IndusInd
GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Welcome

Mr. Purugula Praveen
12-15-801 MANIKESHWARI NGR O U CAMPUS,SECUNDERABAD JAMA I OSMANIA,SECUNDERABAD,HYDERABAD,TELANGANA,500007
9885******

From here on, you're our responsibility.

Your IndusInd Health Infinity Insurance, with policy number 920222628240232508 is now live. To access your policy anywhere, downloading our IndusInd Insurance App and enjoy a host of special features.

IndusInd Insurance App — Scan to download

Your Policy
Attach, Access, or Download your policy

Your Claims
Register, Track or Submit claim documents

Hospital Locator
Go cashless, Tap and spot from amongst 10,000+ network hospitals.

Wellness Solutions
Get discounts on various value-added wellness services and online solutions through our wellness programme

#ForwardTogether

With **IndusInd General Insurance.**

indusindinsurance.com 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

Digitally signed by Reliance General Insurance Company Limited
Date: 2026.04.01 17:45:12 IST

IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

INDUSIND HEALTH INFINITY INSURANCE- POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	:	920222628240232508	Proposal No	:	R01042687875
Policyholder Name	:	Mr. Purugula Praveen	Policy Issuance Date	:	01/04/2026
Tax Invoice No. & Date	:	R01042687875 & 01/04/2026	GSTIN/UIN of Policyholder	:	NA
Correspondence Address & Place of Supply	:	12-15-801 MANIKESHWARI NGR O U CAMPUS,SECUNDERABAD JAMA I OSMANIA,SECUNDERABAD,HYDERABAD,TELANGANA,500007	Policy Issuing Branch & Date	:	6th Floor, Oberoi Commerz, Oberoi Garden City, Off. Western Express Highway, Goregaon (East) MUMBAI MUMBAI MAHARASHTRA 400063
Contact No	:	9885******	Email ID	:	P**********@GMAIL.COM
Date of Birth	:	30/01/1986	Business Type	:	Renewal
Gender	:	Male	Zone	:	B

POLICY DETAILS

Base Sum Insured	:	1000000	Super Charger Sum Insured (₹)	:	0.00
Cover Type	:	Floater	Policy Tenure	:	3 year
Policy Period Start Date & Time:	:	01/04/2026 At 00:01 Hrs	Policy Period End Date & Time	:	31/03/2029 At 23:59 Hrs.
Previous Policy No. & end Date:	:	620922328240000321 & 02/03/2026	Renewable Date	:	01/04/2029
Premium Payment Frequency	:	None			

MORE OPTIONS BENEFITS OPTED: More Cover

NOMINEE DETAILS

Name of Nominee	:	RAMYAsri p	Relationship with Policyholder	:	Spouse
Date of Birth	:	1993-01-11	Address of Nominee	:	12-15-801 MANIKESHWARI NGR O U CAMPUS,SECUNDERABAD JAMA I OSMANIA,SECUNDERABAD,HYDERABAD,TELANGANA,500007
Contact No. / Mobile No.	:	9885******	Email ID	:	NA

INTERMEDIARY DETAILS

Intermediary Name	Intermediary Code	Intermediary Contact No	POSP ID
Direct	Direct	NA	NA/NA

VLE Name	VLE ID	VLE Contact No
NA	NA	NA

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	: Mr. Purugula Praveen	Mrs. RAMYA SRI PURUGULA		
Gender	: Male	Female		
Date of Birth	: 30/01/1986	01/11/1993		
Relationship with Policyholder	: Self	Spouse		
Insured with the Company, since	: 03/03/2023	03/03/2023		
Date of First Enrollment	: 03/03/2023	03/03/2023		
UHID	: 28242230198082	28242230198083		
Any Pre-existing Disease	: No	No		
Pre-existing Disease – Name	: NA	NA		
Pre-existing Disease – Since	: No	No		
Permanent exclusions (if any) as agreed by the customer	: NA	NA		
Special Remarks/Conditions	: NA	NA		
ABHA Number or ABHA ID	: NA	NA		

PREMIUM DETAILS	AMOUNT
Zone	B
Base Premium	45328.00
Addon Premium (If any)	65264.40
Loading (if any)	0.00
Discount (if any)	44213.73
OPD cover Premium	0
Net Premium Excluding Taxes and Levies	66379.00
Total Premium including taxes and levies	**66379.00**

DISCOUNT DETAILS
Renewal Discount
BMI Discount/Loading
Credit Score Discount
Policy Tenure Discount
Zone B Optional Cover Discount

GSTIN :27AABCR6747B1ZG, HSN : 997133, Description of services : Accident and Health Insurance Service

As per the GST regulations, the amount of GST (if applicable) will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year.

