

Date : 17 Nov 2025

Mr Mirza Parvez Baig
5-4-85/f/10/3 Mekalabanda
Mahabubnagar 509001
Telangana
State Code : 36

Policy No: 92967232
Mobile No: XXXXXX9901



Dear Mr Mirza Parvez Baig,

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 - <https://bit.ly/45U8GIR>
- Policy Terms and Conditions- <https://bit.ly/46Z6rwx> and also available on Customer App
- Customer Information Sheet (CIS) shared on your registered email ID which is a simple and understandable

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 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 / 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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Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html

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Policy Certificate

Mr Mirza Parvez Baig
5-4-85/f/10/3 Mekalabanda
Mahabubnagar 509001
Telangana
State Code : 36

Policy No.	92967232
Plan Name	POS Care Supreme
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 24-Nov-2025
Policy Period - End Date	Midnight 23-Nov-2026
Nominee Name (Relation)	UMAMA AYUB (Wife)
Premium Paid	Rs. 15,555.00 (Premium Rs 15555.65 + Underwriting Loading Rs. 0.00 + CGST Rs. 0.00 + IGST Rs. 0.00 + SGST/UGST Rs. 0.00)
Premium Payment Mode	Single Premium

Policyholder	Gender	Date Of Birth	Age	Client ID
Mr Mirza Parvez Baig	Male	22-Dec-1993	31	D1819888

Details of Insured Person

Name	Client ID	Date of Birth	Age	Relationship	Insured with the Company (since)	Pre-existing diseases since
Mirza Parvez Baig	D1819888	22-Dec-1993	31	MEMBER	24-Nov-2024	NONE
Umama Ayub	D1819889	30-Jan-1999	26	SPOUSE	24-Nov-2024	NONE
Hana Parvez Baig	I0928208	14-Sep-2025	00	DAUGHTER	17-Apr-2026	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus/Cumulative Bonus Amount (As Applicable)	Accumulated No Claim Bonus Super/ Cumulative Bonus Super/ Cumulative Bonus Booster/ Infinity Bonus/ Instant Value Bonus Amount (As Applicable)
Mirza Parvez Baig	10,00,000.00	5,00,000.00	10,00,000.00
Umama Ayub			
Hana Parvez Baig		0.00	0.00

Note -NCB/NCB Shield Protection has been applied on this renewal.
-Amount of No Claim Bonus / No Claim Bonus Super is calculated basis the claim status updated till Date of Payment of Renewal Premium.
-This amount can vary basis the claim reported against Expiring Policy Year.
-Floater Policy, all the member coverage is on shared basis. Individual Policy each member is covered on Individual Basis.
-Coverage and Claims Subject to the Policy Terms & Conditions.

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

POS Details

Name	Code	PAN/Aadhar No.	Contact Number
Gundu Saritha	20117336	LAPPS0549Q	7396545873

Schedule of Benefits

S No.	Particulars	Basis of Offering
1	Sum Insured	1000000 (Inclusive of add SI with Care Advanced-Plus Benefit)
2	In-Patient Care	Up to SI
3	Day Care Treatment	All Day Care Procedures
4	Advance Technology Methods	Up to SI
5	Pre-Hospitalization Medical Expenses	Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization
6	Post Hospitalization Medical Expenses	Up to SI, Post-Hospitalization expense cover for 180 days after discharge
7	AYUSH Treatment	Up to SI
8	Domiciliary Hospitalization	Up to SI
9	Organ Donor Cover	Up to SI
10	Ambulance Cover	Up to Rs. 10,000
11	Cumulative Bonus	50% of SI, max up to 100% of SI.
12	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
13	Unlimited E-Consultations	Available for Consultations with General Physicians
14	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
15	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
16	Room Rent	All categories covered.
17	ICU	No Limit
18	Named Ailments Coverage	24 Months
19	Pre-existing Diseases Coverage	36 Months
20	Initial Wait Period	30 Days

