

Reason: Signing Policy for UIC  
Location: United India Insurance Company Ltd  
Date: Tue, Mar 25, 2025 18:30:51 IST  
Signed: N MOHANI SANKAR

This document is digitally signed

Printed on: 25/03/2025 6:30:44 PM

Individual Health Insurance Policy Schedule

Your Policy, link at [www.uic.co.in](http://www.uic.co.in)

The genuineness of the policy can be verified through "Verify provided"

Your policy along with the cover that you have been carefully so that you understand the terms and conditions of hence, please read this schedule, along with the Wordings

policy, for the period of insurance as mentioned below. Insured Persons mentioned in this schedule, and other defined in the cover that, You, the Policyholder, and other This Policy schedule along with the attached Policy Wordings

YOUR POLICY NO: 33030038576733232302

At United India, it is always before t

through a smile to scores of customers. nation through our all India network of 2500+ offices and have a history of more than 80 years of insuring services to the indeed, we are one of the largest insurers in the country with receive.

With the level of service and insurance protection you shall leave no stone unturned to ensure that you are satisfied. We are confident you have made the right choice and we insurance needs.

We are honoured that you have chosen us for your health. It is with great pleasure that we present this policy to you.

Welcome to United India Insurance Company Limited!

Dear Mr. MR SUBUDEEPRINE ATTARJINE RAIPAL

**INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE**  
Your

Website: <http://www.uic.co.in>  
ICRAI Regd. no 242  
Registered Office: 34, Wipro Road, Chennai, 600 014  
United India Insurance Company Limited



please contact the above office.  
For any information, service requests and grievances

Phone: (02240) 2334176 Fax: Email:  
AURANGABAD-431002 MAHARASHTRA  
AURANGABAD, AURANGABAD, MAHARASHTRA,  
H/O. 2/2/3a, B.V. 206/V B CHOWK, NEM OZMANIYURA  
United India Insurance Company Limited  
Your policy was issued by:

**POLICY ISSUING OFFICE**

Form 60. Please ignore if already updated.  
**IMPORTANT NOTICE:** Kindly update your Aadhaar no. and

please contact us immediately.  
incorrect or if you wish to update your existing information,  
if any of the information mentioned in this schedule is  
may appear.

or of the schedule shall bear the same meaning wherever it  
specific meaning has been attached in any part of this policy  
as one contract and any word or expression to which a  
This schedule and the attached Policy shall be read together

declaration provided in the Proposal Form by you.  
United India. This contract is based on the statements and  
Endorsements, form the basis of contract between you and  
The Policy schedule along with the Policy Wordings and any

**IMPORTANT!**



25/03/2025

Signature and Stamp



**United India Insurance Company Limited**  
Registered Office: 24 Whites Road, Chennai, 600 0 14  
IRDAI Reg. No 545  
Website: <http://www.uilic.co.in>

POLICY NO.: 2307002821P113275365



Scan this QR code to obtain details about your policy.

#### POLICY DETAILS

Policyholder Name : Mr. MR. GURUDEEPSING ATTARSING RAJPAL  
Policyholder ID : 1907458675  
Policy No. : 2307002821P113275365  
Previous Policy No. : 2307002820P114319947  
Period of Insurance : From 00:00 hrs of 30/03/2022 To Midnight on 29/03/2023

#### YOUR CONTACT INFORMATION

Address : PLOT NO. 45, TOWN CENTER CIDCO, AURANGABAD DIST. : AURANGABAD, MAHARASHTRA  
AURANGABAD  
MAHARASHTRA-431001  
Tel (O/R) :  
Mobile :  
Fax :  
E-Mail :  
Business/Occupation : None

Coinsurance : UTIC 230700 : 100%

#### DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDs' declared	Inception Date of first policy
MR. GURUDEEPSING ATTARSING RAJPAL	66	Male	Self	Salaried	RAJVEER	Son	None	30/03/2013

#### SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured (₹)	Domiciliary Hospitalisation Limit (₹)	Road Ambulance Cover	Daily Cash Cover
MR. GURUDEEPSING ATTARSING RAJPAL	Gold	450,000.00	50,000.00	Opted	Opted

