

Date : 15 Jun 2026

Mr Vijayanand Yadav

15- 4- 452 Osman Shahi

Gowliguda Chaman Nampally Begumbazar

Hyderabad

Hyderabad 500012

Telangana

State Code : 36

Policy No: 83156370

Mobile No: XXXXXX8800



Dear Mr Vijayanand Yadav,

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/45q8NTY> 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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Self Help Portal:

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Policy Certificate

Mr Vijayanand Yadav
15- 4- 452 Osman Shahi
Gowliguda Chaman Nampally Begumbazar
Hyderabad
Hyderabad 500012
Telangana
State Code : 36

Policy No.	83156370
Plan Name	Care Supreme
Cover Type	Floater
Policy Period - Start Date	00:00 hrs 15-Jun-2026
Policy Period - End Date	Midnight 14-Jun-2027
Nominee Name (Relation)	Preethi yadav (Wife)
Premium Paid	Rs. 36,765.00 (Premium Rs 36765.01 + 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 Vijayanand Yadav	Male	20-Jan-1975	51	B5624357

Details of Insured Person

Name	Client ID	Date of Birth	Age	Relationship	Insured with the Company (since)	Pre-existing diseases since
Vijayanand Yadav	B5624357	20-Jan-1975	51	MEMBER	14-Apr-2024	NONE
Diya Yadav	B6674077	21-May-2011	15	DAUGHTER	14-Apr-2024	NONE
Preethi Yadav	B6674078	17-Feb-1986	40	SPOUSE	14-Apr-2024	NONE
Dheeraj Yadav	B6674079	09-Jun-2007	19	SON	14-Apr-2024	NONE

Details of Cover

Policy Insured Name	Policy Sum Insured	Accumulated No Claim Bonus/Cumulative Bonus Amount (As Applicable)
Vijayanand Yadav	10,00,000.00	10,00,000.00
Diya Yadav		
Preethi Yadav		
Dheeraj Yadav		

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

Intermediary Details

Name	Code	Contact Details
Amiti Sujatha	20093530	6309286284

Schedule of Benefits

Care Health Insurance Limited

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S No.	Particulars	Basis of Offering
1	Sum Insured	1000000
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 / Organ Donor Cover	Up to SI
9	Ambulance Cover	Up to Rs. 10,000
10	Cumulative Bonus	50% of SI, max up to 100% of SI.
11	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.
12	Unlimited E-Consultations	Available for Consultations with General Physicians
13	Health Services (Health Portal)	Doctor on chat, Healthy tips reminder, etc.
14	Health Services (Discount Connect)	Discounts on services such as consultations, diagnostics etc at our network
15	Room Rent / ICU	All categories covered. / No Limit
16	Named Ailments Coverage	24 Months
17	Pre-existing Diseases Coverage	36 Months
18	Initial Wait Period	30 Days
19	Organ Donor Cover	Up to SI

Optional Cover

S NO.	Particulars	Details
1	Annual Health check up	Once for all Insured every policy year
2	Wellness Benefit	Discount on renewal premium based on active days achieved. Online fitness Coaching/Counselling session from Wellness Coaches
3	Air Ambulance Cover	Up to 5 lacs per year.

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
15-Jun-2025 to 14-Jun-2026	Vijayanand Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	10,00,000.00 + 5,00,000.00 + 0.00 + 0.00
15-Jun-2025 to 14-Jun-2026	Diya Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
15-Jun-2025 to 14-Jun-2026	Preethi Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
15-Jun-2025 to 14-Jun-2026	Dheeraj Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
14-Apr-2024 to 13-Apr-2025	Vijayanand Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	10,00,000.00 + 0.00 + 0.00 + 0.00
14-Apr-2024 to 13-Apr-2025	Diya Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
14-Apr-2024 to 13-Apr-2025	Preethi Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
14-Apr-2024 to 13-Apr-2025	Dheeraj Yadav	Care Health Insurance Ltd	83156370	30-Nov-2015	
06-Dec-2022 to 17-Mar-2024	Vijayanand Yadav	HDFC ERGO GEN INS	2805 2051 0274 6900 000	30-Nov-2015	5,00,000.00 + 0.00 + 0.00 + 0.00
06-Dec-2022 to 17-Mar-2024	Diya Yadav	HDFC ERGO GEN INS	2805 2051 0274 6900 000	30-Nov-2015	

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06-Dec-2022 to 17-Mar-2024	Dheeraj Yadav	HDFC ERGO GEN INS	2805 2051 0274 6900 000	30-Nov-2015	
06-Dec-2022 to 17-Mar-2024	Preethi Yadav	HDFC ERGO GEN INS	2805 2051 0274 6900 000	30-Nov-2015	

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 15 Jun 2026

Place of Issue : Gurgaon, Haryana

Service Branch : Eden Amsri Square, Unit No.7, 6th Floor, St. John's Road, Beside Apollo Hospital, SecunderabadHyderabad,Telangana,500003

