



**POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021**

Insured Name	: MAHAVEER'S LIVE AND LET LIVE ASSOCIATION
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Insured's Details		Issuing Office Details	
Customer ID	: PO89416919	Office Code	: VIJAYAWADA D.O.II 620800 (620800)
Address	: THANMAL LUNIYA JAIN DHARAMASALA, 4-3-533, HANUMAN TAKEDI, BESIDE AXIS BANK, HYDERABAD - 500001 Hyderabad ,TELANGANA, 500001	Address	: #54-15-5.2ND FLOOR.DHOOM COMPLEX SRINIVASANAGAR BANK COLONY,NH-5 ,520008
Phone No	: //	Phone No	: 08662547358 / 08662543980
Fax	:	Fax	: 08662544185
E-mail/Fax	: tejowathi.s@jainuineinsurance.in, /	E-mail/Fax	: nia.620800@newindia.co.in / 08662544185
PAN No	: AAJAM2394P	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 37AAACN4165C2ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 62080034210400000002	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
Period of Insurance	: From:30/05/2021 12:00:01 AM To: 29/05/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 30/05/2021	Phone No	: 025722225747, 9209712861 / NA
Prev. Policy no.	: NA	E-mail/Fax	: prashant@jainuineinsurance.co.in, kailash@jainuineinsurance.co.in / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹7607047	₹1369268	₹8976315 (RUPEES EIGHTY-NINE LAC SEVENTY-SIX THOUSAND THREE HUNDRED FIFTEEN ONLY)	62080081210000001183 03/06/2021

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE	Fax	: 18004259559
	IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,	Email	: info@mediassistindia.com,
	BANGALORE	Toll Free No	: 18004259449

No. of Employees / Members covered	: 235	No. of persons covered	: 1121
Maternity Benefits Opted	Normal Delivery Limit ₹ : 40000	Zone Opted	: III (Rest of India)
	Caesarian Section Limit ₹ : 60000		
Deletion of 9 months waiting period	: YES		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		

Policy No. : 62080034210400000002 Document generated by 36548 at 03/06/2021 11:04:29 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Additional cover Opted	:	NO
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Special Conditions

Special Condition 1	:	Coverage: 1+5 , Age restriction for child as per New India Flexi Floater group Mediclaim. Age limit : 1 to 90 years.Room rent : 5 lakhs S.I.- ₹5000 Normal & ₹10000 for ICU;10 lakhs S.I.- ₹7500 Normal & ₹20,000 for ICU.
Special Condition 2	:	Proportionate capping applicable.No OPD COVERAGE .Maternity : 40K Normal and 60K C-section.Baby day one cover up to maternity limit.Co-pay : 10% on all parental claims.

* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 7607047.00
SGST	0	0
CGST	0	0
IGST	18	1369268

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 03/06/2021	
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Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Tax Invoice No : 62080021P0001844

IRDA Registration Number: 190