Consolidated Stamp duty Paid vide, order No ENF-1/CSD/148/2026 Validity Period Dt. 01/02/2026 to Dt. 01/12/2027 OW No.165 Date 13-01-2026 GRN No 1) MH014703065202526E 2) MH014703835202526E Date 06-01-2026 SBI. Deface No. 1) 0008596866202526 2) 0008596929202526 Deface Date 12-01-2026. ** Not Applicable for the State of Jammu & Kashmir.

WAITING PERIOD/COPAYMENT

- 0 Months Pre-Existing Disease waiting period from the first policy commencement date (Code: Excl01)
- 0 Months of waiting period for specified disease / procedure from the first policy commencement date (Code:Excl02)
- 12 Months Waiting Period for Maternity Cover
- **Copayment:**

CONTACT DETAILS FOR POLICY SERVICING

Name: IndusInd General Insurance Company Limited
Correspondence Address: IndusInd General Insurance.
Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
Old No - 67, South Tukoganj, Indore (M.P) - 452001
Email ID : services@indusindinsurance.com
Contact No.: 022 4890 3009 (paid)
Website: https://www.indusindinsurance.com

CONTACT DETAILS FOR CLAIM SERVICING

Name: IndusInd General Insurance Company Limited
Correspondence Address: IndusInd General Insurance.
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
Krishe Sapphire, Madhapur, Hyderabad - 500081
Email ID : healthcare@indusindinsurance.com
Contact No.: 022 4890 3009 (paid)
Website: https://www.indusindinsurance.com

POLICY EXCLUSIONS

01. Investigation & Evaluation (Code:Excl04)
02. Rest Cure, rehabilitation and respite care (Code:Excl05
03. Obesity/ Weight Control (Code:Excl06)
04. Change-of-Gender treatments (Code:Excl07)
05. Cosmetic or Plastic Surgery (Code:Excl08)
06. Hazardous or Adventure sports (Code:Excl09)
07. Breach of law (Code:Excl10)
08. Excluded Providers (Code:Excl11)
09. Substance Abuse and Alcohol (Code:Excl12)
10. Wellness and Rejuvenation (Code:Excl13)
11. Dietary Supplements & Substances (Code:Excl14)
12. Refractive Error (Code:Excl15)
13. Unproven Treatments-Code (Code:Excl16)
14. Sterility and Infertility (Code:Excl17)
15. Maternity Expenses (Code:Excl18)
    In addition to above below mentioned are Specific Exclusions applicable to this Policy
16. Alternative Treatment
17. Circumcision
18. Convalescence or Rehabilitation
19. Dental Treatment
20. Unprescribed drugs or treatment
21. External Congenital Anomaly
22. Hearing aids
23. Hormonal therapies
24. Non-medical necessary treatment
25. Medical Supplies
26. Non-medical expenses
27. Outpatient treatment
28. Overseas treatment
29. Peritoneal Dialysis
30. Prosthetic and other devices
31. Charges other than reasonable and customary charges
32. Self-injury or suicide
33. Spinal subluxation, manipulation and muscle stimulation
34. Treatment by a family member
35. Treatment outside discipline
36. Vaccination and immunization
37. Nuclear attack
38. War

PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited.
- Subject otherwise to the terms and conditions of Policy Wording attached
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at services@indusindinsurance.com or call us at 022 4890 3009(Paid) for necessary changes/rectification.
- In the event of any incorrect representation, the liability shall be upon the Policyholder.

