

Date : 09/01/2019

2828100081450300000

MR PRAKASH PALANI
STREET1 DHARMAPURI, 636808
TAMIL NADU
Contact No : 9698968656

We welcome you to be a part of our family!

Your Health insurance policy certificate no. 2828100081450300000 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.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

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

For HDFC ERGO General Insurance Company Ltd.

Ankur Bahorey
Head - Retail Business Group

HDFC ERGO General Insurance Company Limited**UAT****TEST****Dear Prakash Palani,****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 ₹ 5,862.00 (RUPEES FIVE THOUSAND EIGHT HUNDRED SIXTY TWO AND ZERO PAISE Only) towards premium for Health Suraksha Policy, certificate no. 2828100081450300000 issued to PRAKASH PALANI for the period 09/01/2019 to 08/01/2020.

Note:

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 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 policy holder.
3. Deduction under Section 80D can be claimed only on payment of the premium. In case where all the installment are not paid, the deduction to be claimed under section 80D will be restricted to the proportion of the premium actually paid. In case of free look cancellation or otherwise, the benefit under this section would be nullified or prorated, as applicable.

Date : 09/01/2019

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

Policy No. 2828 1000 8145 0300 000

Health Suraksha Policy
SILVER PLAN

Proposer Name	MR. PRAKASH PALANI				PAN No.		Premium Frequency	Yearly	
Corr. Address/ Place of Supply	STREET1 DHARMAPURI,TAMIL NADU,636808				Permanent Address	STREET1 DHARMAPURI,TAMIL NADU,636808			
Mobile	9698968656	Phone	-	E Mail	PPRAKASHKUMARPPP@GMAIL.COM			Policy Type	Individual
Period of Insurance	From Date & Time	09/01/2019 14:55 hrs		To Date & Time	08/01/2020 Midnight		Policy Issuance Date	09/01/2019	

Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	Date of Birth	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured (₹)	CB Amount (₹)	Pre Existing Disease
PRAKASH PALANI	Self	Male	09/08/1992	WIFE	Spouse	01/01/1900	500000	0	

Coverage Details

Coverage	Details	Coverage	Details
In Patient Treatment	Covered	Organ Donor	Covered
Pre-hospitalization (days)	60	Emergency Ambulance Limit per hospitalisation	Upto Rs. 2000
Post-hospitalization (days)	90	AYUSH: Ayurvedic/Unani/Homeopathy/Siddha	Covered
Day Care Procedures	Covered	Health Checkup (Post 4 claims free year Per Family)	Upto 1% Sum Insured, Maximum Upto Rs 5000
Domiciliary Treatment	Covered		

The Policy Wording attached herewith includes all the standard coverages 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.

Subject to the conditions laid down in the Policy, on completion of each four consecutive policy years with us, the eligible Insured Person(s), included in each policy year is/are entitled for a medical checkup benefit up to an amount equals to 1% of sum insured or Rs 5000/- whichever is less.

Premium Details (₹)

Insured 1 - PRAKASH PALANI	
Basic Premium	4968.00
Family Discount	0.00
Loading	0.00
Integrated Tax 18%	894.00
Total Premium (Including Taxes)	5862.00

Payment Details

Cheque No./DD/Fund Transfer	Date	Bank Name
HI1901000520T	09/01/2019	BizDirect

Special Conditions

Invoice No.	100081450300000				HSN Code	9971
For Claim Services	Phone	1800 2 700 700	Fax no	18602000600	Email	healthclaims@hdfcergo.com
Processing Centre	HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.					
For any other query call toll-free 1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com						

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. 3971896201415 dated 10-03-2015 as prescribed in Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, dated 09/01/201.. Goods and Service Tax Registration No: 27AABCL5045N1Z8. Goods and Service Tax for this invoice is not payable under reverse charge basis.

Branch : LEELA BUSINESS PARK, 6TH FLR, ANDHERI - KURLA RD, MUMBAI, 400059. **Phone No.** : +91-22-66383600

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney



Policy No.:2828100081450300000

Valid From: 09/01/2019 Renewal Date: 8 January

Insured Name	Date Of Birth	Gender
PRAKASH PALANI	09/08/1992	Male

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Phone Number : 1800 2 700 700
Fax Number : 18602000600
Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor,
Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.
Website : www.hdfcergo.com



Proposal No. 2828 1000 8145 0300 000

Health Insurance - Proposal Form For Health Suraksha
SILVER PLAN

Proposer Name	MR.PRAKASH PALANI			Premium Frequency	Yearly
Correspondence Address	STREET1, , , , , DHARMAPURI, TAMIL NADU, 636808		Permanent Address	STREET1, , , , , DHARMAPURI, TAMIL NADU, 636808	
Mobile	9698968656	Phone	-	E Mail	PPRAKASHKUMARPPP@GMAIL.COM
Policy Type		Individual			
Period of Insurance	From Date & Time	09/01/2019 14:55 hrs		To Date & Time	08/01/2020 Midnight

Insured Person's Details & Sum Insured						
Insured's Name	Relationship	Date of Birth	Member ID	Sum Insured (₹)	1st Policy Inception	Pre Existing Disease
PRAKASH PALANI	Self	09/08/1992		500000	01/01/1900	
Sum Insured (₹)	500,000.00		CB Amount (₹)	0.00		

In case of increase in the Sum Insured at renewal, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.

Nominee Name	WIFE	Relationship to Policyholder	Spouse
The nominee must be an immediate relative of the Insured Person. For all other insured person(s), the Policyholder shall be the nominee.			

Premium Details (₹)	
Basic Premium	4,968.00
Loadings	0.00
Integrated Tax 18%	894.00
Total Premium	5,862.00

Payment Details		
Cheque No./DD/Fund Transfer	Date	Bank Name
HI1901000520T	09/01/2019	BizDirect

Special Conditions
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For Claim Services	Phone	1800 2 700 700	Fax no.	18602000600	E-mail	healthclaims@hdfcergo.com
Processing centre	HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.					
For any other query call toll-free 1800 2 700 700 or email us at care@hdfcergo.com or log on to www.hdfcergo.com						

Proposer declaration
"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."