

Ref No.: KGHDC/WEL/SG/00381.1/GI20211466047

Date: 22/01/2022

To,
Mr. Boopathi Thangarasu
NO-9
CHENNIMALAI-LAYOUT
Uphilipalayam-Post
Coimbatore - 641015
District: COIMBATORE
TAMIL NADU, India
Contact Details 8760083370



Policy number: GI20211466047

Subject: Risk assumption for Kotak Group Smart Cash

Dear Mr. Boopathi Thangarasu,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Group Smart Cash .

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneralinsurance.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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Kotak Group Smart Cash

For any assistance please call 1800 266 4545, please save the number for your reference
FOR RENEWALS: Visit www.kotakgeneralinsurance.com Call 1800 266 4545



CERTIFICATE OF INSURANCE

Kotak Group Smart Cash Policy No.KGSC-M114 dated 01/07/2021 has been issued at Mumbai by Kotak Mahindra General Insurance Company Limited to the Policyholder, Kotak Mahindra Bank Ltd, as specified in the Policy Schedule and is governed by, and subject to the terms, conditions and exclusions therein contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified in the Policy Schedule to the said policy.

This certificate issued under the signature of the authorised signatory of the Company represents the availability of benefits to the Insured person/ persons named below, Customers of Kotak Mahindra Bank Ltd, subject to the terms, conditions and exclusions contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified below.

For the purpose of this document, we consider Kotak Mahindra Bank Ltd as the policyholder and its Customers as the Insured.

DETAILS OF THE INSURED PERSON(S) UNDER THE POLICY

Certificate No:	GI20211466047	Policy Category:	Individual
Policy Type :	New Business	Previous Policy Number :	
Proposer Name:	BOOPATHI THANGARASU		
Proposer Address :	NO-9, CHENNIMALAI-LAYOUT, Uppilpalayam-Post, 641015, COIMBATORE, TAMIL NADU, UPPILIPALAYAM, COIMBATORE SOUTH		
Policy Issues At :	MUMBAI-GOREGAON		
Issuance Date:	22/01/2022		
Policy Start Date :	20/01/2022	Policy End Date :	19/01/2023
Proposer PAN :		Proposer GSTIN :	
MobileNo:	8760083370	Email Id :	BOOPATHIT98@GMAIL.COM

Membership ID/ Employee Number/ Account Number Pertaining to credit(#):	GI20211466047/ 214026671	Name of Financier (#)	Kotak Mahindra Bank Ltd
Credit Amount/ Outstanding Credit Amount(#):		Credit Tenure(#):	
Description/ Remarks:			

(#) Applicable only to Credit linked policies

MEMBER DETAILS

Insured Name	Member ID	Member Entry Date	Insured Relationship	Insured Type	DOB/AGE	Gender	Nominee Name	Nominee Relation	Nominee DOB/AGE
BOOPATHI THANGARASU	1013536341	20/01/2022	Self	Applicant	21/12/1988	Male	Priyanka	Wife	14/11/1996

INTERMEDIARY DETAILS

Intermediary Code	Intermediary Name	Intermediary's Mobile No.	Intermediary's Landline No.
DIRECT	DIRECT BUSINESS		1800 266 4545

COVERAGE DETAILS

Sr. No	Coverage	Sum Insured/ Daily Cash Amount Description/ Remarks	Deductible
Base Cover			
1	Hospital Daily Cash Benefit	INR 5000 per day for maximum 30 days	0
Optional Cover			
1	Day Care Procedure Benefit	INR 5000 once during a year	0

Important Condition

SR No	Condition
1	Pre-Existing Diseases (Code " Excl01) Waiting Period - Applicable
2	30 Day Waiting Period (Code " Excl03) - Applicable
3	Specified disease/ procedure Waiting Period (Code " Excl02) - Applicable

PERMANENT EXCLUSION

1. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise).
2. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Excl12)
3. Expenses related to sterility and infertility.(Excl17)
4. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (Excl10)
5. Any treatment taken outside India
6. Any consequential or indirect loss arising out of or related to Hospitalization
7. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war or war like perils
8. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials

For complete details please refer to the Policy wordings available with the Group Master Policyholder. Alternatively, the same can be downloaded from our website www.kotakgeneralinsurance.com

PREMIUM DETAIL

Taxable value of Services (Rs)	IGST @ 18%	Total Premium (Rs)
2,541.40	457.45	2,999.00

DISCLAIMER

The Certificate Of Insurance shall be read together with Policy Schedule and the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneralinsurance.com). Any word or expression to which a specific meaning has been assigned in any part of the policy or this schedule shall bear the same meaning wherever it may appear.

