

Date : 22 May 2018

Mr Bhavesh Panchal

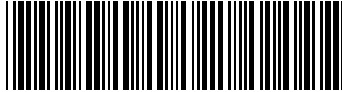
At & Po. Mora Opp. Tapovan Ashram

Hazira Road Mora Tekra

Surat

Surat 394517

Gujarat



Policy No. : 10662392

Mobile No. : 7600640090

Subject : Renewal of Policy No. 10662392

Dear Mr Bhavesh Panchal,

We take this opportunity to thank you once again for entrusting us with your health; and assure you of our commitment to keep you worry-free....hamesha.

We are pleased to confirm renewal of your policy; and enclosed are the following documents with regard to the same :

- Policy Certificate
- Premium Acknowledgement (including tax certificate)

To enjoy seamless services offered by your policy, please note the following :

- Health Cards and all other documents issued along with your first policy shall continue to be valid.
- To enable quicker processing, we request you to mention your Member Card Number / Policy Number in all future correspondence with us.
- To further simplify procedures, we're online at www.religarehealthinsurance.com; where you can view network hospitals across the country, cashless procedures and do much more.

For any clarifications, please feel free to mail us at customerfirst@religarehealthinsurance.com or call us at 1800-200-4488.

Wishing you Health....Hamesha!

To know more, visit our website:

www.religarehealthinsurance.com

✓ Quick quote & buy ✓ Online renewals ✓ Customer support ✓ Claim centre

1800-200-4488
1860-500-4488

 customerfirst@religarehealthinsurance.com

Regd. Office: Religare Health Insurance, 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurgaon-122009 (Haryana)
CIN:U66000DL2007PLC161503 IRDA Regn. No: 148

Policy Certificate

Mr Bhavesh Panchal
 At & Po. Mora Opp. Tapovan Ashram
 Hazira Road Mora Tekra
 Surat
 Surat 394517
 Gujarat 24

Policy No.	I0662392
Plan Name	CARE
Cover type	Individual
Policy Period - Start Date	00:00 hrs 25-May-2018
Policy Period - End Date	Midnight 24-May-2019
Premium Paid	Rs. 6671 (Premium Rs 5653.71 + CGST Rs 508.84 + IGST Rs 0 + SGST Rs 508.84 + UGST Rs 0)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Bhavesh Panchal	Male	05-Jul-1992	53875824

Details of Insured

Name	Client ID	Relationship with the Policyholder	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured	*No Claim Bonus	*No Claim Bonus-SUPER
Bhavesh Panchal	53875824	MEMBER	05-Jul-1992	NONE	25-May-2016	5,00,000.00	100,000.00	500,000.00

*The No Claim Bonus & No Claim Bonus-SUPER shown in the Policy Certificate is provisional. The No Claim Bonus & No Claim Bonus-SUPER calculated on the Expiry Date, shall only be considered as final. However, in case of any change in provisional No Claim Bonus & No Claim Bonus-SUPER, the same shall be intimated to the Policyholder by the Company through a separate endorsement.

Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009.
Contact no.	1800-200-4488
Fax no.	1800-200-6677
E-mail ID for Claims	claims@religare.com
E-mail ID for Policy servicing	customerfirst@religarehealthinsurance.com
Website	www.religarehealthinsurance.com

Intermediary Details

Name	Code	Contact Number
Nj Insurance Brokers Pvt Ltd	20002170	3985500

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Room Category = Single Private Room
2	Pre-hospitalization & Post-hospitalization medical Expenses	Pre-hospitalization up to 30 days before & Post-hospitalization up to 60 days after hospitalization
3	Ambulance Cover	Up to Rs. 2,000 per Hospitalization
4	Organ Donor Cover	Up to Rs. 1,00,000 per Policy Year
5	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
6	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
7	Second Opinion	Once per Policy Year per Insured Person for each major illness/injury
8	Alternative Treatments	Up to Rs. 20,000 per Policy Year
9	No Claims Bonus	10% of Sum Insured for each Claim free year, maximum upto 50% of Sum Insured; reduced by 10% of Sum Insured in case of claim
10	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year
11	No Claim Bonus - SUPER (Add-on Cover)	50% of Sum Insured for each Claim free year, maximum upto 100% of Sum Insured; Reduced by 50% of Sum Insured in case of Claim

Optional Cover

S No.	Particulars	Details
1	No Claim Bonus - SUPER	Applicable

Special Conditions

S No.	Particulars
1	Co-payment (Applicable where age of member at entry is 61 years or above)

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue : 22-May-2018

Place of Issue : Gurgaon, Haryana

Service Branch : RHICL, Maradian Tower, Office No 504, Near Apple Hospital, Udhna Darwaja, Ring Road, Surat 395002, Surat, GUJARAT - 395002 Branch Contact No. : 0261 -4089813

Correspondence Address:

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon - 122009 Contact No : 1800-200-4488 Fax: 1800-200-6677

Website : www.religarehealthinsurance.com Email : customerfirst@religarehealthinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 0034692302 dated 13 Apr2018, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 24AADCR6281N1ZY IRDA Registration Number - 148 UIN : IRDAI/HLT/RHI/P-H/V.II/253/16-17

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email at customerfirst@religarehealthinsurance.com or contact the Company at 1800-200-4488 / 1860-500-4488.
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.



Health
Insurance

Policy No.
10662392

Member ID	DOB	Name
53875824	05-Jul-1992	BHAVESH PANCHAL

Ab Health Hamesha



www.religarehealthinsurance.com

1800-200-4488 | 1860-500-4488

customerfirst@religarehealthinsurance.com

Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sec-43, Gurugram - 122009 (Haryana)

Disclaimer

1. This Card is not transferable.
2. Use of this Card is governed by the Policy Terms and Conditions.
3. To avail cashless facility, this Card needs to be produced along with photo ID proof.
4. Valid upto Policy Period End Date or cancellation date, whichever is earlier.

IRDA Registration No. 148

Premium Acknowledgement

Policy No.	10662392
Client ID	53875824
Policyholder	Mr Bhavesh Panchal
Address	At & Po. Mora Opp. Tapovan Ashram Hazira Road Mora Tekra Surat Surat 394517, Gujarat
Policy Period	25-May-2018 to 24-May-2019

Premium Details

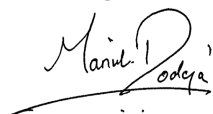
Particulars	Amount (in Rs.)
Gross Premium	
Care	5,139.74
-NCB-Super	513.97
Goods & Services Tax (GST)	1,017.67
Total	6,671.00

The Premium is rounded off to the nearest rupee.

Eligibility of Premium for Deduction u/s 80D of the Income Tax Act, 1961

This is to certify that Religare Health Insurance Co.Ltd. has received an amount of Rs. 6,671.00/- from Mr Bhavesh Panchal towards Payment of Health insurance premium as per the details mentioned above. The premium paid for this policy is eligible for applicable tax benefits u/s 80D of the Income Tax Act, 1961 and amendments thereof.

For **Religare Health Insurance Company Limited**



Authorized Signatory

Date of Issue: 22-May-2018

Place of Issue: Gurgaon, Haryana

IRDA Registration Number - 148

Registered office address : 5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

CIN : U66000DL2007PLC161503

Note

- 1) In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
- 2) Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- 3) This document must be surrendered to the Company in case of Cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.