

Date: 23/03/2022

Policy Number: 31641327202201

Customer ID: 2001189320

MR. CHIRAG PRATAP PATEL  
DESK 24, SHAAN COURT, 3RD FLOOR, GYDNEY PARK,  
POONAWALA LANE,  
PUNE,  
MAHARASHTRA - 411037  
Mobile: XXXXXX8572

Subject : Niva Bupa Health Insurance Policy No. 31641327202201

Dear MR. CHIRAG PRATAP PATEL,

Thank you for renewing your Niva Bupa health insurance policy. At Niva Bupa, we put your health first and are committed to provide you access to the very best of healthcare, backed by the highest standards of service.

Please find enclosed your Niva Bupa Policy Kit which will help you understand your policy in detail and give you more information on how to access our services easily. Your policy kit includes the following:

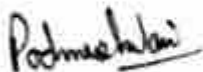
- Insurance Certificate: Confirming your specific policy details like date of commencement, persons covered and specific conditions related to your plan.
- Premium Receipt: Receipt issued for the premium paid by you.

Do visit us online at [www.nivabupa.com](http://www.nivabupa.com) to view and download our updated list of network hospitals in your city, download claim forms and for other useful information. You can register with us online using your policy number, date of birth & email id and access your policy details. In case of any further assistance, call us at 1860-500-8888 (customer helpline number) or email us at [customercare@nivabupa.com](mailto:customercare@nivabupa.com).

We request you to read your policy terms and conditions carefully so that you are fully aware of your policy benefits. For benefits related to section 80D, please consult your tax advisor.

Assuring you of our best services and wishing you and your loved ones good health always.

Yours Sincerely,



Director - Operations & Customer Service  
For and on behalf of Niva Bupa Health Insurance Co. Ltd.  
(Formerly known as Max Bupa Health Insurance Co. Ltd.)

Important - Please read this document and keep in a safe place.



**Star Health and Allied Insurance Company Limited  
Customer Identity Card**

Customer ID No. : 211562892101240701  
Policy No : PR161130/01/2021/112758  
Corporate Name : Price Waterhouse Coopers Private Limited  
Name : Mr.Kedar Dattatraya Devalekedardattatraya  
Date of Birth : 10/10/1991      Age : 29 Years  
Gender : M      Emp ID : 100904869  
Relationship : Spouse  
Valid From : 31/03/2021  
Office Code : 161130

**Personal and Caring**

**Emergency Help Line No. 1800 103 8218**

**E-mail: [support@starhealth.in](mailto:support@starhealth.in) Website: [www.starhealth.in](http://www.starhealth.in)**

**Please quote the Customer ID No. for assistance**

- Immediate intimation to Star through above Telephone number is a must in the case of Hospitalisation.
- This card to be produced at the time of Hospitalization along with the valid photo identity proof.
- This ID card is invalid, if the insurance cover is not in force.
- This card is valid until otherwise cancelled.

**IRDA Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : [info@starhealth.in](mailto:info@starhealth.in)**

**Policy Certificate**

Mr Dattatraya Trimbak Devale  
4 Sukra Apartment, 100b/70b Prabhakar Road Lane  
55 Erandwane  
Opp. Symbolix School  
Flno 411004  
Maharashtra 27

Policy No.	61771201
Plan Name	Care Supreme
Cover type	Flower
Policy Period - Start Date	00:00 hrs 10-Feb-2023
Policy Period - End Date	Midnight 09-Feb-2024
Nominee Name (Relation)	RICHA DEVALE (DAUGHTER)
Premium Paid	Rs. 46,778.00 (Premium Rs.39600 + GST @ 1.8% + GST @ 1.1% for 2023 + GST @ 1.8% for 2024)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Client ID
Mr Dattatraya Trimbak Devale	Male	25-Feb-1957	15927512

**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
Dattatraya Trimbak Devale	15927512	MEMBER	25-Feb-1957	NONE	10-Feb-2023	10,00,000.00
Rishi Devale	15927512	SPOUSE	15-Sep-1958	NONE	10-Feb-2023	

**Contact details for Claims & Policy Servicing**

Correspondence address	Care Health Insurance Limited, Third Floor, Bazaar, Tower C, 3rd Floor, Gull Cross Road, Sector 45, Gurugram-122009 (Haryana)
Email ID for Claims	claims@careinsurance.com
Website	www.careinsurance.com

**Intermediary Details**

Name	Code	Contact Details
POLICYBAZAAR INSURANCE BROKERS PVT LTD	20374491	1800-2585970

**Care Health Insurance Limited**

Regd. Office: 3rd Floor, 10 Dharma Road, Sector 45, Gurugram-122009  
Correspondence Office: 3rd Floor, Bazaar, Tower C, 3rd Floor, Gull Cross Road, Sector 45, Gurugram-122009 (Haryana)  
ICAI Regn. No. 148 | CIN: U66000GJ2015PLC020207

**Scan QR**



Self Help Portal  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)  
Submit Your Claims Request  
[www.careinsurance.com/submit-claims-request](http://www.careinsurance.com/submit-claims-request)