

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

KRISUMI CORPORATION PRIVATE LIMITED  
3RD FLOOR, CENTRAL PLAZA MALL  
DLF GOLF COURSE ROAD,  
SECTOR 53  
GURGAON-122001  
HARYANA  
GSTN : 06AAECV0565A1ZR  
STATE CODE : 06

Policy No	48990387
Name of Policyholder	KRISUMI CORPORATION PRIVATE LIMITED
Cover type	Individual
Policy Period - Start Date	00:00 hrs 06-Nov-2022
Policy Period - End Date	Midnight 05-Nov-2023

**Premium Details**

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 16,362	₹ 1472.58	₹ 0	₹ 1472.58	₹ 0	₹ 19,307	ANNUAL PREMIUM

**Details of Insured**

S No.	Particulars	Nos.
1	Primary Insured Members	78
2	Dependents	0
	Total	78

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

**Details of Cover**

S No.	Particulars	Amount
1	Total Sum Insured	₹ 60,600,000

**Intermediary Details**

Name	Code	Contact Number
SARGAM INSURANCE BROKERS	20215657	+91-7835004501

## Benefits

S. No.	Benefit	Coverage Details
1	Accidental Death	100% of Sum Insured
2	Permanent Total Disablement (PTD)	Upto 100% of Sum Insured
3	Permanent Partial Disablement (PPD)	As per PPD table
4	Temporary Total Disablement (TTD)	Lower of 1% of SI/5000/actual Salary for 104 weeks
5	Children's Education	INR 20000
6	Medical expenses (OPD variable)	10% of SI or 40% of claim Amount or actual whichever less
7	Repatriation of Mortal Remains	INR 10,000

## Basic Detail of policy:

S No.	Benefit	Coverage Details
1.	Industry Type	IT /BPO/ Service Industry
2.	Maximum Sum insured	1000000
3.	Top 50 lives sum insured	42400000
4.	Rate Per Mille (Excluding Tax)	0.27
5.	Risk Class	I
6.	Sum Insured Base	Graded

## 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.

## 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**  
(Formerly known as Religare Health Insurance Company Limited)



Authorized Signatory

Date of Issue : 21-Nov-2022

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited  
(Formerly known as Religare Health Insurance Company Limited),  
5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019  
Service Branch : CHIL, Vipul Tech Square, Tower-C, 3Rd Floor, Golf Course Road, Gurgaon , Haryana - 122009 Branch Contact No. : 1800-102-4488

Correspondence Address: Care Health Insurance Limited  
(Formerly known as Religare Health Insurance Company Limited)  
Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,  
Sector 39, Gurgaon -122001.(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. 92250132 dated 07 July 2022, RCM Applicability- N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 06AADCR6281N1ZV  
IRDA Registration Number - 148  
UIN : RH1HLGP20126V011920 CIN – U66000DL2007PLC161503