Branch Contact No. : 9289454761

Consolidated Stamp Duty paid vide E-Challan GRN No. 0150536504 dated 18/04/2026. 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.	83156370
Client ID	B5624357
Policyholder	Mr Vijayanand Yadav
Address	15- 4- 452 Osman Shahi Gowliguda Chaman Nampally Begumbazar Hyderabad Hyderabad 500012 Telangana
Policy Period	15-Jun-2026 to 14-Jun-2027

Premium Details

Particulars	Amount (in Rs.)	S.No.	Receipt Number	Amount	Mode of Payment
Gross Premium		1	D4180100	36,765.00	IPG
Care Supreme	34,807.52				
Annual Health Checkup(Supreme)	1,395.33				
Wellness Benefit (Supreme)	129.72				
Air Ambulance Cover (Supreme)	432.44				
Goods & Services Tax (GST)	0.00				
Total	36,765.00				

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



Signature Not Verified

Digitally signed by Manish Dodeja
Date: 20260615141838
Reason: I'm the author
Location: India

Authorized Signatory

Date of Issue : 15 Jun 2026

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 Vijayanand Yadav

In reference to your online proposal (1129860010592) for 'Care Supreme'- Comprehensive Health Insurance policy, please find below the details as provided by you:

Proposer Details

Name : Mr Vijayanand Yadav
Address : 15- 4- 452 Osman Shahi
 Gowliguda Chaman Nampally Begumbazar
 Hyderabad Hyderabad,Telangana
 500012
Date of Birth : 20-Jan-1975
Landline :
Mobile : XXXXXX8800
E-mail : vXXXXXX1@gmail.com

Details of the Persons be Insured

Name	Date of Birth	Relation	Pre-existing Diseases
Vijayanand Yadav	20-Jan-1975	MEMBER	NONE
Diya Yadav	21-May-2011	DAUGHTER	NONE
Preethi Yadav	17-Feb-1986	SPOUSE	NONE
Dheeraj Yadav	09-Jun-2007	SON	NONE

Additional Details

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

Insured1	Insured2	Insured3	Insured4
N	N	N	N

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

Insured1	Insured2	Insured3	Insured4
N	N	N	N

3. 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	Insured4
N	N	N	N

4. Is any of the person(s) proposed for insurance covered under any other health insurance policy with the Care Health Insurance?

Insured1	Insured2	Insured3	Insured4
N	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.
83156370

Member ID	DOB	NAME
B5624357	20-Jan-1975	Vijayanand Yadav
B6674077	21-May-2011	Diya Yadav
B6674078	17-Feb-1986	Preethi Yadav
B6674079	09-Jun-2007	Dheeraj Yadav

www.careinsurance.com

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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

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/Enrolment No.: 2727/50075/74782

To

ప్రీతి యాదవ్

Preethi Yadav

W/O: Vijayanand Yadav,

15-4-452,

osman shahi,

gowliguda chaman,

VTC: Nampally,

PO. Begumbazar,

Sub District: Nampally,

District: Hyderabad,

State: Telangana,

PIN Code: 500012,

Mobile: 7207144404

Signature valid

Digitally signed by Preethi Yadav
DN: cn=Preethi Yadav, o=Unique
Identification Authority of India
OU, Date: 2023.03.13 13:17:52
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4627 3077 9823

VID : 9191 2492 2013 7067

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Aadhaar no. issued: 22/03/2013



ప్రీతి యాదవ్

Preethi Yadav

పుట్టిన తేదీ/DOB: 17/02/1986

స్త్రీ/ FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది ధృవీకరణలో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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).

4627 3077 9823

నా ఆధార్, నా గుర్తింపు



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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్ సంఖ్య / Enrollment No.: 2832/36001/01085

To
విజయనంద్ యాదవ్
Vijayanand Yadav
S/O: Late Dr Asharam Yadav,
15-4-452,
osman shahi,
gowliguda chaman,
VTC: Nampally, PO: Begumbazar,
Sub District: Nampally, District: Hyderabad,
State: Telangana,
PIN Code: 500012,
Mobile: 9885016892

68707637



KD687076372FL



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3848 4205 3639

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వము

Government of India



Aadhaar no. issued: 21/03/2013



విజయనంద్ యాదవ్
Vijayanand Yadav
పుట్టిన తేదీ / DOB: 20/01/1975
పురుషుడు / Male

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీకి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

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3848 4205 3639

నా ఆధార్, నా గుర్తింపు

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

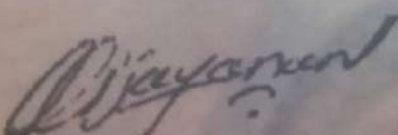
VIJAYANAND YADAV

ASHARAM YADAV

20/01/1975

Permanent Account Number

ABXPY7127Q


Signature



12022007