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at services@indusindinsurance.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at Grievances@indusindinsurance.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at HeadGrievances@indusindinsurance.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.indusindinsurance.com or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman,IIIrd Floor, Jeevan Seva Annexe, S.V.Road , Santacruz West Mumbai-400054 Tel.: 22-69038800, 69038827/8829, 69038831/8832, Email: oio.mumbai@cioins.co.in.

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.
Helpline number: 022 4890 3009 (Paid)
Timings: 8 AM to 8 PM -- (Monday to Saturday)

PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy

For IndusInd General Insurance Co. Ltd.

Authorised Signatory

IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Premium Certificate

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that IndusInd General Insurance Company Limited has received an amount of 66379.00 from Mr. Purugula Praveen towards payment of health insurance premium for policy 920222628240232508 for the period 01/04/2026 to 31/03/2029 issued on 01/04/2026.

The premium paid for this policy is eligible for applicable benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :

- Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For IndusInd General Insurance Co. Ltd.

Authorised Signatory

Coverage Summary:

Sum Insured (in lakhs)	**1000000 lakhs**	
Benefit No(Reference Policy Wordings)	**Cover Name**	**Limits**
3.1: Basic Benefits		
3.1.1	Inpatient Care	Covered
3.1.2	Special Treatment	Sum Insured (in Rs): >=10lakhs; Special Treatment limits (in Rs): 100% of S.I
3.1.3	Day Care Procedures	Within Sum Insured
3.1.4	Domiciliary Hospitalisation	Within Sum Insured
3.1.5	Organ Donor	Within Sum Insured
3.1.6	AYUSH Benefit	Within Sum Insured
3.1.7	Pre-Hospitalisation Medical Expenses	Covered upto 90 days, Within Sum Insured
3.1.8	Post-Hospitalisation Medical Expenses	Covered, upto 180 days, Within Sum Insured
3.1.9	Emergency Ambulance	Within Sum Insured
3.1.10	Transportation Benefit	Maximum upto Rs. 500 per Hospitalization(Within Sum Insured)
3.1.11	Restore Benefit	On subsequent claim, one restore up to 100% of Sum Insured for unrelated illness/injury.The Unlimited Restore Benefit supersedes the existing Benefit 3.1.11 Restore Benefit.
3.2 : More Options Benefits		
3.2.2	MoreCover (in Rs.)	Sum Insured (in Rs): 1000000; More Cover Sum Insured(in Rs): 3,00,000
3.3 Renewal Benefit – Stay Healthy Discount		
3.3	Renewal Benefit Stay Healthy Discount	Upto 10% discount on renewal premium
3.4 Add Ons Covers*		
3.4.2 Limitless Cover		
3.4.2.1	Consumables Cover	Within Sum Insured
3.4.2.2	Unlimited Restore Benefit	On subsequent claim. Policies with Sum Insured 5 lakhs: Unlimited restore of S.I on unrelated illness or injury, sub-limit of 100% of Sum Insured for related illness/injury. Policies with Sum Insured >=10lakhs Unlimited restore of S.I on related or unrelated illness or injury This benefit supersedes Basic Benefit 3.1.11 Restore Benefit

3.4.3 Smart Protector			
3.4.3.1	Super Charger	0.00	**Additional Sum Insured is provided at the end of the Policy Year/ Extended Policy Year(if applicable) (Option 2): 33.33% of S.I, maximum up to 100% of S.I**
3.4.3.2	Air Ambulance	S.I< 1 crore: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher	

3.4.4 Mother and Child Care			
3.4.4.1	Maternity Cover	Sum Insured: >=10 lakhs Maternity Limits (Normal C-Section): Option 2- 2 lakhs Maternity Waiting Period Option:12 Months Cover is available only to 3 year Policy Period. (Within Sum Insured)	
3.4.4.2	Newborn baby and Vaccination Cover	1lac (Within Sum Insured)	

3.4.6	Medical Equipment Cover	a. Durable Medical Equipment: Limit: 5% of Sum Insured subject to max. of Rs 2.5 lacs b. Small Medical Equipment: 1% of Sum Insured subject to max. of 20000 (Within Sum Insured)

3.4.8	Home Care Treatment	Within Sum Insured

Note-

The maximum liability of the Company to pay the claims under this Policy is limited to

i. Sum Insured
ii. Double Cover (if applicable)
iii. More Cover (if applicable)
iv. Super Charger (if applicable)
v. Restore Benefit or Unlimited Restore Benefit
vi. OPD Cover (if applicable)

Please refer the policy wordings for detailed information and understanding of the coverages.

