



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



22nd Mar, 2022

**Your  
INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE**

Dear Mr PARAMJIT KAUR W/O. GURDEEPSING RAJPAL

**Welcome to United India Insurance Company Limited!**

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

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

Indeed, we are one of the largest Insurers in the country with a history of more than 80 years of untiring service to the nation through our all India network of 2200+ offices and have brought a smile to crores of customers.

At United India, it is always U before I.

**YOUR POLICY No. 2307002821P113274970**

This Policy Schedule along with the attached Policy Wordings define the cover that, You, the Policyholder, and other Insured Persons mentioned in this Schedule, have under this Policy, for the period of insurance as mentioned below.

Hence, please read this Schedule, along with the Wordings carefully so that you understand the terms and conditions of your policy along with the cover that you have been provided.

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uic.co.in](http://www.uic.co.in).

*Individual Health Insurance Policy Schedule*  
UIN. UIIHLIP21114V032021

**IMPORTANT!**

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

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

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

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

**POLICY ISSUING OFFICE**

Your policy was issued by:  
United India Insurance Company Limited  
H.NO. 5/5/76, P.B. 506,V P CHOWK, NEW OSMANPURA  
AURANGABAD, AURANGABAD, MAHARASTRA,  
AURANGABAD-431005 MAHARASHTRA  
Phone: (0240) 2334176 Fax: Email:

For any Information, Service Requests and Grievances please contact the above office.

Printed By : KHA24034 @ 22/03/2022 4:34:58 PM

This document is digitally signed

Signer: N MOHAN SANKAR  
Date: Tue, Mar 22, 2022 16:34:57 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for UIIG



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POLICY NO.:2307002821P113274970



Scan this QR code to obtain details about your policy.

### POLICY DETAILS

Policyholder Name : Mr PARAMJIT KAUR W/O. GURDEEPSING RAJPAL  
Policyholder ID : 1907459463  
Policy No. : 2307002821P113274970  
Previous Policy No. : 2307002820P114319356  
Period of Insurance : From 00:00 hrs of 30/03/2022 To Midnight on 29/03/2023

### YOUR CONTACT INFORMATION

Address : TOWN CENTER, CIDCO, AURANGABAD DIST. : AURANGABAD, MAHARASHTRA  
AURANGABAD  
MAHARASHTRA-431001  
Tel (O/R) :  
Mobile :  
Fax :  
E-Mail :  
Business/Occupation : None

Coinsurance | UIIC 230700 : 100%

### DETAILS OF INSURED PERSONS

| Insured Name                           | Age | Gender | Relation | Occupation | Nominee Name          | Nominee Relation | PEDs' declared | Inception Date of first policy |
|--|-----|--------|----------|------------|-----------------------|------------------|----------------|--------------------------------|
| PARAMJIT KAUR W/O.<br>GURDEEPSING RAJP | 60  | Female | Self     | Unemployed | GURDEEPSING<br>RAJPAL | Spouse           | None           | 30/03/2013                     |

### SUMMARY OF COVERAGE

| Insured Name                           | Plan | Sum Insured(₹) | Domiciliary Hospitalisation Limit(₹) | Road Ambulance Cover | Daily Cash Cover |
|--|------|----------------|--------------------------------------|----------------------|------------------|
| PARAMJIT KAUR W/O.<br>GURDEEPSING RAJP | Gold | 450,000.00     | 50,000.00                            | Not Opted            | Not Opted        |

### PREMIUM BREAK DOWN

| Insured Name                           | Base Cover Premium(₹) | Optional Cover Premium(₹) | Loading for PEDs'(₹) | Family Discount(₹) | Total Annual Premium(₹) |
|--|-----------------------|---------------------------|----------------------|--------------------|-------------------------|
| PARAMJIT KAUR W/O.<br>GURDEEPSING RAJP | 15,742.00             | 0.00                      | 0.00                 | 0.00               | 15,742.00               |

