



New India Mediclaim Policy

UIN : NIAHLIP21277V042021

Policy Schedule

Current Policy No	16040134229500000001	Current Policy Period	From:23/04/2022 12:00:01 AM To:22/04/2023 11:59:59 PM
Previous Policy No	16060234219500000029	Previous Policy Period	23-APR-21 to 22-APR-22
Policyholder's Details			
Policyholder Name	MRS SUNANDA INDARCHANDJI BAID	Customer ID	1H2284757
		PAN Card No	
		Mobile No/Phone No	XXXXXX2814
Policyholder's address	C/O M/S SUVIDHA MEDICAL, INFRONT OF RANADE HOSPITAL, CIVIL LINES, YAVATMAL YAVATMAL ,MAHARASHTRA, 445001	Email id	
		Name of the Nominee	UMESH I. BAID
		Relation with the Policy holder	Son
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	BRANCH AURANGABAD AUTO TIE-UP (160401)	Office Contact No	02402485446 / 02402484415
Office Email Id	nia.160401@newindia.co.in	Development Officer	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
		Name of the Agent/Intermediary	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757)
Office Address	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, 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)

Details Of TPA (Notice or Communication to be given in respect of claim)

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		

Highlights of New India Mediclaim Policy*

* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/-.	* Hospital Cash up to 1% of Sum Insured.
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.



* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* 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 (Cumulative Bonus is applicable for more than 1 L Sum Insured persons.)								
S. No	Name of the insured (Member ID)	Date of birth(Age)	Sex	Relation	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease
1	Mrs Sunanda Indarchandji Baid(1H2284757)	11/04/1957(65)	F	Proposer	300000	150000	23/03/2009	NA

Cumulative Bonus Details					
S. No	Member ID	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	1H2284757	300000	11-APR-22	50	150000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted

Premium Details								
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III	Discount for Optional Cover IV	Discount	Total Premium
1	MRS SUNANDA INDARCHANDJI BAID	20001	0	0	0	0	0	20001
						Total Gross Premium(Without GST)		20001
						CGST(@9%)		1800
						SGST(@9%)		1800
Net Premium in Words(RUPEES TWENTY-THREE THOUSAND SIX HUNDRED ONE ONLY)						IGST		0
						Total GST		3600
						Net Premium(With GST)		23601

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	MRS SUNANDA INDARCHAN DJI BAID	NIA	16060234179500000395	31/03/2018	30/03/2019	300000	NA	NA	0



2	MRS SUNANDA INDARCHAN DJI BAID	NIA	1606023419 9500000018	23/04/201 9	22/04/202 0	300000	NA	NA	0
3	MRS SUNANDA INDARCHAN DJI BAID	NIA	1606023420 9500000015	23/04/202 0	22/04/202 1	300000	NA	NA	0
4	MRS SUNANDA INDARCHAN DJI BAID	NIA	1606023421 9500000029	23/04/202 1	22/04/202 2	300000	NA	NA	0

*This Policy is subject to terms and conditions of New India 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 23rd day of April 2022.

at _____ this _____ day of _____ 20

Date of Issue: 11/04/2022

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



Insurer Office Code	:	BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	:	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Telephone	:	02402485446 / 02402484415
Fax	:	

New India 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. MRS SUNANDA INDARCHANDJI BAID has paid ₹ 23601 towards premium for New India Mediclaim for the period 23/04/2022 12:00:01 AM to 22/04/2023 11:59:59 PM

Policy no.	:	16040134229500000001
Receipt no. & date	:	16040181220000000069 11/04/2022

Date of Issue: 11/04/2022

**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 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 : 16040122E0000080

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C