#### PREMIUM BREAK DOWN

Insured Name	Base Cover Premium (₹)	Optional Cover Premium (₹)	Loading for PEDs (₹)	Family Discount (₹)	Total Annual Premium (₹)
MR. GURUDEEPSING ATTARSING RAJPAL	25,902.00	400.00	0.00	0.00	26,302.00

Individual Health Insurance Policy Schedule  
UIN: UIIHLIP21114V032021

POLICY NO.:2307002821P113275365

**PAYMENT DETAILS**

Total Basic Premium	25,902.00	Premium	26,302.00
Road Ambulance Premium	100.00	CGST(9%)	2,367.00
Daily Cash Premium	300.00	SGST(9%)	2,367.00
Add PED Loading	0.00	Stamp duty	1.00
Less Family Discount	0.00	Total	31,036.00
Less No Claim Discount	0	Receipt Number	10123070021115030977
Less Online Discount	0.00	Receipt Date	22/03/2022

**INTERMEDIARY DETAILS**

Agent Name : JAINUINE INUSURANCE BROKERS PVT LTD  
 Agent Code : BRC0000259  
 Mobile/Landline Number/Email : 9850049400 / (257) 2251894  
 insurance@kailashjain.in  
 Development Officer Name :  
 Development Officer Code :

Customer GST/UIN No.: Office GST No.: 27AAACU5552C1ZJ  
 SAC Code: 997133 Invoice No. & Date: 2821113275365 & 22/03/2022  
 Amount Subject to Reverse Charges-NIL

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in/>

Date of Proposal and Declaration: 30/03/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DQ AURANGABAD on this 22th day of March, 2022.

For and On behalf of  
 United India Insurance Co. Ltd.

Authorised Signatory  
 Underwritten By - KHA24034 ( DO UNDERWRITER )

**WHAT TO DO IN THE EVENT OF A CLAIM?**

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communication to be given to TPA as per Notification Clause (6.23.A) in the Policy Wording. Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA.

**Anti-Money Laundering Clause:** In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 1 lakh, the Insured will comply with the provisions of AML policy of the Company. The AML policy is available in all our operating offices as well as on the Company's website.

**Details of TPA**

Name of TPA/ID : Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003  
 Address : PLOT NO. A-442, ROAD NO. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGAR, VITTHAL RUKHMANI MANDIR, THANE WEST PIN CODE - 400604, Pin Code : 400604, Fax No :  
 Toll Free number : 1800 22 6655  
 Contact Details :  

	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Claim intimation</b>	<b>For Grievances</b>
Telephone Numbers	022 666 20 808	022 666 20 808	022 666 20 808	022 666 20 808
Email IDs	contact.phs@paramounttpa.com	cashless.phs@paramounttpa.com	claim.intimation@paramounttpa.com	grievance.united@paramounttpa.com

Individual Health Insurance Policy Schedule  
 UIN: UIIHLIP2114V032021



## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT

Issuing Office code/Address :	230700 / DO AURANGABAD H.NO. 5/5/76, P.B. 506V P CHOWK, NEW OSMANPURA431005	Receipt Number :	10123070021115030977
		Collection Date :	22/03/2022

Received with thanks from MR GURUDEEPSING ATTARSING RAJPAL (Customer ID : 1907458675, Customer GST/ UIN No :Not Available) a sum of Rs. 31036.00( Thirty-one thousand thirty-six rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	2307002821P113275365	IndividualHealthPolicy	0	Final Premium	26,302.00
2	2307002821P113275365	IndividualHealthPolicy	0	CGST	2,367.00
3	2307002821P113275365	IndividualHealthPolicy	0	SGST	2,367.00
<b>Total (Rounded Off) :</b>					<b>31,036.00</b>
<b>Stamp Duty :</b>					<b>0.00</b>
<b>Bank Charges :</b>					<b>0.00</b>
<b>Total Amount :</b>					<b>31,036.00</b>

Instrument Details							Tagged Amount
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	
1	121230700110765727	CHEQUE	000011	17/03/2022	HDFC BANK LTD.	TV CENTER HUDCO	31,036.00

Particulars :

GSTIN (UIC) : 27AAACU5552C1ZJ

for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.



AUTHORISED SIGNATORY