

**Policy Certificate - Group Care 360° PA**

RAYS ENTERPRISES  
SR NO 121 FL NO 302  
ROYAL PARK NR SAI MANDIR ALANDI ROAD  
BHOSARI  
Alandi-412105  
MAHARASHTRA  
GSTN : 27FPKPS7714K1Z3  
STATE CODE : 27

Policy No	76780621
Name of Policyholder	RAYS ENTERPRISES
Cover type	Individual
Policy Period - Start Date	00:00 hrs 22-Nov-2023
Policy Period - End Date	Midnight 21-Nov-2024

**Premium Details**

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 7,500	₹0	₹ 1350.02	₹0	₹0	₹8,850	ANNUAL PREMIUM

**Details of Insured**

S No.	Particulars	Nos.
1	Primary Insured Members	9
2	Dependents	0
	Total	9

**For details of each insured refer to “Annexure A”**

**Details of Cover**

S No.	Particulars	Amount
1	Total Sum Insured	₹ 4,500,000

**Intermediary Details**

Name	Code	Contact Number
J B Boda Insurance Brokers Pvt Ltd	20001721	2266314949

## Benefits

S. No.	Benefit	Coverage Details
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disability	Upto 100% of Sum Insured
3	Permanent Partial Disability	As per PPD table
4	Total Temporary Disability	Lower of 1% of SI/5000/actual Salary for 104 weeks
5	Children's Education	Upto INR 10000 per child upto 2 children
6	Medical Expenses(OPD variable)	10% of SI or 40% of claim Amount or actual whichever less

## Basic Detail of policy:

S No.	Benefit	Coverage Details
1.	Industry Type	Service Industry / BFSI/ Manufacturing
2.	Maximum Sum insured	Rs. 500000
3.	Top 50 lives sum insured	Rs. 4500000
4.	Rate Per Mille (Excluding Tax)	1.6667
5.	Risk Class	I
6.	Sum Insured Base	Flat (Maximum SI not exceeding 6 times of Annual CTC)

## Other Term and Conditions

1. Any One Accidental Limit; Restricted to INR 50 crore or Top 10 lives Sum Insured whichever is lower for each city on per event basis.

## Standard Terms and Conditions:

1. Premium for Addition & deletion to be charged on pro-rata.
2. Premium shall not be refunded for deletion if any claim is paid during the policy.
3. Any endorsements will be from the date of addition and not from the inception of the policy.
4. Existing groups may not split into multiple groups to obtain multiple benefit levels.
5. Excluding a class within a group or any kind of selection is not permitted.
6. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
7. Any non-disclosure of material fact such as previous policy details, incorrect premium, demography or claims details may lead to termination of the policy without any refund of premium.
8. Terrorism is covered in the policy except for that arising out of Nuclear; Biological and/or chemical means which is outside the scope of the policy.
9. Refund of premium shall be in accordance to the prevailing GST guidelines.

## Major Exclusions:

1. Pre-Existing Diseases
2. Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
3. Being under influence of drugs, alcohol, or other intoxication or hallucinogens.
4. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor.
5. Committing any breach of law of land with criminal intent.
6. Death or disablement resulting from Pregnancy or childbirth.
7. Professional sports team in respect of specific benefit for inability to perform.
8. Participation in any kind of motor speed contest.
9. While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft other than as a fare paying passenger in a Scheduled Airline.
10. Underground mining & contractor specializing in tunnelling.
11. Naval, military or air force personnel.

12. Radioactivity, Nuclear risks, ionizing radiation.

13. Detailed Exclusion as per the Standard Policy Wordings of the Group Care 360 Policy.

**Major Documentation Required to file a claim:- Immediate Written Intimation to the Insurer:**

1. Claim Form Duly Signed.
2. Identity Proof.
3. Accident Proof - FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report etc.
4. Cause of Loss - Viscera Report, Post Mortem Report (if conducted), MLC report, Medical Report or Certificate.
5. Disability - Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription.
6. Accidental Death – Death Certificate.
7. Medical Expenses - Hospital Discharge Summary, Bills, Receipts as original, Medical Practitioner Certificate, Medical or Clinical or Pathological or Diagnostics Records.

**\*\*These are just indicative documents; additional documents may be required as per the claim.**

**Claims Servicing Team**

Name of Service	Address	Phone	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	1800-102-4488	<a href="mailto:Claims@careinsurance.com">Claims@careinsurance.com</a>

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 30-Dec-2023

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited

5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, Site No. 8, 1 St Main, 80 Feet Road, S.T.Bed Area , Koramangala ., Bangalore, Karnataka - 560034 Branch

Contact No. : 080-49101801

Correspondence Address: Care Health Insurance Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43, Gurugram – 122009 (Haryana).

Call us : 1800-102-4488 Fax : 1800-200-6677

Website : [www.careinsurance.com](http://www.careinsurance.com) E-mail : [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 September 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 29AADCR6281N1ZO

IRDA Registration Number - 148

UIN : RHIHLGP20126V011920 CIN – U66000DL2007PLC161503

**Tax invoice**

Document No	Date
76780621-1	30-Dec-2023

**Name of Supplier:** Care Health Insurance Limited  
**Address of Supplier:** Site No. 8, 1St Main, 80 Feet Road, S.T.Bed Area , Koramangala .,Bangalore-560034-Karnataka - 29  
**Supplier GSTIN:** 29AADCR6281NIZO

**Bill To:**  
**Name of Recipient:** Rays Enterprises  
**Address of Recipient:** Sr No 121 Fl No 302 Royal Park Nr Sai Mandir Alandi Road Bhosari 412105 Alandi-27  
**Customer GSTIN:** 27FPKPS7714K1Z3

Description of Goods/Services	Amount
Personal Accident Insurance Premium	
Transaction Value	7,500.15
CGST @ 9%	0.00
SGST/UTGST @ 9%	0.00
IGST @ 18%	1,350.02
<b>Total Value Including Tax</b> Amount in word:-EIGHT THOUSAND EIGHT HUNDRED FIFTY RUPEES AND EIGHTEEN PAISA Place of Supply: Alandi-27 Service Accounting Code: 997133	8,850.18

Whether tax payable under reverse charge: No

**Note:** 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.

For Care Health Insurance Limited



Authorised Signatory