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	**Name of Insurance Product / Policy**	IndusInd Health Infinity Insurance	
2.	**Policy number**	920222628240232508	
3.	**Type of Insurance Product / Policy**	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4.	**Sum Insured (Basis)**	Floater Sum Insured - 1000000 (Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)**	**A. Basic Benefits:**	3.1
		a. Inpatient Care: Covers medical expenses incurred during Hospitalization due to an illness or accident for period more than 24 hours.	3.1.1
		b. Special Treatment: Covers for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Special Treatments.	3.1.2
		c. Day Care Procedures: Medical expenses incurred for Day Care Treatment which is surgical procedure, chemotherapy or radiotherapy or hemodialysis taken by an Insured person during the Policy Period at a Hospital or Day Care Centre.	3.1.3
		d. Domiciliary Hospitalisation: Medical expenses for medical treatment at home for a period exceeding 3 consecutive days which would otherwise have necessitated hospitalisation.	3.1.4
		e. Organ Donor: Medical expenses on harvesting the organ from the donor for organ transplantation.	3.1.5
		f. AYUSH Benefit: The Medical Expenses for In-patient Treatment taken under Ayurveda, Unani, Sidha and Homeopathy.	3.1.6
		g. Pre-Hospitalisation Medical Expenses: Covers expenses incurred 90 days prior to the date of hospitalisation.	3.1.7
		h. Post-Hospitalisation Medical Expenses: Covers expenses incurred up to 180 days from the date of discharge.	3.1.8

i. Emergency Ambulance: Actual expenses incurred per Hospitalization for utilizing ambulance service for transporting the Insured Person to the nearest Hospital with adequate facilities in case of an emergency or from one hospital to another for medically necessary treatment.	3.1.9
j. Transportation Benefit: Reasonable expenses incurred upto Rs 500 per Hospitalization for utilizing a registered radio cab operator's services for transporting the Insured Person to and/or from the Hospital.	3.1.10
k. Restore Benefit: On subsequent claim, one restore up to 100% of Sum Insured for unrelated illness/injury.The Unlimited Restore Benefit supersedes the existing Benefit 3.1.11 Restore Benefit.	3.1.11
B. More Options Benefits The insured may choose one of the following More Options Benefits, which will be applied to the policy with no additional premium. If policy is renewed without any break, such More option benefit with no additional premium will be offered for the next Policy period. The insured can also choose any of the other More options benefits by paying an additional premium.	3.2
m. MoreCover: Additional Sum Insured limit for payment of further claims, in case the Sum Insured is exhausted due to claims made and paid/payable during the Policy Year. Additional Sum Insured will be applied only once for the Insured Person/s during a Policy Year.	3.2.2
C. Renewal Benefit-Stay Healthy Discount The Insured Person will be "get upto" 10% discount at the time of Renewal for carrying out an annual health check-up and sharing the results of the same with the Company.	3.3
D. Add On Covers	3.4
p. Limitless Cover: **i. Consumables Cover:** This benefit pays the Reasonable and Customary expenses which are listed in Annexure -A List I as Optional Items. **ii. Unlimited Restore Benefit:** On subsequent claim. The Unlimited Restore Benefit supersedes the existing Benefit 3.1.11 Restore Benefit	3.4.2
Policies with Sum Insured>=10lakhs Unlimited restore of S.I on related or unrelated illness/injury This benefit supersedes Basic Benefit - Restore Benefit	3.4.2.1 3.4.2.2
q. Smart Protector	3.4.3
i. Super Charger: At the end of each completed and continuous Policy Year, the Company shall provide "the additional" Sum Insured under the Policy.Options:Option 2	3.4.3.1
ii. Air Ambulance: This benefit indemnifies the Insured, for the expenses incurred on availing Air Ambulance services. S.I< 1crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher	3.4.3.2