IN THE EVENT OF CLAIM

Contact Us at:

TOLL FREE NUMBER: 1800 266 4545 (8 AM to 8 PM) or may write an e- mail at care@kotak.com

Please send the relevant documents to:

PARAMOUNT HEALTH SERVICES AND INSURANCE TPA PVT LTD,
A-442, ROAD NO-28, RAMNAGAR, WAGLE INDUSTRIAL ESTATE, THANE (W) WAGLE I.E. THANE, MAHARASHTRA, 400604

GRIEVANCE REDRESSAL DETAILS

In case of any grievance the insured person may contact the company through

Website: www.kotakgeneralinsurance.com

Toll free: 18002664545

E-mail: care@kotak.com

Fax: 022-28401823

Courier: Kotak General Insurance 2nd Floor, Zone II, Building No.21, Infinity IT park, Off Western Express Highway, Goregaon, Mulund Link Road, Malad (E), Mumbai - 400097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievanceofficer@kotak.com

For updated details of grievance officer, kindly refer the link:

<https://www.kotakgeneralinsurance.com/customer-support/grievance-redressal-process>

Grievance may also be lodged at IRDAI Integrated Grievance Management System <https://igms.irda.gov.in/>

TAX DETAILS

GST Registration No.	27A A F C K 7 0 1 6 C 1 Z T	Category	: General Insurance Services
SAC Code	997134	Description	Health insurance services
Invoice Number	GI20211466047		

DECLARATION

The stamp duty of ₹16.00 paid in cash or by demand draft or by pay order. Vide Receipt / Challan No./ Deface No

LOA/CSD/199/2021/From03/12/2021To31/12/2022/4892 Dated 29 1 1 2 0 2 1

In Witness whereof this Policy has been signed for and behalf of MUMBAI-GOREGAON at Mumbai this 22 day of January of 2022

For Kotak Mahindra General Insurance Company Limited

**Authorised Signatory**

This document is digitally signed, hence counter signature / stamp is not required.

Premium Certificate

For the purpose of Deduction under section 80D of the Income Tax Act, 1961 (as amended from time to time).

Note - Applicable only for premium paid towards Health Section/s under the Policy.

To

Mr. Boopathi Thangarasu

This is to certify that the company has received the premium of ₹ 2,999.00 for Health insurance coverage under the policy no. GI20211466047 vide RTGS/NEFT dated 20-01-2022.

The product is eligible for deduction u/s 80D of the Income Tax Act, 1961 and any amendments made thereto subject to satisfaction of the conditions mentioned therein.

Deduction under Section 80 D

A) Lumpsum Benefit:

Financial Year	Annual Lumpsum premium allowed for Deduction under Section 80D
2021-22	2,999.00

OR

B) Year wise proportionate Benefit/Deduction:

Financial Year	Year wise proportionate premium allowed for Deduction under Section 80D
2021-22	2,999.00

For Kotak Mahindra General Insurance Company Limited



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.

***Note**

- This is subject to the provisions of Section 80D of Income Tax Act, 1961 and amendments made thereof.
- The year wise deductions mentioned above are as per provisions of Section 80D and this would be subject to the specified annual provisions as applicable for respective years as per the Income Tax Act.
- Only one option for deduction under Section 80D (i.e. either A or B above) can be availed by the Proposer/Policyholder as per the provisions of the Income Tax Act, 1961.
- Tax benefits are as per the Income Tax Act, 1961 as amended from time to time. Please consult your Tax advisor for details.
- Details of the Policy are as per the Part II and III of this Policy.
- This certificate must be surrendered to Us in case of cancellation of the Policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder.
- In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website www.kotakgeneralinsurance.com
- The deduction under Section 80D is not applicable for payments made in cash and third party payments.

Transcript of Online Application Form - Kotak Group Smart Cash

(Kotak Mahindra Bank Ltd - KGSC-M114)

Please note:

- * This insurance coverage is subject to the terms, conditions and exclusions of Kotak Group Smart Cash Policy No. KGSC-M114 issued to Kotak Mahindra Bank Ltd covering their customers and based on this Application and payment of premium.
- * The detailed Policy Wordings are available with Kotak Mahindra General Insurance Company Limited and on our website www.kotakgeneralinsurance.com.
- * It is essential that you provide all the information in this proposal FULLY, AND ACCURATELY AND CORRECTLY. You may provide us with any and all additional information relevant to risk to be underwritten.
- * Issuance of policy is subject to receipt of premium, in case the premium is not received, the policy shall be void ab-initio
- * The policy issuance basis the details provided by you and the underwriting guidelines of the Company. In case of any non-disclosure, the policy is liable to be cancelled.
- * Based on your health declaration(s), you are likely to be contacted by Kotak General Insurance for additional documents and a pre-policy medical check-up, if applicable.
- * Kindly note that we cannot issue a policy until the prescribed formalities are completed, inspite of having received your payment.
- * In case of refund of premium, the same would be given in the account/card from which the premium was received.

