



## ADDITIONAL ENDORSEMENT DOCUMENT NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY

Insured Name	:	MAHAVEER'S LIVE AND LET LIVE ASSOCIATION	Insurer Office Code	:	VIJAYAWADA D.O.II 620800 (620800)
Address		THANMAL LUNIYA JAIN DHRAMASALA, 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
Telephone	:	//	Telephone	:	08662547358 / 08662543980
Fax	:		Fax	:	08662544185
Email	:	tejowathi.s@jainuineinsurance .in	Email	:	nia.620800@newindia.co.in
GSTIN	:	NA	GSTIN	:	37AAACN4165C2ZP
UIN	:	NA	SAC	:	997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number					6208003421040000002
Department	:	Health Insurance	Cover	:	NA
Period of Insurance	:	From 30/05/2021 12:00:01 AM To 29/05/2022 11:59:59 PM	Endorsement No	:	62080034210483000008
	:		Effective Date	:	12 November 2021
Date Signed	:	12/11/2021	Sum Insured₹	:	255,000,000.00
Additional Premium ₹	:	21,994.00	Additional ST/GST ₹	:	3959
Refund Premium ₹	:	N/A	Refund ST/GST ₹	:	N/A
Policy Duration	:				
Number of Members Added		: 10			

 Number of Members Deleted
 :
 5

It is hereby understood and agreed that the endorsement on policy 62080034210400000002 will be in effect from 12 November 2021.

Reason	NOTWITHSTANDING ANYTHING HEREIN CONTAINED TO THE CONTRARY, IT IS HEREBY DECLARED
	AND AGREED TO ADD 2(NET ADD:3, DEL:1) EMPLOYEE FAMILIES (TOTAL LIVES ADDED ARE:5(NET
	ADD:10, DEL:5)) FROM THE SCOPE OF THE POLICY FOR NOVEMBER 2021 DATA. DETAILS OF
	PERSONS ADDED/DELETED AND DATE(S) OF COVERAGE/DELETION ARE AS PER SCHEDULE
	ATTACHED. EMPLOYEE CODES DELETED ARE: E239(FAMILY NO.S DELETED ARE: E239). EMPLOYEE
	CODES ADDED ARE: E315 TO E317 (FAMILY NO.S ADDED ARE: E315 TO E317). IN CONSIDERATION
	WHEREOF, AN AMOUNT OF RS. 25,953/- (Incl. GST)(ADD: RS.48230 /-, DEL: RS. 22277/-) IS BEING
	COLLECTED AS PREMIUM. ALL OTHER TERMS AND CONDITIONS REMAIN UNALTERED.

Premium and GST Details

		Rate of Tax	Amount in INR
Premium			₹ 21,994.00
SGST		0	0
CGST		0	0
IGST		18	3959
TOTAL PAYABLE			25953
TUTAL PATABLE			25955
TOTAL PAYABLE (In words)	:	: RUPEES TWENTY-FIVE THOUSAND NINE HUNDRED FIFTY-THREE (	

IN WITNESS WHEREOF THIS POLICY has been signed at \_\_\_\_\_\_ this 12-Nov-21.

Policy No. : 62080034210400000002Document generated by 36548 at 12/11/2021 16:25:41 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.



Place :SRINIVASANAGAR BANK COLONY,NH-5, ,520008 Date :12-Nov-21

> For and on behalf of The New India Assurance Company Limited

> > Authorized Signatory

Tax Invoice No : 62080021E0007833

IRDA Registration Number: 190