		r. Mother and Child Care:	3.4.4
		i. Maternity Cover: This Cover indemnifies the Insured Person up 1lakh/2lakhs(S.I-5L-1lakh and S.I >=10L- 1or 2lakhs) towards the maternity expenses including pre-natal and post-natal medical expenses. Cover is available only to 3 years Policy Period.	3.4.4.1
		ii. Newborn baby and Vaccination Cover: This Cover indemnifies the Insured upto Rs 1lakh during the Policy Year, towards the Hospitalization Expenses incurred towards treatment of Newborn baby and it also includes the cost of mandatory New-born baby immunization vaccination up to 90 days of birth.	3.4.4.2
		t. Medical Equipment Cover: The benefit provides the Reasonable and Customary expenses for procuring Durable and Small Medical Equipment or devices (listed in Policy Wordings) as medical aid, during the Policy Year.	3.4.6
		v. Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings)under the Policy.	3.4.8

6.	**Exclusions**	The following is a partial list of the policy exclusions (Please refer to the policy wording for the complete list of exclusions): a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code: Excl 18) Specific Exclusions p. Alternative Treatments q. Circumcision r. Convalescence or Rehabilitation s. Dental Treatments t. Unprescribed Drugs or treatments u. External Congenital Anomaly v. Hearing aids w. Hormonal therapies x. Non-Medically necessary treatment y. Medical Supplies aa. Non-medical expenses ab. Outpatient Treatment (OPD) ac. Overseas Treatment ad. Peritoneal Dialysis ae. Prosthetic and other devices af. Charges other than Reasonable and Customary ag. Self-Injury or suicide ah. Spinal subluxation, manipulation and muscle stimulation ai. Treatment by a family member aj. Treatment Outside discipline ak. Vaccination and immunization al. Nuclear Attack am. War (whether declared or not)	4

7.	**Waiting period** • Time period during which specified diseases / treatments are not covered • It is counted from the beginning of the policy coverage.	Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	4.1
		Specific Waiting periods (Not applicable for claims arising due to an accident):0 Months for 46 diseases/procedures	4.1.2
		Pre-existing diseases: Covered after 0 Months	4.1.1
		15 days Waiting Period for treatment of Covid-19	4.2.1
		4.2.2	4.2.2
8.	**Financial limits of coverage**	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits a. Special Treatment:**a. Special Treatment:**	3.1.1
	i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	S.I>=10L-100% of S.I	
		b. More Cover	
		Sum Insured (in Rs) / **More Cover Sum Insured (in Rs)** 1000000 / 3,00,000	
		c. Transportation Benefit: Rs 500 per Hospitalization	3.1.10
		e. Air Ambulance: S.I 1crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher	3.4.3.2
		g. Newborn baby and Vaccination Cover: 1lakh	3.4.4.1
		i. Medical Equipment Cover: • Durable Medical Equipment: Limit: 5% of Sum Insured subject to max. of Rs 2.5 lacs and Co-Payment of 20% on each and every claim.	3.4.6
	ii.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/ insured).	**Co-Payments/Deductible** **m. Zone wise Co-Payment:** 20% Zone wise Co-payment applicable, in case of claims being administered from a zone different from the policy pricing zone	

	iii. Deductible (It is a specified amount: • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount)	**Not Applicable**	
	iv. Any other limit (as applicable)	**Not Applicable**	
9.	**Claims / Claims Procedure**	Please contact Company at least 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact the Company within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Help Line at 022 4890 3009(Paid) or visit Our website https://www.indusindinsurance.com or e-mail Us at healthcare@indusindinsurance.com Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility - 2 hours TAT for cashless final bill authorization: 1 hour. Provide the details /web link for following: Network Hospital details IndusInd General Insurance Locator https://messenger.brobotinsurance.com/GeoLocator/locator/Network_hospital Helpline number : +91 022 4890 3009 (Paid number) Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.indusindinsurance.com/downloads/Black_List_Hospital.pdf Downloading/getting claim form	Annexure-III

		https://www.indusindinsurance.com/insurance/claims/claim-page-health.aspx	
10.	**Policy servicing**	Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited Correspondence Address – IndusInd General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- 022- 41112600	Annexure-II
11.	**Grievances/ Complaints**	Details of Grievance redressal officer refer the link https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.17
12.	**Things to remember**	**Free Look Period:-**The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period,the Insured shall be entitled to i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period	5.1.15
		Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	
		When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer.	5.1.8 5.1.9