PROPOSER INFORMATION

Name: Mr. Boopathi Thangarasu
Gender: Male **Date of Birth:** 21/12/1988
Address: NO-9 CHENNIMALAI-LAYOUT Upilipalayam-Post Coimbatore - 641015 District: COIMBATORE TAMIL NADU, India
Mobile: 8760083370 **Email:** BOOPATHIT98@GMAIL.COM
Occupation: Others
PAN: **GSTIN:**

POLICY AND PREMIUM SUMMARY

Member Unique No: 1013536341 **Policy Period:** 1 Year(s)
Policy Start Date: 20/01/2022 **Policy End Date:** 19/01/2023
Total Members: 1
Sum Insured: 1,55,000 **Total Premium:** 2,999.00
Installment Option: No **Installment Frequency:**

INSURED MEMBER INFORMATION

Insured Person Details

Name	Relation with the Proposer	Gender	Date of Birth	Height (in cm)	Weight (in kg)	Occupation	Marital Status
Mr. Boopathi Thangarasu	Self	M	21/12/1988	170	72	7	Married

Nominee Details

Member ID	Member Name	Nominee Name	Relationship of the Nominee and Policy Holder	Nominee DOB	Apointee Details
1013536341	BOOPATHI THANGARASU	Priyanka	Wife	14/11/1996	

HEALTH DECLARATION

Particulars	Remarks
Details of past Diseases / Illness / Surgery or Accident	
Previous Policy / Claims details	

COVERS / BENEFITS

Section Name	Cover Name	Cover Description	Cover basis	Per Day Sum Insured	No of Days / Week	Deductibles	Franchise	Co-pay %	Annuity	Annuity Frequency	Lupsum Amount	Annuity Installment Amount
Hospital Daily Cash Benefit	Hospital Daily Cash Benefit	INR 5000 per day for maximum 30 days	Individual	5000	30	0		0	No		0	0
Surgery Benefit	Day Care Procedure Benefit	INR 5000 once during a year	Individual	5000	0	0		0	No		0	0

IMPORTANT CONDITION

SR No	Condition
1	Pre-Existing Diseases (Code â€" Excl01) Waiting Period - Applicable
2	30 Day Waiting Period (Code â€" Excl03) - Applicable
3	Specified disease/ procedure Waiting Period (Code â€" Excl02) - Applicable

PERMANENT EXCLUSION

1. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise).
 2. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Excl12)
 3. Expenses related to sterility and infertility.(Excl17)
 4. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (Excl10)
 5. Any treatment taken outside India
 6. Any consequential or indirect loss arising out of or related to Hospitalization
 7. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war or war like perils
 8. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials
- For complete details please refer to the Policy wordings available with the Group Master Policyholder. Alternatively, the same can be downloaded from our website www.Kotakgeneralinsurance.com**

TERMS AND CONDITIONS

- In case of any claim made under the Policy, no premium shall be refunded on cancellation of Insurance.
- The insurance coverage shall commence from the date of receipt of premium by Kotak Mahindra General Insurance Company LTD.
- I agree that the policy can become voidable at the point of Insurer, in event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in this Application form, declaration and connected documents, or any material information has been withheld by me or anyone acting on my / our behalf to obtain benefit under the Insurance.

PAYMENT DETAILS

Payment Mode:	RTGS/NEFT
Payment Reference No:	VP-39788979
Payment Amount:	2,999.00
Payment/Transaction Date:	20/01/2022
Bank Details:	KOTAK MAHINDRA BANK LTD.,MUMBAI-NARIMAN POINT,

Online/ Credit card premium payment should be made by the master policy holder (group administration)/ beneficiary as the case may be. Third party payments are not allowed

DECLARATION

I/We hereby 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/We 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/We 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/We 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/We 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."

*Place: Mumbai

*Date: 23/01/2022

STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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 the 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 prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
GSTIN/UIN		Name :	Kotak Mahindra General Insurance Company Limited
Customer ID	1005713218	GSTIN :	27AAFCK7016C1ZT
Customer Name	BOOPATHI THANGARASU	Pan Number :	AAFCK7016C
Email ID	BOOPATHIT98@GMAIL.COM	CIN:	U85110MH2000PLC128425
Contact No	8760083370	Address:	Ground Floor, Unit No. D2, Model Industrial Colony Opp Aarey Road Mumbai Maharashtra 400063.
Address	NO-9, CHENNIMALAI-LAYOUT, Upilipalayam-Post, COIMBATORE, 641015, TAMIL NADU, India	Date of Invoice	22/01/2022
IMD Code	4171670000	Invoice No	1990334700
Receipt No	1202200940672	Proposal No	202201220056273
		Partner Application No	GI20211466047
State Code	33	State Code:	27
Place Of Supply Name	TAMIL NADU - 33	State Name	MAHARASHTRA
		IRN	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	IGST Rate	IGST Amt (Rs.)
Health insurance services	997134	2541.4	2541.4	18%	457.45
Total		2541.4	2541.4		457.45
Total Invoice Value (In Figure)					2,999.00
Total Invoice Value (In Words)					Two Thousand Nine Hundred Ninety Nine
Whether Tax Payable on a Reverse Basis or Not					No

For : Kotak Mahindra General Insurance Company Limited



Authorized Signatory