Optional Cover

S NO.	Particulars	Details
1	Annual Health check up	Once for all Insured every policy year
2	Cumulative Bonus Super	Upto 100% increase in the Sum Insured, on a cumulative basis for each completed and continuous policy year upto a max of 500%
3	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
4	Air Ambulance Cover	Up to 5 lacs per year.
5	Claim Shield	Coverage of specified 68 Non Payable Items as defined in T and C

Previous Insurer Details of the Insured

Policy Period	Insured Name	Insurer Name	Previous Policy Number	1st Enrollment Date	Sum insured + NCB/CB(As Applicable) + NCBS/CBS(As Applicable) + Inflation SI
24-Nov-2024 to 23-Nov-2025	Mirza Parvez Baig	Care Health Insurance Ltd	92967232	24-Nov-2024	10,00,000.00 + 0.00 + 0.00 + 0.00
24-Nov-2024 to 23-Nov-2025	Umama Ayub	Care Health Insurance Ltd	92967232	24-Nov-2024	

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For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 17 Nov 2025

Place of Issue : Gurgaon, Haryana

Service Branch : Door No 621412/E First Floor Central business Center Clock Tower
Nalgonda Telangana 508001Nalgonda,Telangana,508001

Branch Contact No. : 9289454823

Consolidated Stamp Duty paid vide E-Challan GRN No. 0147609925 dated 23/02/2026. RCM Applicability - N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 36AADCR6281N1ZT

UIN :CHIHLP25047V022425

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.
- This soft copy of the policy is as valid as a hard copy and can be used for claims. A physical hard copy will not be dispatched.

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Premium Acknowledgement

Policy No.	92967232
Client ID	D1819888
Policyholder	Mr Mirza Parvez Baig
Address	5-4-85/f/10/3 Mekalabanda Mahabubnagar 509001 Telangana
Policy Period	24-Nov-2025 to 23-Nov-2026

Premium Details

Particulars	Amount (in Rs.)
Gross Premium	
Care Supreme	12,316.66
Annual Health Checkup(Supreme)	832.66
Cumulative Bonus Super	1,231.64
Wellness Benefit (Supreme)	64.86
Air Ambulance Cover (Supreme)	432.44
Claim Shield	677.39
Goods & Services Tax (GST)	0.00
Total	15,555.00

The Premium is rounded off to the nearest rupee.

S.No.	Receipt Number	Amount	Mode of Payment
1	D2490619	2,032.00	IPG
2	C7331663	13,523.00	IPG

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

Signature Not Verified

Digitally signed by Manish Dodeja
Date: 20260417181015
Reason: I'm the author
Location: India

Authorized Signatory

Date of Issue : 17 Nov 2025

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.Excess amount (if any) will be refunded.

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Proposal Form-'CARE SUPREME'

Dear Mr Mirza Parvez Baig

In reference to your online proposal (1129832481470) for 'Care Supreme'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Mirza Parvez Baig
Address : 5-4-85/f/10/3 Mekalabanda
 Mahabubnagar ,Telangana
 509001
Date of Birth : 22-Dec-1993
Landline :
Mobile : XXXXXX9901
E-mail : pXXXXXX9@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Mirza Parvez Baig	22-Dec-1993	MEMBER	NONE
Umama Ayub	30-Jan-1999	SPOUSE	NONE
Hana Parvez Baig	14-Sep-2025	DAUGHTER	NONE

Additional Details

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

Insured1	Insured2	Insured3
N	N	N

2. Have any of the above mentioned person(s) to be insured been diagnosed / hospitalized for any illness / injury during the last 48 months?

Insured1	Insured2	Insured3
N	N	N

3. Has any of the person(s) to be insured ever filed a claim with their current / previous insurer?

Insured1	Insured2	Insured3
N	N	N

4. Has any proposal(s) for health insurance of the new person(s) to be insured, been declined cancelled or charged a higher premium?

Insured1	Insured2	Insured3
N	N	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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No physical Health Cards will be dispatched. The electronic version of the card below will be accepted across all network providers.

