

Welcome Letter

Policy Number: 7090006848

Name: KAILASHBHAI PARSANA

Address: TIRUPATI PARK, STREET NO 2, BEHIND ALAY PARK, NANA MAVA ROAD

Landmark:

Area:

City/Town: RAJKOT

District: RAJKOT

Pincode: 360004

State: GUJARAT

Benefits:



In-Patient Treatment



5X Supercharge Bonus



Restore Benefit



Road Ambulance Cover



Second Opinion



Medical Devices Cover



Wellness Services



Vaccination Cover

Quick steps in case of claim

1

Keep required
documents handy

2

Contact us
Find our network of
hospitals for cashless
treatment

3

Intimate your
hospital

24x7 Helpline No: 1800 266 7780

customersupport@tataaig.com

24x7 Claims Helpline No. 1800 425 4033

For more information on your policy benefits, waiting periods, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information sheet. Please visit <https://www.tataaig.com/locator/cashless-network-hospitals> to know our list of Network Provider (for Geo Plan) & Network of Valued Provider - Pan India (for Value Plan) along with the list of excluded hospitals. You may also find this information on our mobile application.

Please download TATA AIG General Insurance Mobile App



Register yourself using your mobile number to start availing our services.

By using the services, you acknowledge your assent to the Terms of Use of our digital customer application. Please read the conditions carefully before using the services.

Authorized Signatory

Digitally Signed by: Shammi Kapoor

Date: 10/09/2025

Location: Mumbai

TATA AIG General Insurance Company Limited

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai-400013
24*7 Toll free Number : 1800 266 7780 or 1800 22 9966 (Senior Citizen) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No : 108 | CIN : U85110MH2000PLC128425,
TATA AIG Health SuperCharge UIN: TATHLIP24113V012324

Policy Schedule

Intermediary Name: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED	
Intermediary Code: 712	
Intermediary Contact No.: 9898966631	
Issuing Office: RAJKOT	Policy holder's Address: TIRUPATI PARK, STREET NO 2, BEHIND ALAY PARK, NANA MAVA ROAD, RAJKOT, GUJARAT, INDIA, 360004
Client Id: 6176868527	
Proposal no: 202509090346013	
Policy holder's Name: KAILASHBHAI PARSANA	
Policy Number: 7090006848	
Product name: TATA AIG Health SuperCharge	
Plan Name: Geo Plan	
Plan type: Floater Basis	
Business Type: Renewal Business	
Policy Tenure: 1 year/s	
Zone: Zone B	
Policy Period: Commencement date:10/09/2025 00:00 hrs Expiry Date: 09/09/2026 23:59	

Insured Persons Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co. since	Member Id	Date of birth	Age (in years)	Relationship to Policyholder	Sum Insured (Rs.)#	Advanced Cover*	5X Supercharge Bonus (Rs.)	Aggregate Deductible* (Rs.)	Accidental Death Benefit* (Rs.)
KAILASHBHAI PARSANA	10/09/2024	IDV00216851501046	01/07/1978	47	Self	500000	No	250000		
Bhav nabn Kailashbhai Parsana	10/09/2024	IDV00216851502047	01/06/1977	48	Spouse		No			
Avani Kailashbhai Parsana	10/09/2024	IDV00216851503022	02/11/2001	23	Daughter		No			

*For Family Floater policy, Sum Insured, 5X Supercharge Bonus and Aggregate Deductible (If Opted) floats among the insured person's of the family as mentioned above. Earned 5X Supercharge Bonus shall not be applicable for newly added members in this policy.

Sum Insured mentioned is excluding 5X Supercharge Bonus. Earned 5X Supercharge bonus is separately mentioned.

