



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			
		Policyhold	ler's Details			
Policyholder Name	NIRAN	NJAN BHAILAL PATEL	Customer ID PO54924597			
			PAN Card No			
			Mobile No/Phone No	XXXX	XX9898	
Policyholder's address BUNGLOS,MODHERA ROAD,MAHESANA,GUJARAT- 384001 MAHESANA,GUJARAT, 384001		Email id sales.jainuine@gmail.co		s.jainuine@gmail.com,		
			Name of the Nominee	ASHA	BEN PATEL	
				Spous		
			GSTIN	NA		
		Policy Issuing Office a	nd Intermediary Details			
Office Name and Code	DO II .	AURANGABAD (160500)	Office Contact No	02402	482688 / 02402480985	
Office Email Id	nia.160500@newindia.co.in		Development Officer	JAINUINE INSURANCE BROKERS LTD. (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURA BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)		
			Name of the Agent/Intermediary		IINE INSURANCE BROKERS PVT. (DA3388757)	
SUMAN		JILDING PLOT NO 3 JEEVAN N N 5 CIDCO JALGAON ROAD NGABAD	Contact No. of Agent/Intermediary	02402350377, 9850049400 / NA		
	,43100		E-mail id of Intermediary kailash@		h@jainuineinsurance.co.in,	
Regional Office	NAGP	UR R.O. (160000)	GSTIN	27AAACN4165C3ZP		
Regional Contact No		2555031/07122555032	SAC			
	Details	Of TPA (Notice or Communi	cation to be given in re	spect of	of claim)	
Name of the TPA					,	
Email-id of the TPA	customercare@mdindia.com 3RD FLOOR, PUNE-NAC		. 46/1, E-SPACE, A-2 BUILDING, FLOOR, PUNE-NAGAR ROAD, GAONSHERI, PUNE-411014,,			
Toll Free / Contact No of the TPA		097800 097777 /				
Fax of TPA	02025	300003				

Highlights of New India Floater Mediclaim Policy*					
* 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.				

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* 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.
	\ast For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
	* Please refer to policy document for detailed terms and conditions.

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 P	ersons details		
S. No	Name of the insued (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)	Μ	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)	Μ	CHILD	08/12/2017	NA
4	RISHI NIRANJANBHAI PATEL (ME07511940)	06/08/2011(10)	М	CHILD	08/12/2017	NA

Floater Sum Insured

500000

Floater Cumulative Bonus

0

	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 - 1 (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 NIRANJANBH AI PATEL	4255	0	0	0	639	3616

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THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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									
SI. 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	08/12/201 7	07/12/201 8	300000	Ν	NA	0
2	ASHABEN NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/201 7	07/12/201 8	0	N	NA	0
3	TIRTH NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/201 7	07/12/201 8	0	N	NA	0
4	RISHI NIRANJANBH AI PATEL	NIA	1605003417 2800000460	08/12/201 7	07/12/201 8	0	Ν	NA	0
5	NIRANJAN BHAILAL PATEL	NIA	1605003418 2800000405	08/12/201 8	07/12/201 9	300000	N	NA	0
6	ASHABEN NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/201 8	07/12/201 9	0	Ν	NA	0
7	TIRTH NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/201 8	07/12/201 9	0	N	NA	0
8	RISHI NIRANJANBH AI PATEL	NIA	1605003418 2800000405	08/12/201 8	07/12/201 9	0	Ν	TP005160 50019900 398619	15875
9	NIRANJAN BHAILAL PATEL	NIA	1605003419 2800000366	08/12/201 9	07/12/202 0	300000	Ν	NA	0
10	ASHABEN NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/201 9	07/12/202 0	0	Ν	NA	0
11	TIRTH NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/201 9	07/12/202 0	0	Ν	NA	0
12	RISHI NIRANJANBH AI PATEL	NIA	1605003419 2800000366	08/12/201 9	07/12/202 0	0	Ν	NA	0

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

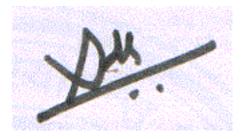
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*This Policy is subject to terms and conditions of New India Floater Mediclaim.

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)



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

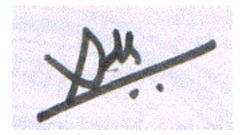
New India Floater Mediclaim

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

Policy no.	:	16050034212800000358
Receipt no. & date	:	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). <u>If not attached, please ask for the same.</u>

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