**HEALTH CARD**

Policy No.
92967232

Member ID	DOB	NAME
D1819888	22-Dec-1993	Mirza Parvez Baig
D1819889	30-Jan-1999	Umama Ayub
I0928208	14-Sep-2025	Hana Parvez Baig

www.careinsurance.com

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WhatsApp
8860402452



Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

Disclaimer
1. This card is not transferable
2. Use of this card is governed by the policy terms & conditions
3. To avail cashless facility, this card needs to be produced along with photo
4. Valid upto policy period end date or cancellation date, whichever is earlier

IRDAI Registration No.148

Endorsement Annexure

Basis your endorsement changes, below mentioned are the updated details of the policy:

S.No	Particulars	Unique ID of the Insured Member	Original Data	Updated Data	Endorsement ID	Effective From	Effective Till
1	Member Addition	I0928208	---	MS HANA PARVEZ BAIG	1776429603893	17-Apr-2026	23-Nov-2026

Endorsement Premium Paid	Rs. 2,032.17 (Premium Rs. 2,032.17 + CGST Rs. 0.00 + IGST Rs. 0.00 + SGST Rs. 0.00 + UGST Rs. 0.00)
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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

Consolidated Stamp Duty paid vide E-Challan GRN No. 0147609925 dated 23/02/2026. RCM Applicability - N/A. RCM Applicability - N/A

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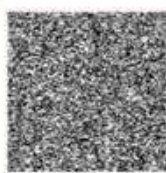


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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2987/61522/00118

To
Hana Parvez Beg
D/O Ummama Ayub,
5-4-85/F/10/3,
Mekala Banda,
Tayyab Nagar,
Amraa Masjid,
VTC: Mahabubnagar,
PO: Mahabubnagar,
District: Mahabubnagar,
State: Telangana,
PIN Code: 509001
Mobile: 9100476228



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4871 0267 3904
VID: 9186 3090 1668 8397

VID: 9186 3090 1668 8397

నా ఆధార్, నా గుర్తింపు



सर्वोच्च न्यायालय
Government of India



హానా పరెట్ కింగ్
Hana Parvati King
పుట్టిన తేదీ/DOB: 14/09/2025
సే / FEMALE

♀ FEMALE

అడవి అనేది నిర్మిస్తు ఉత్తమ విశ్వాసం. పోయిస్తూ మీరు పుట్టిన పేరే కి
కాదు. అది పుట్టిందిగానే పోయింది ఉపయోగించండి (అనేకమై పునరావేశం
మీరు ౧౧ వేరే / అనేకమై ౧౧౧, యుక్త, పోయింది).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4871 0267 3904

నా ఆధార్, నా గుర్తింపు



Conservation of matter



AADHAAR

వివరాలన్నీ / INFORMATION

ಅರ್. ಅರ್ಧ 5 ಮಿನಿವಿಕ್ಟೋರಾ ವಿಯೆನ್ಯಾ ವರತು ಮಾರ್ತಮಿ ವೆಲ್ಲಾತುಂಬಿ. 5 ಮಿನಿವಿಕ್ಟೋರಾ ವಿಯೆನ್ಯಾ ವರ್ದಿವಿವ್ಯಾನ್ತು ಲಯಾಮಿವೆಕ್ಟಿಕ್ಯ ಅರ್ದೆವೆ ವಿಯೂವಿವರತು, ಲೆವಿ ವತುಲೆ ಅರ್ಧ 5 ಮಿನಿವೆಕ್ಟಿಕ್ ವಿಯೂವಿವತುಂಬಿ.

Aadhaar is valid till 5 years of age only. Biometrics are required to be updated on attaining 5 years of age, failing which, it will be deactivated.