Underwriting Loading (₹)	0
Discount(₹)	10,459
Net Premium(₹)	25,190
Tax, Duties and cess as applicable (₹)	4534.2
Gross Premium (₹)	29,724
Gross Premium (In Words)	Rupees Twenty-Nine Thousand Seven Hundred Twenty-Four And Paise Zero Only

	Geo Plan
Benefit Name	Coverage Limit
In-Patient Treatment	Upto Sum Insured
Pre-Hospitalisation Expenses	Upto 90 Days
Post-Hospitalisation Expenses	Upto 90 Days
Day Care Treatment	Upto Sum Insured
Domiciliary Treatment	Upto Sum Insured
Organ Donor	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured
Road Ambulance Cover	Upto Rs.1,000 per hospitalization
Restore Benefit	Available
Compassionate Travel	Upto Rs.10,000 per policy year, over and above base Sum Insured

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	Geo Plan
Benefit Name	Coverage Limit
Prolonged Hospitalisation Benefit	Rs.10,000 per policy year, over and above base Sum Insured
Medical Devices Cover	Upto Rs.5,000 per policy year as per the list, over and above base Sum Insured
Vaccination Cover	Upto Rs.10,000 per policy year as per the list, over and above base Sum Insured
Second Opinion	Available for listed medical conditions
Wellness Services	i.Unlimited Teleconsultation - General ii. Unlimited Teleconsultation - Specialist iii.Ambulance Booking facility iv. Emergency Help me feature v.Redeemable voucher / Discount on services vi.Health Condition Management(a.Diet & Weight Management Program b.Stress Management Program
Wellness Program	Available
Restore Infinity*	Available
Emergency Air Ambulance Cover*	Upto Rs.5,00,000 per policy year, over and above base Sum Insured
Consumables benefit*	Upto Sum Insured
Preventive Annual Health Check-Up*	Once every policy year for listed tests, only on Cashless basis
Room Eligibility*^	Single Private
Cost Sharing	
Age Linked Co-Payment	Applicable if the entry Age of the Insured Person is 61 years or above at the time of first coverage under this Policy
Higher Zone Co-Payment	Applicable
Mandatory Sub-Limits	Applicable as per Sub-Limits mentioned in Table I of cost sharing as per policy wordings
Voluntary Sub-Limits*	Applicable as per Sub-Limits mentioned in Table A of cost sharing as per policy wordings
Add Ons for TATA AIG Health Supercharge	
<<Waiver of Higher Zone Co-Payment Add On>> <<TATHLIA25019V012425>>	Higher Zone Co-Payment as mentioned above not applicable, in consideration of additional premium paid
<<Modification of Mandatory Sub-limits Add On>> <<TATHLIA25020V012425>>	Mandatory Sub-Limits mentioned above shall be modified as per Table RT 1 of Modification of Mandatory Sub-limits Add On Wordings, in consideration of an additional premium paid

*Net Premium is inclusive of the premium impact of the optional cover(s) and Add-on cover, if opted.

^Proportionate deduction of Associated Medical Expenses applicable in case insured person is admitted a room whose category/room rent is higher than the eligible room category/rent.

For Policy Wordings please scan the below QR code :



Nominee Details for Policyholder:

Nominee Name	Relationship To Policyholder
Bhavnaven Kailashbhai Parsana	Wife

Wellness Reward Details

Policy Comments if applicable

Claim Servicing Details:

- Name of Claim Administrator: Tata AIG Health Claim
- Website: www.tataaig.com
- Email: healthclaimsupport@tataaig.com
- Toll Free: 18002667780 or 1800229966(for Senior Citizens)
- Claim Administrator Address: TAGIC Health Claims
TATA AIG General Insurance Company Limited

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5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet, Hyderabad – 500016,
Telangana

Network Details

Plan Name	Hospital network applicable	Refer Link
Geo Plan	Network Provider	https://www.tataaig.com/locator/cashless-network-hospitals

Place:RAJKOT

For and on behalf of TATA AIG General Insurance Company Limited Date:10/09/2025

Authorized Signatory

Digitally Signed By: Shammi Kapoor

Date: 10/09/2025

Location: Mumbai

In the event of non-receipt of premium, the Company shall not be liable under the policy and the policy shall stand cancelled ab-initio (from inception).

