.3.13
<p>14. Expenses incurred by the insured on organ donation</p>	C.3.14
<p>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.</p>	C.3.15
<p>16. Any non medical expenses mentioned in List I of Annexure I of policy document</p>	C.3.16
<p>17. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed</p>	C.3.17

		<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:

(Signature of the Policyholder)

Date: