			
Policy No.: 2806203601668706000			
Insured Name	Member ID	Date of Birth	Gender
V S Ruvanthika	202009112825567	07/01/1994	F

Terms and Conditions

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency. (6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site www.hdfcergo.com. Alternatively you may write to us at Healthclaims@hdfcergo.com.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: HDFC ERGO General Insurance Company Limited – 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Health Claim Services Address : HDFC ERGO General Insurance Company Limited Stellar IT Park, Tower-1 , 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022 6158 2020 / 022 6234 6234 Email: healthclaims@hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance	Easy Health	NA
2	Policy number	2806203601668706000	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted:5000000 on Individual Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. Pre-Hospitalisation- Medical Expenses incurred in 60 days before the hospitalization 3. Post-Hospitalisation- Medical Expenses incurred in 90 days after the hospitalization 4. Day-Care procedures – Medical Expenses for Day care procedures 5. Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation. 6. Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation 7. Ambulance– Upto Rs. 2,000 per hospitalisation for utilizing 8. Ayush Benefit - The Medical Expenses for in-patient care treatment taken under Ayurveda, Unani, Sidha, Homeopathy , Yoga & Naturopathy upto Sum Insured. 9. Daily Cash for choosing shared accommodation- Daily cash amount if hospitalised in shared accommodation in network hospital and hospitalisation exceeds 48 hrs. 	B-1.a B-1.b B-1.c B-1.d B-1.e B-1.f B-1.g B-1.h B-1.i

		<p>10. Daily Cash for Accompanying an Insured Child – Insured Person Hospitalised is a child Aged 12 years or less, daily cash amount will be payable</p> <p>11. Newborn baby- Medical Expenses for treatment of Newborn baby.</p> <p>12. Recovery Benefit - Lumpsum amount if the Insured Person is Hospitalised beyond 10 consecutive and continuous days</p> <p>13. Emergency Air Ambulance - ambulance transportation in an airplane or helicopter</p> <p>14. Maternity Expenses - Medical Expenses for a delivery</p> <p>15. Stay Active - Discount at each renewal if the insured member achieves the average step count target.</p> <p>16. Health Check-up (Cost of a Health Check-up for the Insured</p> <p>17. Cumulative Bonus - Additional 10% of Base Sum Insured on continuous renewal for each claim free year subject to maximum 100% of Base Sum Insured. Reduced by 10% of Base Sum Insured in event of a claim each year</p> <p>Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p>1. Critical Illness (Optional benefit) (lump sum will be paid in case of first diagnosis of listed critical illness)</p>	<p>B-2.a</p> <p>B-2.b</p> <p>B-2.c</p> <p>B-2.d</p> <p>B-3.a</p> <p>B-5.2</p> <p>B-5.3</p> <p>B-5.1</p> <p>B-4.a</p>
6	Exclusions (what the policy does not cover)	<p>1. Investigation & Evaluation: Code Excl04</p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/Weight control: Code – Excl06:</p>	<p>C.2.9</p> <p>C.2.10</p> <p>C.2.4</p>