Policy servicing address

UNIT NO. 301 TO 304 3RD FLOOR, ARIHANT COMPLEX, TAGORE ROAD NEAR BHARAT TRAVEL, VIRANI CHOWK RAJKOT RAJKOT GUJARAT - 360002

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PROPOSAL FORM

URN No.: AH/2024-25/HL-01

Proposal No.: IDV002168515

Intermediary Code: 1565970012

This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

1. PROPOSER'S DETAILS

Name (Mr/Mrs/Ms/Dr):	KAILASHBHAI PARSANA		
Date of Birth:	01/07/1978	Gender:	MALE
Mobile:	9998377114	Unique Govt ID No.:	
Annual Income (in ₹ Lakhs):		E-Mail ID:	bhpipaliya@gmail.com
Address^:	TIRUPATI PARK, STREET NO 2 BEHIND ALAY PARK, NANA MAVA ROAD		
Landmark:		Area:	
City/Town:	RAJKOT	Pin Code:	360004
District:	RAJKOT	State:	GUJARAT
Nationality:	☒ Indian ☐ Foreign National		

^ : Important Note:

- Here 'Address' implies the place where the person ordinarily resides. In case proposed insured person(s) reside at multiple addresses, then address of the person residing in the highest zone to be provided.
- Zone definitions as mentioned in the prospectus (wherein Zone A is highest followed by Zone B and Zone C respectively).
- Declared 'Address' will form the basis for the calculation of the premium. However, this shall not be applicable if the proposer has opted for "Value Plan"
- 'Address' is a material fact for calculation of the premium. "Material facts" for the purpose of this Policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Any misrepresentation or misdescription of the same by the policyholder may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

Tata Group Employee ☐ TATA Group Employee ID:

2. POLICY DETAILS

Proposed Policy Commencement Date:	10/09/2025		
Policy Tenure:	☒ 1 Year	☐ 2 Years (5% premium discount)	☐ 3 Years (10% premium discount)
Floater Sum Insured (in ₹ Lacs):	☒ 5	☐ 7.5	☐ 10 ☐ 15 ☐ 20
Plan:	☐ Value Plan (For Zone A, B & C customers.)	☒ Geo Plan (For Zone B & C customers.)	
Room Category (Only available for Geo Plan):	☐ Single Private Room	☐ Shared Accommodation	

(Your Premium shall be based on choice of Room Type that You make at the time of Proposal.)

Optional Covers: The below mentioned Optional Covers can be selected at policy level only.

S. No.	Benefits	Yes (Y) / No (N)	
		Sum Insured (in ₹)	Deductible Options (in ₹) on floater basis
1.	Aggregate Deductible	☐ 5 Lacs	☐ 25000 ☐ 50000
		☐ 7.5 Lacs	☐ 37500 ☐ 75000
		☐ 10 Lacs	☐ 50000 ☐ 100000
		☐ 15 Lacs	☐ 75000 ☐ 150000
		☐ 20 Lacs	☐ 100000 ☐ 200000
2.	Voluntary Sub-Limits	N	
3.	Emergency Air Ambulance Cover	N	
4.	Accidental Death Benefit	N	
5.	Restore Infinity	Y	
6.	Consumables Benefit	Y	
7.	Preventive Annual Health Check-Up	N	
8.	Advanced Cover	N	

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Note:

- i. Aggregate Deductible is an irrevocable cost sharing requirement under this policy which provides that We will not be liable for a specified amount in case of hospitalization/s during the policy year i.e. We will pay only if aggregate admissible claim amount in respect of hospitalization/s during the policy year exceeds the aggregate deductible as specified in the policy schedule. An Aggregate Deductible does not reduce the Sum Insured.
- ii. Insured children or Insured person less than 18 years of age as on Policy commencement date will not be covered under Accidental Death Benefit..
- iii. Optional Covers 1, 2, 3 & 4 as mentioned above, if opted shall continue for all the subsequent renewals of the policy, provided the policy is renewed with us without any break
- iv. Optional Covers 5, 6, 7 & 8 as mentioned above, if opted at the first inception of this Policy with us, shall continue for all the subsequent renewals of the policy, provided the policy is renewed with us without any break. It cannot be opted at the time of renewal of the policy.

Add Ons for TATA AIG Health Supercharge:

- ☒ Waiver of Higher Zone Co-Payment - UIN: TATHLIA25019V012425
- ☒ Modification of Mandatory Sub-limits - UIN: TATHLIA25020V012425

The above-mentioned Add-On Cover(s) can be selected at policy level only and is applicable for Geo Plan only.