		Migration:-The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. **Portability:-** The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.	
		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	5.1.13
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	5.1.12
13.	**Your obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information	5.1.1

The enclosed Customer Information Sheet bearing reference number "CIS\920222628240232508" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: SECUNDERABAD , TELANGANA

Date: 01/04/2026 04:53:54

Verified by OTP

(Signature of the Policy Holder)

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis										
Age of the members insured	**Coverage opted on individual basis covering each member of the family separately (at a single point in time)**		**Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)**				**Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)**			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51	12907	5,00,000	12907	10%	11,616	5,00,000	23,897	0%	23,897	500,000
44	8501	5,00,000	8501		7,651	5,00,000				
23	6299	5,00,000	6299		5,669	5,00,000				
18	5199	5,00,000	5199		4,679	5,00,000				
Total Premium for all members of the family is Rs.32,906 when each member is covered separately.			Total Premium for all members of the family is Rs. 29,616 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 23,897			
Sum insured available for each individual is Rs.5 lakhs			Sum insured available for each family member is Rs.5 lakhs				Sum insured of Rs 5 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without any discount for Rest of India zone. Also, the premium rates are exclusive of taxes applicable.										

IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

POLICY NO :920222628240232508 VALID UPTO: 31/03/2029 REG. MOBILE NO:9885******

Insured Name	Date Of Birth	UHID
Mr. Purugula Praveen	30/01/1986	28242230198082
Mrs. RAMYA SRI PURUGULA	01/11/1993	28242230198083

022 4890 3009 (Paid) 74004 22200 (WhatsApp)
healthcare@indusindinsurance.com

Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to Health Care is a must in case of hospitalization
- To avail cashless facility at our Network Hospitals, please carry your Health Card & Photo ID proof at the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.indusindinsurance.com

Scan the QR code for details

HealthCare:
IndusInd General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

IRDAI Registration No. 103. IndusInd General Insurance Company Limited
(Formerly known as Reliance General Insurance Company Limited). An ISO 9001:2015 Certified Company. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.
Product Name :IndusInd Health Infinity Insurance
UIN :RELHLIP23120V042223

IGI/MCOM/CO/IHII-PS/Ver. 1.0/160821.

भारत सरकार
GOVERNMENT OF INDIA

పురుగుల రమ్యశ్రీ
Purugula Ramyasri
DoB: 01/11/1993
FEMALE

8425 7216 1105

Mera Aadhaar, Meri Pehchaan

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

౧౨-౧౫-౮౦౧, మనికేశ్వరి నగర్,
ఒ ఉ కాంపస్, సికింద్రాబాద్,
జమ ఐ ఉస్మానియా,
హైదరాబద్, ఆంధ్రా ప్రదేశ్,
500007

12-15-801, Manikeshwari
Nagar, O U Campus,
Secunderabad, Jama I
Osmania, Hyderabad,
Andhra Pradesh, 500007