- [illegible]



Unique Identification Author

[illegible]

Address:
D/O Umama Aroli, 5-4-85/F/10/3, Mekala Banda,
Teyyah Nagar, Amena Masjid, Mahabubnagar, PG,
Mahabubnagar, DIST: Mahabubnagar,
Telangana - 509001



4871 0267 3904
VID : 9186 3090 1668 83

VID : 9186 3090 1668 8397

1947

✉ help@uidai.gov.in

 www.uda.gov.in



भारत सरकार
GOVERNMENT OF INDIA



आधार



भारत सरकार
GOVERNMENT OF INDIA



आधार

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Government of India

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Unique Identification Authority of India

Enrolment No.: 0000/00207/86997

To
శ్రీమతి ఆర్మియా
Umama Ayub
C/O Mirza Parvez Baig,
5-4-B/F/10/3,
Mekala Banda,
Teyyath Nagar,
Amma Masjid,
PO: Mahabubnagar,
PTC Mahabubnagar,
District: Mahabubnagar,
State: Telangana,
PIN Code: 509001,
Mobile: 9885926228



Signature/పేరు

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2636 6642 1572

VID : 9182 6290 9184 0121

నా ఆధార్, నా గుర్తింపు



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GOVERNMENT OF INDIA



आधार

శ్రీమతి ఆర్మియా
Umama Ayub
పుట్టిన తేదీ/DOB: 20/01/1999
♀ FEMALE

అధార్ అనేది గుర్తింపు దస్తావ్యం, పౌరత్వం లేదా పుట్టిన తేదీ & లింగం వంటి ధృవీకరించే వాస్తవాలను ధృవీకరించే ప్రాథమికంగా లేదా QR కోడ్ / ఆన్లైన్ NAL ద్వారా.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline NAL).



2636 6642 1572

VID : 9182 6290 9184 0121

నా ఆధార్, నా గుర్తింపు



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आधार

అధికారి
మీ. మిర్జా పర్వేజ్ బాగ్, 5-4-B/F/10/3, మేకాలా బండ్, టేయిత్ నగర్, అమ్మా మసీద్, మహబూబ్ నగర్, పో: మహబూబ్ నగర్, డిస్ట్: మహబూబ్ నగర్, తెలంగాణ - 509001

Address:
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2636 6642 1572

VID : 9182 6290 9184 0121

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
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आधार

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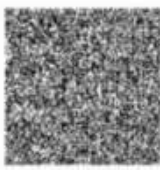
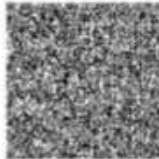


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  భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ భారత ప్రభుత్వం Unique Identification Authority of India Government of India రిజిస్ట్రేషన్ Enrolment No.: 000023431/66141 To పిల్లా పర్వేజ్ బేగ్ S/O: Mirza Mohuddin Baig S-4-85/F/10/3 Makalabanda Mahabubnagar Mahabubnagar Mahabubnagar Telangana - 509001 Generation Date: 07/06/2018   మీ ఆధార్ సంఖ్య / Your Aadhaar No. : 3069 4476 4056 నా ఆధార్, నా గుర్తింపు	   భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ భారత ప్రభుత్వం Unique Identification Authority of India Government of India వివరాలు ■ ఆధార్ గుర్తింపుకు రహితకరం, పాపత్యానికే కాదు! ■ గుర్తింపుకు రహితకరం ఇన్ ట్రిన్ ఆథెంటిఫికేషన్ ద్వారా పొందవచ్చు! ■ ఇది ఎలక్ట్రానిక్స్ పద్ధతిలో వ్రాయబడిన లేఖ! INFORMATION ■ Aadhaar is a proof of identity, not of citizenship. ■ To establish identity, authenticate online. ■ This is electronically generated letter. ■ ఆధార్ దేశమంతటా అమోదించబడుతుంది. ■ ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వరేఖర సేవలు అందువేయడంలో సహాయ పడుతుంది. ■ Aadhaar is valid throughout the country. ■ Aadhaar will be helpful in availing Government and Non-Government services in future.
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आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CNLP A8650G

नाम / Name
UMAMA AYUB

पिता का नाम / Father's Name
MOHAMMED AYUB ALI

जन्म की तारीख / Date of Birth
30/01/1999


हस्ताक्षर / Signature



10112017

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MIRZA PARVEZ BAIG

MIRZA MOHIUDDIN BAIG

13/07/1993

Permanent Account Number
BNIPB5865J

Parvez

Signature



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