**PAYMENT DETAILS**

|                        |           |                |                      |
|------------------------|-----------|----------------|----------------------|
| Total Basic Premium    | 15,742.00 | Premium        | 15,742.00            |
| Road Ambulance Premium | 0.00      | CGST(9%)       | 1,417.00             |
| Daily Cash Premium     | 0.00      | SGST(9%)       | 1,417.00             |
| Add PED Loading        | 0.00      | Stamp duty     | 1.00                 |
| Less Family Discount   | 0.00      | Total          | 18,576.00            |
| Less No Claim Discount | 0         | Receipt Number | 10123070021115030606 |
| Less Online Discount   | 0.00      | Receipt Date   | 22/03/2022           |

**INTERMEDIARY DETAILS**

|                              |  |
|------------------------------|--|
| Agent Name                   | : JAINUJNE INSURANCE BROKERS PVT LTD                                   |
| Agent Code                   | : BRC0000259   |
| Mobile/Landline Number/Email | : <u>9850049400 / (257) 2251894</u><br><u>insurance@kailashjain.in</u> |
| Development Officer Name     | :  |
| Development Officer Code     | :  |

|                                       |                     |                             |
|---------------------------------------|---------------------|-----------------------------|
| Customer GST/UIN No.:                 | Office GST No.:     | 27AAACU5552C12J             |
| SAC Code: 997133                      | Invoice No. & Date: | 28211113274970 & 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 DO M/PAN/G/ABAD on this 22th day of March ,2022.

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

*Maha*

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 Wordings. Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA by other reason

**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   | For General Enquiries  | For Cashless approval  | For Claim intimation   | For Grievances   |
| Telephone Numbers | 022 666 20 808   | 022 666 20 808   | 022 666 20 808   | 022 666 20 808   |
| Email IDs         | <a href="mailto:contact.phs@paramounttpa.com">contact.phs@paramounttpa.com</a>   | <a href="mailto:cashless.phs@paramounttpa.com">cashless.phs@paramounttpa.com</a> | <a href="mailto:claim.intimation@paramounttpa.com">claim.intimation@paramounttpa.com</a> | <a href="mailto:grievance.united@paramounttpa.com">grievance.united@paramounttpa.com</a> |

Individual Health Insurance Policy Schedule  
UIN. UIIHLIP21114V032021



## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT

|                                  |   |                      |                      |
|----------------------------------|---|----------------------|----------------------|
| Issuing Office<br>code/Address : | 230700 / DO AURANGABAD<br>H.NO. 5/5/76, P.B. 506V P CHOWK, NEW<br>OSMANPURA431005 | Receipt<br>Number :  | 10123070021115030606 |
|                                  |   | Collection<br>Date : | 22/03/2022           |

Received with thanks from PARAMJIT KAUR W/O. GURDEEPSING RAJPAL (Customer ID : 1907459463, Customer GST/UIN No :Not Available) a sum of Rs. 18576.00( Eighteen thousand five hundred seventy-six rupees only) as per detail given hereunder:

| SL No                        | Policy Number        | Policy Type            | Endt/Ren/Clm/Decln No | Particulars   | Total Amount     |
|------------------------------|----------------------|------------------------|-----------------------|---------------|------------------|
| 1                            | 2307002821P113274970 | IndividualHealthPolicy | 0                     | Final Premium | 15,742.00        |
| 2                            | 2307002821P113274970 | IndividualHealthPolicy | 0                     | CGST          | 1,417.00         |
| 3                            | 2307002821P113274970 | IndividualHealthPolicy | 0                     | SGST          | 1,417.00         |
| <b>Total (Rounded Off) :</b> |                      |                        |                       |               | <b>18,576.00</b> |
| <b>Stamp Duty :</b>          |                      |                        |                       |               | <b>0.00</b>      |
| <b>Bank Charges :</b>        |                      |                        |                       |               | <b>0.00</b>      |
| <b>Total Amount :</b>        |                      |                        |                       |               | <b>18,576.00</b> |

## Instrument Details

| SL No | Payment ID         | Mode of Payment | Instrument Number | Instrument Date | Bank Name      | Branch Name     | Tagged Amount |
|-------|--------------------|-----------------|-------------------|-----------------|----------------|-----------------|---------------|
| 1     | 121230700110765301 | CHEQUE          | 000003            | 17/03/2022      | HDFC BANK LTD. | TV CENTER HUDCO | 18,576.00     |

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