		<p>Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) <ul style="list-style-type: none"> A. greater than or equal to 40 or B. greater than or equal to 35 in conjunction with any of the following <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or</p>	<p>C.2.7</p> <p>C.2.6</p> <p>C.2.2</p> <p>C.2.1</p> <p>C.2.15</p>
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		<p>following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17:</p> <p>i. Any type of contraception, sterilization</p> <p>ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>iii. Gestational Surrogacy</p> <p>iv. Reversal of sterilization</p> <p>15. Maternity: Code – Excl18</p> <p>i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</p> <p>Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <p>a) Treatment arising from or consequent upon war or</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p>	<p>C.2.3</p> <p>C.2.11</p> <p>C.2.12</p> <p>C.2.5</p> <p>C.2.16</p> <p>C.2.14</p> <p>C.2.13</p> <p>C.3.i</p> <p>C.2.14</p>
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		<p>any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>b) Intentional self injury or attempted suicide while sane or insane</p> <p>c) Any Insured Person’s participation or involvement in naval, military or air force operation.</p> <p>d) Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia</p> <p>e) Treatment availed outside India.</p> <p>f) Treatment at a healthcare facility that is not a Hospital</p> <p>g) Circumcisions (unless necessitated by Illness or injury and forming</p> <p>h) Non allopathic treatment except to the extent provided for under Section B.1.1.h) of Policy Document.</p> <p>i) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.</p> <p>j) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)</p> <p>k) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips</p> <p>l) Sleep apnoea.</p> <p>m) Congenital external diseases, defects or anomalies</p> <p>n) Expenses incurred by the insured on organ donation</p> <p>o) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>p) Dental treatment and surgery of any kind, unless requiring Hospitalisation</p> <p>q) Any non medical expenses mentioned in List 1 of Annexure I of Policy Document</p> <p>r) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>s) Treatments rendered by a Medical Practitioner who is a member of the Insured Person’s family or stays</p>	<p>C.3.ii</p> <p>C.3.iii</p> <p>C.3.iv</p> <p>C.3.v</p> <p>C.3.vi</p> <p>C.3.vii</p> <p>C.3.viii</p> <p>C.3.ix</p> <p>C.3.x</p> <p>C.3.xi</p> <p>C.3.xii</p> <p>C.3.xiii</p> <p>C.3.xiv</p> <p>C.3.xv</p> <p>C.3.xvi</p> <p>C.3.xvii</p> <p>C.3.xviii</p> <p>C.3.xvii</p>
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		with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. t) Any treatment or part of a treatment that is not of a reasonable u) Drugs or treatments which are not supported by a prescription. v) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured. w) Admission for administration of Intraarticular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion	C.3.xx C.3.xxii C.3.xxiii
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during • It is counted from the beginning of the policy coverage. 	<p>1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting periods (Not applicable for claims arising due to an</p> <p>3. Pre-existing diseases: Covered after 36 months</p> <p>4. Maternity Expenses : Covered after</p> <ul style="list-style-type: none"> • Individual : 48/72 months • Family : 36/48 months <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	C.1.iii C.1.ii C.1.i
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. 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)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures: Base Cover: (limits basis plan/sum insured chosen):</p> <p>1. Emergency Ambulance: Upto Rs. 2K per hospitalisation</p> <p>2. Ayush Benefit: Upto Rs. 20/25/50K</p> <p>3. Daily Cash for choosing Shared Accommodation: Rs. 500/800/1000 per day, Maximum upto Rs. 3/4.8/6K</p> <p>4. Daily Cash for accompanying an insured child: Rs. 300/500/800 per day, Maximum upto Rs. 9/15/24K</p> <p>5. Recovery Benefit: Upto Rs 10K</p>	B.1.g B.1.h B.1.i B.2.a B.2.c

		<p>6. Emergency Air Ambulance: Upto Rs. 2.5 Lacs per hospitalization 7. Maternity Expenses: Normal: 15/25/30K Cesarean : 25/40/50K Post Natal: 1.5/2.5/5K 8. Health Checkup: Upto 1% of Sum Insured per Insured Person/Policy upto Rs.5K</p> <p>Optional Covers(limits basis plan/sum insured chosen) :</p> <p>9. Critical Illness: 50% or 100% of In-patient Sum Insured subject to minimum of Rs . 1L up to a maximum of Rs. 10 L</p>	<p>B.2.d B.3.a B.5.3.a B.4.a</p>
9	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>For Cashless Process :</p> <p>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us)</p> <p>B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com</p> <p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p>	<p>D</p>

		<p>i. Network Hospital details :</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances</p> <p>Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/exclusion-list.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D.2
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Toll free: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com - Insured Person may contact the Grievance officer at cgo@hdfcergo.com - For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances - Ombudsman: https://bimabharosa.irdai.gov.in/ 	D.1
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. 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. 2. The insured person shall be allowed free look period of fifteen 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. 	D.1.g

		<p>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.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> 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 atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> 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.</p> <p>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.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>D.1.9</p> <p>D.1.i & D.1.k</p> <p>D.1.j</p>
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.</p>	

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download >>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.



Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Protector Rider	NA
2	Policy number	2806203601668706000	NA
3	Type of Insurance Product/ Policy	Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> • Individual Sum Insured - Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted:2157400.25	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted.</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Claim Protector : List of Excluded items released by IRDA (Refer Annexure 1 of policy document) related to the particular claim will become payable, maximum up to base Sum Insured. 2. Multiplier Benefit/Cumulative Bonus Protector: Multiplier Benefit/Cumulative Bonus will not be impacted or reduced at renewals if any one claim or multiple claims admissible in the previous policy year, does not exceed the overall amount of Rs. 50,000. 3. Sum Insured Protector: Protects Sum Insured against rising inflation by linking the Basic Sum Insured to the Consumer Price index (CPI). 	B.A B.B B.C
6	Exclusions (what the policy does not cover)	All exclusions as mentioned in the Base Plan shall apply unless stated otherwise or covered as a benefit in this rider.	C
7	Waiting period Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	There are no waiting periods specifically in this Policy. However, this Policy shall follow all waiting periods applicable in Base Plan.	C

