

**Date : 11 May 2023**

Mr Pradeep Sonaji Hudekar .  
Nandrakoli  
Buldana  
Budlana  
Budlana 443001  
Maharashtra 27

Policy No: 65755984

Mobile No: XXXXXX3164



Dear Mr Pradeep Sonaji Hudekar .,

Thank You for trusting us as your preferred Health Insurer.

At Care Health insurance, it is our endeavor to make quality healthcare easily accessible for our customers as well as ensure a truly hassle-free claim servicing experience

To help you understand our services better, please go through the 'Know your policy better' kit that accompanies this letter and constitutes the following

- Policy certificate
- Premium Acknowledgement
- Key Policy Information
- Claim Process
- Policy Terms and Conditions- <https://bit.ly/3IHARIK> and also available on Customer App

Also appended herewith for your convenience is your Care Health Card. This card should be presented at the time of an emergency or a planned hospitalization, to avail cashless treatment at our network of over 16000+ cashless network pan-India.

To further simplify procedures, we're online as well. Visit our portal [www.careinsurance.com](http://www.careinsurance.com) and view network hospitals across the country, cashless procedures and do much more.

For any assistance, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>.

Once again, we thank you for this opportunity to serve you, and wish you and your loved ones good health always!

Team Care Health Insurance

**CUSTOMER APP**



For Android



For iOS

**Care Health Insurance Limited**

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,  
Sector-43, Gurugram-122009 (Haryana)  
IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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Self Help Portal:  
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**Policy Certificate**

Mr Pradeep Sonaji Hudekar .  
Nandrakoli  
Buldana  
Budlana  
Budlana 443001  
Maharashtra 27

Policy No.	65755984
Plan Name	Secure - 2
Cover type	Individual
Policy Period - Start Date	00:00 hrs 12-May-2023
Policy Period - End Date	Midnight 11-May-2024
Nominee Name (Relation)	Samiksh (Wife)
Premium Paid	Rs.3,856.00 (Premium Rs 3267.50+Underwriting Loading Rs 0.00+CGST Rs294.08+IGST Rs0.00+SGST Rs294.08+UGST Rs0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Mr Pradeep Sonaji Hudekar .	Male	19-Oct-1992	23071305

**Details of Insured Person**

Name	Client ID	Relationship	Date of Birth (DD-MM-YYYY)	Pre-existing diseases (since)	Insured with the Company (since)	Sum Insured
Pradeep Sonaji Hudekar .	23071305	MEMBER	19-Oct-1992	NONE	12-May-2023	15,00,000.00

**Contact details for Claims & Policy Servicing**

Correspondence address	Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
E-mail ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com



**Intermediary Details**

Name	Code	Contact Details
RUPESH ASHOK SASANE	20060735	8007770420

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## Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disablement	As per clause 2.2
3	Permanent Partial Disablement	as per clause 2.3
4	Fracture	Up to 100,000
5	Child Education	10% of Sum Insured
6	Major Diagnostic Test	Up to 15,000
7	Disappearance	100% of Sum Insured
8	Mobility Cover	Up to 15,000
9	Burn	Up to 10 lacs
10	Loyalty Benefit	Coverage amount of last Policy Year will be enhanced by flat 5% of SI, on a cumulative basis. Max. Increase up to 50% of SI
11	Accidental Hospitalization	Up to 50,000
12	Temporary Total Disablement	Up to Rs 10000 per week, Maximum up to 100 weeks
13	PTD Improvement	as per clause 2.16
14	PPD Improvement	as per clause 2.17

### For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 11 May 2023

Place of Issue : Gurgaon, Haryana

Service Branch : CTS No 196/6 Shop No5 Adventure Town opp Oberoy Hotel  
Mauje Savedi Ahmadnagar Maharashtra  
414003Ahmadnagar, Maharashtra, 414003

Branch Contact No. : 9289454787

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State  
GSTIN No.: 27AADCR6281N1ZS  
UIN :RHIPAI18048V021718

#### 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 feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- 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.