3. DETAILS OF THE PERSON(S) TO BE INSURED

Sr No.	Name of the Insured Person	Gender	Relationship with Proposer*	Date of Birth	Height (cms)	Weight (kgs)
1	KAILASHBHAI PARSANA	Male	Self	01/07/1978	160.02	56
2	Bhavnaben Kailashbhai Parsana	Female	Spouse	01/06/1977	157.48	60
3	Avani Kailashbhai Parsana	Female	Daughter	02/11/2001	152.4	47

*Allowed Relations (Self, Spouse, child(ren), dependent Parents/ parents-in-law)

If the entry **Age** of the **Insured Person** is 61 years or above at the time of first coverage under this Policy, then such **Insured Person** shall bear 20% of each admissible claim (over and above any other **Co-payment**, if applicable).

4. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Nominee Name	Date of Birth	Relationship	Address of the Nominee
Bhavnaben Kailashbhai Parsana	01/06/1977	Wife	

5. EXISTING/PREVIOUS INSURER DETAILS

Is the proposer or any of the persons proposed, already Insured under a health plan with TATA AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance? If yes, please indicate the Policy/Application number(s):

Since when continuously insured: _____

Do you want Us to consider these details for portability*? Yes ☐ No ☒

* Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach Us at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

6. MEDICAL AND LIFESTYLE DETAILS

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N):

You must answer the questions truthfully. Not doing so would lead to termination of your policy.

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Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Persons		
	1	2	3
Decline Disease Name	N	N	N
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for MediCal Conditions specified on Proposal form?	N	N	N
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	N	N	N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Type 2 Diabetes Mellitus/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Asthma?	N	N	N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	N	N	N
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N	N
Has any health or life insurance policy ever been terminated in the past?	N	N	N
Have you ever been diagnosed with any Thyroid Disorder with or without any follow-up tests/medications?	N	N	N
Do you have any signs, symptoms, illness or injury including knee joint ligament tear or back pain/ Swelling or Pain in any part of body / Breathlessness on mild effort / dizziness more than once in last 6 months for which medical consultation / treatment / investigation has been required	N	N	N
Have you undergone any annual health check-up or routine medical examination in the past which showed any significant finding/s? If yes, please provide details for findings or results.	N	N	N

B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.

(Please send us medical documents along with this proposal form.)

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C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes ☒ No ☐

If yes please indicate the name and quantity per day.

	Insured Persons		
	1	2	3
Alcohol (in ml) • Per Day • Per Week • Per Month • Occasionally	0ml No Intake 0 year	0ml No Intake 0 year	0ml No Intake 0 year
Smoking (No of Cigarettes or Bidis/day) • Per Day • Per Week • Per Month • Occasionally	0 No Intake 0 year	0 No Intake 0 year	0 No Intake 0 year
Pan Masala/Tobacco (in gms) • Per Day • Per Week • Per Month • Occasionally	2gms Daily 5 year	0gms No Intake 0 year	0gms No Intake 0 year
Other habit forming substances/addictive (Quantity Consumed) • Per Day • Per Week • Per Month • Occasionally			

7. PAYMENT DETAILS

Name of the Premium Payer:

(if different from proposer)

Relationship with the proposer:

(if different from proposer)

Premium Amount (in ₹) :

29724

Instrument type:

☐ Cash ☐ Cheque ☒ Debit Card ☐ Credit Card ☐ Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

Sources of funds:

☐ Salary ☐ Business ☐ Others

AML Guidelines:

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons ** nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

***"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time."

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Type of Organization making the payment (Please tick)

- | | | |
|---|--|--|
| ☐ Limited Company | ☐ Government organization | ☐ Non-Governmental Organization (NGO) |
| ☐ Society | ☐ Trust | ☐ Partnership |
| ☐ International Organization | ☐ Cooperatives | ☐ Section 25 Company |

 Signature of Proposer: KAILASHBHAI PARSANA

 Date: 10/09/2025
8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS)
For this purpose, please submit the following details of the proposer's bank account.

