



New India Mediclaim Policy

UIN : NIAHLIP21277V042021

Policy Schedule

Current Policy No	16050034219500000128	Current Policy Period	From:22/11/2021 12:00:01 AM To:21/11/2022 11:59:59 PM
Previous Policy No	16050034209500000126	Previous Policy Period	22-NOV-20 to 21-NOV-21
Policyholder's Details			
Policyholder Name	DINESHBHAI H DESAI	Customer ID	7H3298047
		PAN Card No	
		Mobile No/Phone No	XXXXXX9898
Policyholder's address	A/32, INDRAPURI APTS., KALYAN SOCIETY, NAGRI, ELLISBRIDGE, AHD Dist. : AHMADABAD, Gujarat AHMEDABAD ,GUJARAT, 380006	Email id	sales.jainuine@gmail.com,
		Name of the Nominee	GUNI BEN GUNI BEN
		Relation with the Policy holder	Self
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	DO II AURANGABAD (160500)	Office Contact No	02402482688 / 02402480985
Office Email Id	nia.160500@newindia.co.in	Development Officer	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
		Name of the Agent/Intermediary	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757)
Office Address	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD 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	Dineshbhai H Desai(7H3298047)	26/06/1951(70)	M	Proposer	200000	100000	22/10/2004	NA
2	Guni Ben Guni Ben(7H3363057)	22/09/1954(67)	F	Spouse	200000	0	22/10/2004	NA

Cumulative Bonus Details					
S. No	Member ID	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	7H3298047	200000	22-NOV-21	50	100000

Optional Cover Table			
Policy Level - Optional Cover - 1 (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	DINESHBHAI H DESAI	23940	0	0	0	0	0	23940
2	GUNI BEN GUNI BEN	23940	0	0	0	0	0	23940
						Total Gross Premium(Without GST)		47880
						CGST(@9%)		0
						SGST(@9%)		0
Net Premium in Words(RUPEES FIFTY-SIX THOUSAND FOUR HUNDRED NINETY-EIGHT ONLY)						IGST		8618
						Total GST		8618
						Net Premium(With GST)		56498

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	DINESHBHAI H DESAI	NIA	2104003414 2500003259	22/10/201 4	21/10/201 5	175000	NA	NA	0
2	GUNI BEN GUNI BEN	NIA	2104003414 2500003259	22/10/201 4	21/10/201 5	175000	NA	NA	0
3	DINESHBHAI H DESAI	NIA	1605003419 9500000136	22/11/201 9	21/11/202 0	200000	NA	NA	0
4	GUNI BEN GUNI BEN	NIA	1605003419 9500000136	22/11/201 9	21/11/202 0	200000	NA	NA	0
5	DINESHBHAI H DESAI	NIA	1605003420 9500000126	22/11/202 0	21/11/202 1	200000	NA	NA	0
6	GUNI BEN GUNI BEN	NIA	1605003420 9500000126	22/11/202 0	21/11/202 1	200000	NA	TP005160 50021918 930133	22684

*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 22nd day of November 2021.

at _____ this _____ day of _____ 20

Date of Issue: 22/11/2021

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 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. DINESHBHAI H DESAI has paid ₹ 56498 towards premium for New India Mediclaim for the period 22/11/2021 12:00:01 AM to 21/11/2022 11:59:59 PM

Policy no.	: 16050034219500000128
Receipt no. & date	: 16050081210000004795 22/11/2021

Date of Issue: 22/11/2021

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

Tax Invoice No : 16050021E0009367

IRDA Registration Number: 190