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### Premium Acknowledgement

Policy No.	65755984
Client ID	23071305
Policyholder	Mr Pradeep Sonaji Hudekar .
Address	Nandrakoli Buldana Budlana Budlana 443001 Maharashtra 27
Policy Period	12-May-2023 to 11-May-2024

### Premium Details

Particulars	Amount (in Rs.)	S.no.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	A2448367	3,856.00	IPG
Secure 2	2,610.00				
Accidental Hospitalization	440.00				
Temporary Total Disablement	66.00				
PTD Improvement	63.00				
PPD Improvement	88.50				
Goods & Services Tax (GST)	588.16				
<b>Total</b>	<b>3,856.00</b>				

The Premium is rounded off to the nearest rupee.

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

The premium paid through any mode other than cash for this policy is eligible for Income tax benefits to the person making the payment subject to the provisions of section 80D of the Income Tax Act, 1961 and amendments thereof. Effective from Assessment year 2019-20, in cases where health insurance premium for multiple years is paid in one year, it will be eligible for proportionate deduction in the years in which the health insurance continues to be effective.

### For Care Health Insurance Limited

Authorized Signatory

Date of Issue : 11 May 2023

Place of Issue : Gurgaon, Haryana

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.
- 4) This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.
- 5) We may credit upto Rs. 1/- to your account for validation, before remitting any further payment.

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**Proposal Form-'SECURE 2'**

Dear Mr Pradeep Sonaji Hudekar .

In reference to your online proposal (3120053177362) for 'Secure 2'- Comprehensive Health Insurance policy, please find below the details as provided by you:

**Proposer Details**

Name : Mr Pradeep Sonaji Hudekar .  
 Address : Nandrakoli  
 Buldana  
 Budlana Budlana,Maharashtra  
 443001  
 Date of Birth : 19-Oct-1992  
 Landline :  
 Mobile : XXXXXX3164  
 E-mail : pXXXXXXe@planetrobotics.in

**Details of the Persons be Insured**

Name	Date of Birth	Relation	Pre-existing Diseases
Pradeep Sonaji Hudekar .	19-Oct-1992	MEMBER	NONE

**Additional Details**

1. Does any person(s) to be insured has any pre-existing diseases?

Insured1  
N

2. Any Existing Disability/Deformity? If yes, please provide details

Insured1  
N

3. Has any company declined to issue/ renew a Personal Accident policy for any of the persons proposed for insurance? If yes, please give details

Insured1  
N

4. Does your job require you to engage in significant manual labor/hazardous activity/handle hazardous material/work at significant height/high voltage

Insured1  
N

5. Have you ever been diagnosed/under treatment for any terminal illness/illness or disease restricting your activities. eg Epilepsy/Seizure disorder

Insured1  
N

6. Have ever you applied for or are you covered under any personal accident insurance policy(es) with the Company or any other insurance companies? If yes, Please provide details in Annexure 2 to this Proposal


Insured1  
N

7. Does your job require you to engage in significant manual labor or hazardous?activities or requires handling


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**Additional Details**

Insured1

N

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## You agreed to following terms & conditions of the purchase of policy

- a. I have read and understood the Brochure/Prospectus/Sales Literature/Terms and Conditions of the Policy and confirm to abide by the same.
- b. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- c. I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch/online, proposed policy period start date as opted by me or cheque date, whichever is later.
- d. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- e. I hereby declare that the lives proposed to be insured would submit to medical examinations before the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- f. I consent to and authorize the Company and/or any of its authorized representative agents to seek medical information from any hospital/medical practitioner or any other related entity that I have attended or may attend in future concerning any illness or injury.
- g. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- h. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.
- i. I/We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.
- j. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

The undersigned hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the above statements and particulars are true, complete and correct in all respects and that all information which is relevant to this proposal has been disclosed and not withheld from the Company. I declare that the money used to make the premium payment has not been derived from any illegal activity or unaccounted funds. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

By virtue of this communication, I give my implicit approval on receiving Whatsapp, SMS, E-mail (Transactional & promotional) from the company

The details mentioned in above proposal form have been verified through OTP received on my registered mobile number.

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