8425 7216 1105

భారత ప్రభుత్వం

GOVERNMENT OF INDIA

పురుగుల ప్రవీణ్

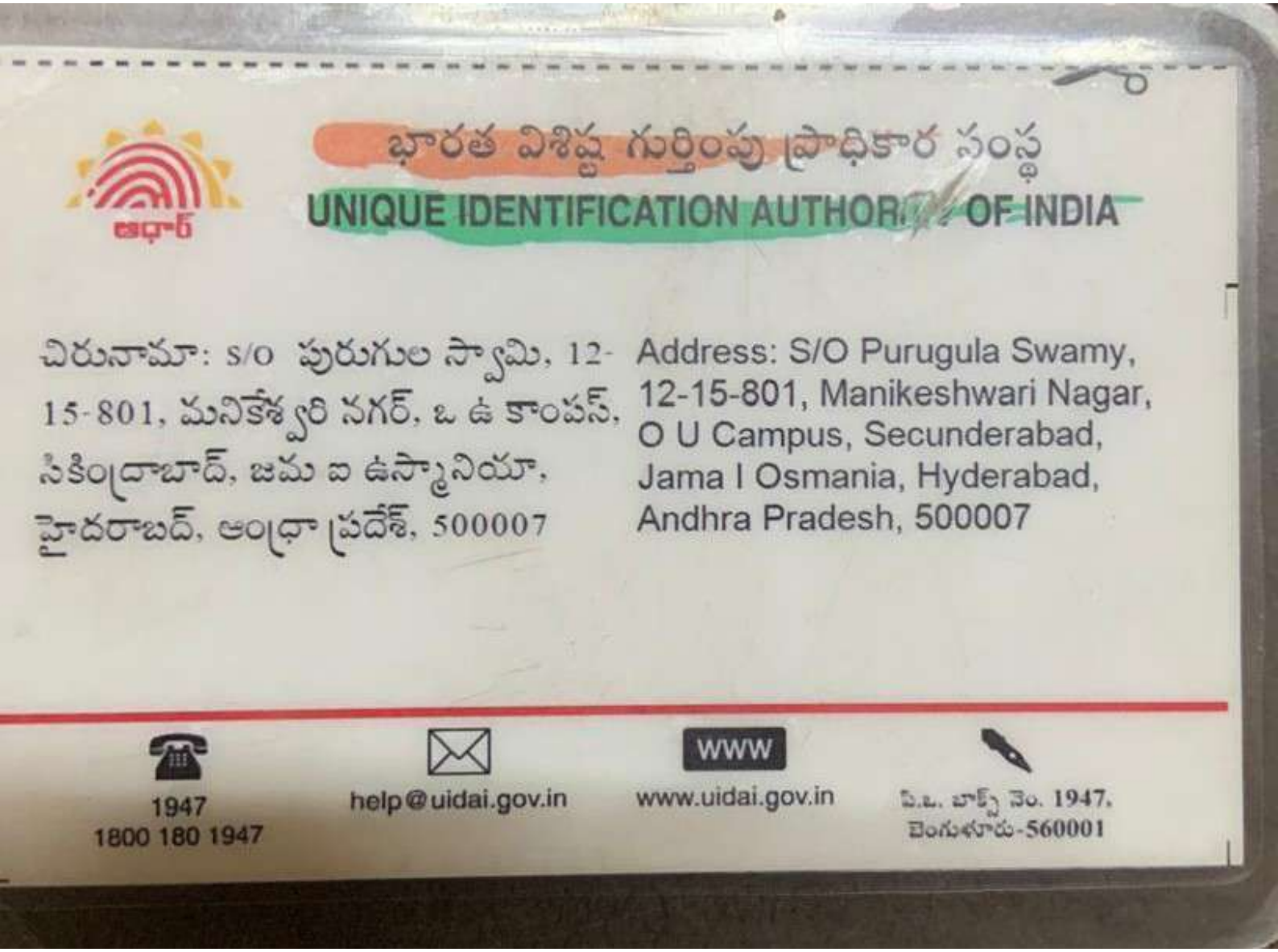
Purugula Praveen

పుట్టిన సంవత్సరం/Year of Birth : 1986

పురుషుడు / Male

8985 7064 7491

ఆధార్ - సామాన్యుని హక్కు


ఆధార్
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
చిరునామా: s/o పురుగుల స్వామి, 12-15-801, మనికేశ్వరి నగర్, ఒ ఉ కాంపస్, సికింద్రాబాద్, జమ ఐ ఉస్మానియా, హైదరాబద్, ఆంధ్రా ప్రదేశ్, 500007
Address: S/O Purugula Swamy, 12-15-801, Manikeshwari Nagar, O U Campus, Secunderabad, Jama I Osmania, Hyderabad, Andhra Pradesh, 500007
1947
1800 180 1947
help@uidai.gov.in
WWW
www.uidai.gov.in
పి.ఒ. బాక్స్ నెం. 1947, బెంగుళూరు-560001