



**New India Floater Mediclaim Policy**

UIN : NIAHLIP21278V042021

**Policy Schedule**

Current Policy No	16050034212800000358	Current Policy Period	From:14/12/2021 12:00:01 AM To:13/12/2022 11:59:59 PM
Previous Policy No	16050034202800000371	Previous Policy Period	14-DEC-20 to 13-DEC-21
<b>Policyholder's Details</b>			
Policyholder Name	NIRANJAN BHAILAL PATEL	Customer ID	PO54924597
		PAN Card No	
		Mobile No/Phone No	XXXXXX9898
Policyholder's address	112, GREEN CITY BUNGLOS, MODHERA ROAD, MAHESANA, GUJARAT- 384001  MAHESANA, GUJARAT, 384001	Email id	sales.jainuine@gmail.com,
		Name of the Nominee	ASHABEN PATEL
		Relation with the Policy holder	Spouse
		GSTIN	NA
<b>Policy Issuing Office and Intermediary Details</b>			
Office Name and Code	DO II AURANGABAD (160500)	Office Contact No	02402482688 / 02402480985
Office Email Id	nia.160500@newindia.co.in	Development Officer	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
		Name of the Agent/Intermediary	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757)
Office Address	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003	Contact No. of Agent/Intermediary	02402350377, 9850049400 / NA
		E-mail id of Intermediary	kailash@jainuineinsurance.co.in,
Regional Office	NAGPUR R.O. (160000)	GSTIN	27AAACN4165C3ZP
Regional Contact No	07122555031/07122555032	SAC	997133 (Accident and health insurance services)
<b>Details Of TPA (Notice or Communication to be given in respect of claim)</b>			
Name of the TPA	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	customercare@mdindia.com	Address of the TPA	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,
Toll Free / Contact No of the TPA	18002097800 18002097777 /		
Fax of TPA	02025300003		
<b>Highlights of New India Floater Mediclaim Policy*</b>			
* Day one baby cover.		* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.	
* Critical Care Benefit 10% of the Sum Insured.		* Optional Cover I: No Proportionate Deduction.	
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.		* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	



* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
<b>* Please refer to policy document for detailed terms and conditions.</b>	

**Important**

\*1. Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.  
 2. Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3  
 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.  
 \* Please visit <https://www.newindia.co.in> for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

Insured Persons details						
S. No	Name of the Insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	NIRANJAN BHAILAL PATEL(PO54924 597)	30/04/1983(38)	M	SELF	08/12/2017	NA
2	ASHABEN NIRANJANBHAI PATEL(ME07511 878)	01/06/1986(35)	F	SPOUSE	08/12/2017	NA
3	TIRTH NIRANJANBHAI PATEL(ME07511 900)	18/01/2009(12)	M	CHILD	08/12/2017	NA
4	RISHI NIRANJANBHAI PATEL (ME07511940)	06/08/2011(10)	M	CHILD	08/12/2017	NA

<b>Floater Sum Insured</b>	500000	<b>Floater Cumulative Bonus</b>	0
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Cumulative Bonus Details				
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	300000	13-DEC-21	0	0
2	200000	13-DEC-21	0	0

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
1	NIRANJAN BHAILAL PATEL	5424	0	0	0	814	4610
2	ASHABEN NIRANJANBHAI PATEL	4255	0	0	0	639	3616



S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
3	TIRTH NIRANJANBH AI PATEL	2183	0	0	0	328	1855
4	RISHI NIRANJANBH AI PATEL	2183	0	0	0	328	1855

Previous Year Policy Details									
Sl. No.	Name of Insured	Company	Previous Policy No	From Date	To Date	SI	PED in Previous Policy	Claim No	Claim Amount
1	NIRANJAN BHAILAL PATEL	NIA	1605003417 2800000460	08/12/2017	07/12/2018	300000	N	NA	0
2	ASHABEN NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/2017	07/12/2018	0	N	NA	0
3	TIRTH NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/2017	07/12/2018	0	N	NA	0
4	RISHI NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/2017	07/12/2018	0	N	NA	0
5	NIRANJAN BHAILAL PATEL	NIA	1605003418 2800000405	08/12/2018	07/12/2019	300000	N	NA	0
6	ASHABEN NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/2018	07/12/2019	0	N	NA	0
7	TIRTH NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/2018	07/12/2019	0	N	NA	0
8	RISHI NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/2018	07/12/2019	0	N	TP005160 50019900 398619	15875
9	NIRANJAN BHAILAL PATEL	NIA	1605003419 2800000366	08/12/2019	07/12/2020	300000	N	NA	0
10	ASHABEN NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/2019	07/12/2020	0	N	NA	0
11	TIRTH NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/2019	07/12/2020	0	N	NA	0
12	RISHI NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/2019	07/12/2020	0	N	NA	0

	<b>Total Gross Premium(Without GST)</b>	11936
	<b>CGST(@9%)</b>	0
	<b>SGST(@9%)</b>	0
<b>Net Premium in Words(RUPEES FOURTEEN THOUSAND EIGHTY-FOUR ONLY)</b>	<b>IGST</b>	2148
	<b>Total GST</b>	2148
	<b>Net Premium(With GST)</b>	14084



\*This Policy is subject to terms and conditions of New India Floater Mediclaim.

In WITNESS WHEREOF, the undersigned being duly authorized by the Insurers and on behalf of the Insurers has(have) hereunder set his/her(their) hand(s) on this 14th day of December 2021.

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Date of Issue: 13/12/2021

(Mr. SANDESH KAMLAKAR)  
[SR. DIV. MANAGER]

**FOR AND ON BEHALF OF  
THE NEW INDIA ASSURANCE COMPANY LIMITED  
DULY CONSTITUTED ATTORNEY(S)**



<b>Insurer Office Code</b>	: DO II AURANGABAD (160500)
<b>Address</b>	: LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
<b>Telephone</b>	: 02402482688 / 02402480985
<b>Fax</b>	: 02402486895

**New India Floater Mediclaim**

**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986**

This is to certify that Mr./Mrs. NIRANJAN BHAILAL PATEL has paid ₹ 14084 towards premium for New India Floater Mediclaim for the period 14/12/2021 12:00:01 AM to 13/12/2022 11:59:59 PM

<b>Policy no.</b>	: 16050034212800000358
<b>Receipt no. &amp; date</b>	: 10000089211200275265 13/12/2021

Date of Issue: 13/12/2021

(Mr. SANDESH KAMLAKAR)  
[SR. DIV. MANAGER]

**Authorized Signatory For and on behalf of  
The New India Assurance Company  
Limited**

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



**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 : 16050021P0010483

**IRDA Registration Number: 190**