8	Financial limits coverage of Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	NA	NA
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</p> <p>TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	E
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	E





		<p>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</p>	D.G
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)





सत्यमेव जयते
भारत सरकार



இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

பதிவேட்டு எண் / Enrollment No.: 0000/00632/94554

To
ருவந்திகா வீசு
Ruvanthika V S
THE ACE FLAT NO-A1408, 1 CORPORATION ROAD,
VTC: Seevaram,
PO: Perungudi.,
District: Chennai,
State: Tamil Nadu,
PIN Code: 600096,
Mobile: 9840572220

4847608

MK048476085FE



உங்கள் ஆதார் எண் / Your Aadhaar No. :

5783 6139 2494

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. issued: 27/02/2015



ருவந்திகா வீசு
Ruvanthika V S
பிறந்த நாள் / DOB : 07/01/1994
பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்.ஆ.பி.லைன் XML)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5783 6139 2494

எனது ஆதார், எனது அடையாளம்

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

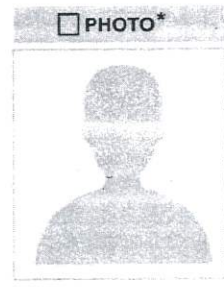
1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)
 Addition of Related Person Deletion of Related Person Updation KYC Number of Related Person (if available*) _____

Related Person Type* Guardian of Minor Assignee Authorized Representative
 Name* Prefix First Name Middle Name Last Name
 MS RUVANTHIKA VS
 (If KYC number and name are provided, below details are optional)
 Maiden Name _____
 Father / Spouse Name MR PPRH ANAND KRISNA MOORTHY
 Mother Name MRS SUBHADRA
 Date of Birth* 07-01-1994
 Gender* M- Male F- Female T-Transgender
 PAN* AWEPRO143B Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar



Address
 Line 1* TD RAHANIYAH SANJIVINI / PD
 Line 2 T2 LB ROAD , THIRUVANMIYUR
 Line 3 _____
 District* CHENNAI Pin / Post Code* 600041 State / U.T Code* _____ ISO 3166 Country Code* _____

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar
- IV Deemed Proof of Address - Document Type code _____
- V Self Declaration

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS

Tel. (Off) -- Tel. (Res) -- Mobile -
 Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Pm A

Date: 25-06-2026

Place: CHENNAI

Signature /Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

INSTITUTION DETAILS

Name
 Code

[Employee Signature]

[Institution Stamp]

Fetal Medicine Report



Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Female
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026
LMP date	Unknown	EDD by BT	18/08/2026[32W 1D]

OB - 2/3 Trimester Scan Report

Indication(s)

Growth with Doppler
 Real time B-mode ultrasonography of gravid uterus done.
 Route: Transabdominal
 Twin intrauterine gestation
 Detailed anatomic survey not done due to advanced gestational age.

Type of twinning

Dichorionic Diamniotic Twin

Survey

	A	B
Fetus	A	B
Presentation	Cephalic	Cephalic
Placenta	Anterior	Posterior
Liquor	Normal Single deepest pocket = 4.3	Normal Single deepest pocket = 5
Fetal activity	Fetal activity present	Fetal activity present
Cardiac activity	Cardiac activity present Fetal heart rate - 137 bpm	Cardiac activity present Fetal heart rate - 146 bpm

Fetus A

Biometry(Hadlock)

BPD 85.2 mm 34W 2D (93%ile)	HC 304.2 mm 33W 6D (56%ile)	AC 274 mm 31W 3D (35%ile)	FL 62.4 mm 32W 2D (42%ile)	EFW BPD,HC,AC,FL 1924 grams (44%ile)
5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *

Fetal doppler

Middle Cerebral Artery PI	1.96	● (34%)
Umbilical Artery PI	0.89	● (35%)
Cerebroplacental ratio	2.202	● (38%)
MCA PSV MOM	PSV : 40.38 MOM : 0.9	

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CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in

Patient name	Mrs. RUVANTHIKA V S	Age/Sex	32 Years / Female
Patient ID	GUC00093006	Visit no	1
Referred by	Dr. DIVYA SELVAMANI	Visit date	24/06/2026
LMP date	Unknown	EDD by BT	18/08/2026(32W 1D)