Name of the Account Holder:	
Name of the Bank:	
Bank Branch:	
Account Number :	
Bank IFSC code:	
Account Type	☐ SB Account ☐ Current Account ☐ Others (please specify)

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- ☒ I here by declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- ☒ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- ☒ I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- ☒ I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- ☒ I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

 Signature of the Proposer : KAILASHBHAI PARSANA

 Date : 10/09/2025

- ☐ **GoGreen:** I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company Limited to send all my policy and service related communication to the email id as mentioned in this application form. For detailed terms, conditions, exclusions and policy wordings please refer our website (www.tataaig.com)

10. DECLARATION/VERNACULAR DECLARATION

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of Proposer: KAILASHBHAI PARSANA
Name & Signature of agent/intermediary with Code: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED 1565970012

Vernacular Declaration (*Certification in case the proposer has signed in vernacular/thumb print*)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: KAILASHBHAI PARSANA
Name & Signature of agent/intermediary: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED 1565970012
11. AGENT DECLARATION

I, CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

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License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 712

Name of the specified Person and code : CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED & 1565970012

Place: RAJKOT

Date : 10/09/2025

Signature of Agent : CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

12. Section 41 of the Insurance Act 1938 (PROHIBITION OF REBATES)

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

13. FOR OFFICE USE ONLY

Tata AIG Office Code:90215

Branch Receipt Date: _____

Business type: ☐ Urban ☐ Rural ☐ Social

Intermediary Code and Name: 1565970012-CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

Channel Type: _____

Customer ID: _____

14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Proposal Number: 202509090346013

Date: 10/09/2025

Name of the Proposer: KAILASHBHAI PARSANA

We acknowledge with thanks the receipt of your application for Tata AIG Health SuperCharge and amount by Debit Authorization Payment of amount of Rs. 29724. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. . In case of counter offer you need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre Policy Check up charges, as applicable.

TATA AIG General Insurance Company Limited

Registered office : Peninsula Business Park, Tower A,15th Floor, G.K Marg,Lower Parel, Mumbai-400013
24*7 Toll free Number : 1800 266 7780 or 1800 22 9966 (Senior Citizen)| Email: customersupport@tataaig.com
Website: www.tataaig.com| IRDA of India Registration No : 108 | CIN : U85110MH2000PLC128425,
TATA AIG Health SuperCharge UIN:TATHLIP24113V012324

Certificate of Premium payment for the purpose of declaration under Section 80 D of Income Tax (Amendment) Act, 1961*

Date:	10/09/2025
Policy Number:	7090006848
Address Line 1	TIRUPATI PARK, STREET NO 2
Address Line 2	BEHIND ALAY PARK, NANA MAVA ROAD
Address Line 3	RAJKOT, GUJARAT, 360004
GSTIN no:	

Dear Sir/Madam,

Sub: Tax Benefit Letter for TATA AIG Health SuperCharge policy no. 7090006848

This is to certify that premium amount of Rs.29724 (Rupees Twenty-Nine Thousand Seven Hundred Twenty-Four And Paise Zero Only) for health insurance Policy No (7090006848) issued to (KAILASHBHAI PARSANA) for the period 10/09/2025 to 09/09/2026 has been paid.

Receipt Illustration

Receipt ID	Name of Payer	Mode of payment	Amount paid
102001115982556	KAILASHBHAI PARSANA	Debit Authorization	29724
	Total Amount Paid		29724

Premium Illustration (Member wise)

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IDV00216851501046	KAILASHBHAI PARSANA	Self	11456.53
IDV00216851502047	Bhavnaaben Kailashbhai Parsana	Spouse	11456.53
IDV00216851503022	Avani Kailashbhai Parsana	Daughter	6811.99
Total Premium Paid (Inclusive of Loading & Taxes collected)			29724

Please feel free to get in touch with us for any further help or queries at our 24x7 Helpline 18002667780 (Toll-free) or email us at customersupport@tataaig.com.

We assure you of our best services at all times.

Regards,

Authorized Signatory

Digitally Signed By: Shammi Kapoor

Date: 10/09/2025

Location: Mumbai

Place of Issue: RAJKOT

Date of Issue: 10/09/2025

***Note**

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income-tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation / impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the policyholder/payer.

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TATA AIG
Health SuperCharge

Name: KAILASHBHAI PARSANA 47 Years Male

Policy No.: 7090006848

Policy Period: 10/09/2025 To 09/09/2026

MEMBER ID: IDV00216851501046

Please visit our website to know our list of Network Provider (for Geo Plan) & Network of Valued Provider - Pan India (for Value Plan) along with the list of excluded hospitals.

