



### New India Floater Mediclaim Policy

UIN: NIAHLIP21278V042021

### **Policy Schedule**

Current Policy No		16050034212800000380	Current Policy Period		From:02/01/2022 12:00:01 AM To:01/01/2023 11:59:59 PM
Previous Policy No		16050034202800000396	Previous Policy Period		02-JAN-21 to 01-JAN-22
		Policyhol	der's Details		
Policyholder Name	MR SA	ATSHBHAI SHANKARBHAI PATEL	Customer ID	PO38	638578
_			PAN Card No		
			Mobile No/Phone No	XXXX	(XX9898
Policyholder's address	s 98RAJMAHEL RAJCITY KARANNAGAR ROAD KADI A/P. KADI KADI, GUJARAT, 382715		Email id	panc	holi.tejas@gmail.com,
			Name of the Nominee	mrs vi	syaben s patel
			Relation with the Policy holder	Spous	se
			GSTIN	NA	
		Policy Issuing Office	and 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	LTD. ( INSUF (SI000 BROK JAINU	JINE INSURANCE BROKERS PVT. (DA3388757) JAINUINE RANCE BROKERS PVT.LTD. (D28623) JAINUINE INSURANCE (ERS PVT.LTD. (S100028623) JINE INSURANCE BROKERS .TD. (S100028623)
			Name of the Agent/Intermediary		JINE INSURANCE BROKERS PVT. (DA3388757)
Office Address	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD		Contact No. of Agent/Intermediary	02402	350377, 9850049400 / NA
			E-mail id of Intermediary	kailas	h@jainuineinsurance.co.in,
Regional Office	NAGP	UR R.O. (160000)	GSTIN	27AA	ACN4165C3ZP
Regional Contact No	0712	2555031/07122555032	SAC	9971 servi	33 (Accident and health insurance ces)
	Details	Of TPA (Notice or Commun	ication to be given in re	spect o	of claim)
Name of the TPA	MDINI	DIA HEALTH INSURANCE TPA LIMITED			•
Email-id of the TPA			Address of the TPA	3RD F	. 46/1, E-SPACE, A-2 BUILDING, FLOOR, PUNE-NAGAR ROAD, SAONSHERI, 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.				
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).				

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



* 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.
	* 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 Persons 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	MR SATSHBHAI SHANKARBHAI PATEL(PO38638 578)	21/06/1977(44)	М	SELF	29/12/2015	NA			
2	MRS VIDYABEN SATSHBHAI PATEL(ME04741 553)	01/06/1974(47)	F	SPOUSE	29/12/2015	NA			
3	MR PARTH SATSHBHAI PATEL(ME04741 569)	26/10/2000(21)	М	CHILD	29/12/2015	NA			

Floater Sum Insured	500000	Floater Cumulative Bonus	100000
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	Cumulative Bonus Details							
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount				
1	200000	27-DEC-21	50	100000				
2	300000	27-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	MR SATSHBHAI SHANKARBH AI PATEL	5424	0	0	0	543	4881
2	MRS VIDYABEN SATSHBHAI PATEL	10262	0	0	0	1027	9235
3	MR PARTH SATSHBHAI PATEL	4255	0	0	0	426	3829



	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	MR SATSHBHAI SHANKARBH AI PATEL	NIA	1605003417 2800000503	02/01/201 8	01/01/201 9	200000	N	NA	0
2	MRS VIDYABEN SATSHBHAI PATEL	NIA	1605003417 2800000503	02/01/201 8	01/01/201 9	0	N	NA	0
3	MR PARTH SATSHBHAI PATEL	NIA	1605003417 2800000503	02/01/201	01/01/201 9	0	N	NA	0
4	MR SATSHBHAI SHANKARBH AI PATEL	NIA	1605003418 2800000427	02/01/201 9	01/01/202	200000	N	NA	0
5	MRS VIDYABEN SATSHBHAI PATEL	NIA	1605003418 2800000427	02/01/201 9	01/01/202 0	0	N	TP005160 50018900 154742	84923
6	MR PARTH SATSHBHAI PATEL	NIA	1605003418 2800000427	02/01/201 9	01/01/202 0	0	N	TP005160 50019900 359111	24425

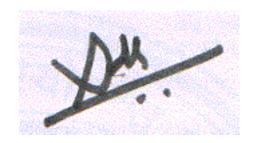
	Total Gross Premium(Without GST)	17945
	CGST(@9%)	0
	SGST(@9%)	0
Net Premium in Words(RUPEES TWENTY-ONE THOUSAND ONE HUNDRED SEVENTY-FIVE ONLY)	IGST	3230
	Total GST	3230
	Net Premium(With GST)	21175

<sup>\*</sup>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 2nd day of January 2022.

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20  $\,$ 

Date of Issue: 27/12/2021



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

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

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





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

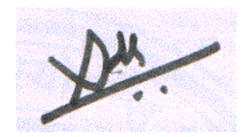
### **New India Floater Mediclaim**

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

This is to certify that Mr./Mrs. MR SATSHBHAI SHANKARBHAI PATEL has paid  $\stackrel{?}{\sim}$  21175 towards premium for New India Floater Mediclaim for the period 02/01/2022 12:00:01 AM to 01/01/2023 11:59:59 PM

Policy no.	:	16050034212800000380
Receipt no. & date	:	10000089211200617639 27/12/2021

Date of Issue: 27/12/2021



(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)

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



### **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 Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

Tax Invoice No: 16050021P0011271

IRDA Registration Number: 190