**Fetus B
Biometry(Hadlock)**

BPD 78.2 mm 31W 2D (30%ile)	HC 285.5 mm 31W 3D (6%ile)	AC 264.6 mm 30W 4D (16%ile)	FL 62.7 mm 32W 3D (45%ile)	EFW BPD,HC,AC,FL 1742 grams (27%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Fetal doppler

Middle Cerebral Artery PI	1.35	●—+—+ (2%)
Umbilical Artery PI	1.3	+—+—● (98%)
Cerebroplacental ratio	1.038	●—+—+ (<1%)
MCA PSV MOM	PSV : 34.54 MOM : 0.77	

Impression

Dichorionic Diamniotic Twin gestation corresponding to a gestational age of 32 Weeks 1 Day
Gestational age assigned by as per BT Date (30/11/2025)
EDD by BT 18/08/2026

Fetus - A

Placenta - Anterior

Presentation - Cephalic

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 1924 + / - 192.4 gms.

Fetus - B

Placenta - Posterior

Presentation - Cephalic

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 1742 + / - 174.2 gms.

Fetus A - Reference of large weight

Fetus B - 9%

DR SOWBHAGYA LAXMI K MBBS,MS(OBG),DNB(OBG)
Fellowship in adv laproscopy and Feto-Maternal medicine

Patient Sticker



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
 * Pt was admitted for steroids and MgSO₄ coverage.
 * Able to perceive fetal movements well

FET - 03/11/2025
 LMP: _____ EDD: by BT - 18/08/2026
 Corrected EDD: _____ GA: 32 weeks

Obstetric Formula:
 Primi

Menstrual History: Regular: Yes No
 M/S - 6yrs; NLM

Obstetric History:
 G₁ - PP, IVF (ICSI) conception

Obstetric Examination
 Fundal Height: Overdistended for GA

Present Pregnancy Record:
 Booked and Immunised
 Scan - Normal; FTS - Low risk
 Anomaly Scan - Normal.

Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent
 Both FHS - Good.

Per Speculum Examination

Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced
 Os: Closed _____ Dilated _____

Height: 5.8 ft cm
 Weight: 81 kg
 Allergies: Allergic to pineapple
 Breast: Normal Abnormal
 General Examination:
 Consciousness: Conscious Pallor: No
 Icterus: No Edema: No
 Temp: Normal PR:
 BP: DTR:
 CVS: S₁ S₂ ⊕ RS B/L N V B S ⊕
 Liver/Spleen: Urine Output:

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS

Primi	LMP - 11/11/2025	GA - 32 weeks
M/S - 6 years	EDD by BT - 18/08/2026	DCDA twins
RMP		Arabian pessary insitu
		Cervical stitch insitu

Family History:

Mother - T₂ DM
 Father - T₂ DM

Surgical History:

Lap. Endometriotic cyst removal 2015 with endometriotic spots on bladder base
 - Laparoscopic salpingectomy June 2025
 + appendicectomy
 Cervical encircage @ 26 weeks with UV fold dissection (Shirodhkar)

Medical History:

Nil
 - Childhood wheezer
 - No episode for the past 10 yrs

Medication History:

Taking INJ. ENOXAPARIN 60mg twice a week
 Tab. DUVADILON 10mg 1-0-1
 INJ. AQWEGEST 50mg twice a week
 Tab. GESTOFIT SR 400mg 10 hs

Plan of Care:

CIIT Dr. Divya Selvamani

Investigations:

- CTG - Reactant
 - CBG - 99 mg/dl

- Monitor vitals
- DFMC.
- CTG BD
- FHR afternoon.
- Dexamethasone 6mg IM 12hrs apart x 4 doses.
- MgSO₄ LD → MD.
- RBS start → 6 v CBG.
- MgSO₄ charting.
- Growth scan & doppler on 25/6/26.
- Soft solid diet.
- Send CBC, RBS, TSH, urine P/E.
- Enoxparan 60mg on alternate days.
- Aquawegest on alternate days.

PLA: uterus overdistended for GA
 multiple fetal parts felt:
 FH-1 ⊕
 FH-2 ⊕
 clinically liquor ⊕.

Doctor Name: Dr. Akshitha Dr. Shreedevi

Signature: [Signature]

Date & Time: 23/6/2026 4pm

Consultant Name: Dr. Divya Selvamani

Signature: [Signature]

Date & Time: 23/6/2026 4pm