TAGIC Health Claims, Tata AIG General Insurance Company Limited,
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,
616, Ameerpet, Hyderabad - 500016, Telangana.
Email: healthclaimsupport@tataaig.com | 24x7 Toll Free No: 1800 266 7780
or 1800 229 966 (For Senior Citizens)

Terms and Conditions

1. Pre-authorization is compulsory from Us prior to all planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the policy would be applicable.
4. Please refer to Tata AIG General Insurance customer guidebook for further details.
5. Cashless hospitalisation in network of hospitals can be obtained in conjunction with this card, an authorization letter issued by Us and photo identification such as voters ID, driving licence, passport etc
6. Photo ID Proof to be presented with this card at the time of availing benefits.

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G. K. Marg, Lower Parel, Mumbai-400 013
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Email: customersupport@tataaig.com
IRDA of India Registration No: 108 • website: www.tataaig.com
CIN: U85110MH2000PLC128425 • UIN: TATHLIP24113V012324

TATA AIG
Health SuperCharge

Name: Bhavnaben Kailashbhai Parsana 48 Years Female

Policy No.: 7090006848

Policy Period: 10/09/2025 To 09/09/2026

MEMBER ID: IDV00216851502047

Please visit our website to know our list of Network Provider (for Geo Plan) & Network of Valued Provider - Pan India (for Value Plan) along with the list of excluded hospitals.

TAGIC Health Claims, Tata AIG General Insurance Company Limited,
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,
616, Ameerpet, Hyderabad - 500016, Telangana.
Email: healthclaimsupport@tataaig.com | 24x7 Toll Free No: 1800 266 7780
or 1800 229 966 (For Senior Citizens)

Terms and Conditions

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3. All terms and conditions of the policy would be applicable.
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CIN: U85110MH2000PLC128425 • UIN: TATHLIP24113V012324

TATA AIG
Health SuperCharge

Name: Avani Kailashbhai Parsana 23 Years Female

Policy No.: 7090006848

Policy Period: 10/09/2025 To 09/09/2026

MEMBER ID: IDV00216851503022

Please visit our website to know our list of Network Provider (for Geo Plan) & Network of Valued Provider - Pan India (for Value Plan) along with the list of excluded hospitals.

TAGIC Health Claims, Tata AIG General Insurance Company Limited,
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,
616, Ameerpet, Hyderabad - 500016, Telangana.
Email: healthclaimsupport@tataaig.com | 24x7 Toll Free No: 1800 266 7780
or 1800 229 966 (For Senior Citizens)

Terms and Conditions

1. Pre-authorization is compulsory from Us prior to all planned admission and within 24 hours for emergencies.
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RECEIPT

Receipt No. : 102001115982556

Receipt Date : 08/09/2025

Policy No : 7090006848

Received with thanks from KAILASHBHAI PARSANA a sum of ₹ (Rupees Rupees Twenty-Nine Thousand Seven Hundred Twenty-Four And Paise Zero Only only) via Debit Authorization, towards

Serial. no	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	7090006848	29,724.00	29,724.00	0.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realization.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 24AABCT3518Q1Z2-GUJARAT Service Accounting Code : 997133

Revenue (consolidated) stamp duty duly paid via Challan no: date the for applicable cases.

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Annexure to Customer Information Sheet (CIS)- 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 of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one sum insured available for entire family)			
	Premium(₹)	Sum Insured(₹)	Premium(₹)	Discount if any	Premium after Discount(₹)	Sum Insured(₹)	Premium or consolidated premium for all members of the family(₹)	Floater discount if any	Premium after discount(₹)	Sum Insured(₹)
47							9708.53	28%	6990.53	500000
48							9708.53	28%	6990.53	
23							5772.99	28%	4156.99	
	#Total Premium for all members of the family is ₹_____ when each member is covered separately		#Total Premium for all members of the family is ₹_____ when they are covered under a single policy				#Total Premium when policy is opted on floater basis is ₹25190.05			
	Sum Insured available for each individual is ₹_____		Sum Insured available for each family member is ₹_____				Sum Insured of ₹500000 is available for the entire family			

#Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable

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