



**UNITED INDIA INSURANCE COMPANY LIMITED**

H.NO. 5/5/76, P.B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD, MAHARASHTRA  
AURANGABAD 431005 MAHARASHTRA  
PH: (0240) 2334176 FAX: EMAIL:

**FAMILY MEDICARE POLICY**  
UIN: UITHLP22070V042122  
POLICY NO.: 2307002821P109826937

PERIOD OF INSURANCE  
FROM 00:00 Hrs on 16/01/2022  
To MIDNIGHT on 15/01/2023

**Insured**  
Mr. MR. ANAND SUMERCHAND DONGAONKAR

AP. ASHTIKAR GALLI, WARD NO. 5, NEAR JAIN MANDIR, DEULGAON RAJA, DIST. BULDHANA DIST. : BULDANA, MAHARASHTRA

443204  
BULDANA  
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR BIRTHDAY NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD  
Agent Code : BRC0000259  
Mobile/Landline Number/E.mail : 9850049400 / (057) 2251894  
insurance@kailashlife.in

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

For any Information, Service Requests and Grievances please write to [230700@uilic.co.in](mailto:230700@uilic.co.in)

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App ([www.uilic.co.in](http://www.uilic.co.in)) REGD. & HEAD OFFICE: 24, WHITES ROAD, CHENNAI - 600014.  
WEBSITE: <http://www.uilic.co.in>

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This document is digitally signed

Signature: N MOHAN SANKAR  
Date: Tue, Dec 28, 2021 11:37:41 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for Uilic



**FAMILY MEDICARE POLICY**

Policy Number	2307002821P109826937		Previous Policy No.	2307002820P111446458	
Insured Detail	Name/ID	Mr. ANAND SUMERCHAND DONGAONKAR /1894405234		Tel.(R)	Fax
	Tel.(O)				
	Email	asadongaonkar@gmail.com			Mobile 9881900665
	Business/Occupation	None			
Period Of Insurance	From	00:00hrs of 16/01/2022		To	Midnight on 15/01/2023
Policy Type	Family Floater Basis	Family Floater SI			800,000.00
Coinsurance	UIC 230700 : 100%				

SI no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease /Condition declared	Inception first policy	Nominee Name	Nominee Relation	Base Cover Premium
1	MR. ANAND SUMERCHAND DONGAONKAR	05/06/1979	Male	Self	Business	None	12/01/2015	MRS ANUJA DONGAONKAR	Spouse	19,857.00
2	MRS. ANUJA ANAND DONGAONKAR	12/01/1981	Female	Spouse	Unemployed	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Spouse	
3	MST. ARYAN	17/12/2008	Male	Son	Unemployed	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Father	
4	MISS. ANTARA	30/07/2014	Female	Daughter	Unmarried	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Father	

**Optional Cover & Premium Details**

Hospital Daily Cash Limit (Per Day)(₹)	1,000.00	Hospital Daily Cash Limit (Per Policy)(₹)	10,000.00
Restore SI Opted	Yes	Pre-Existing Disease/ condition loading	No
Maternity & New Born Baby Cover Opted	Yes		No

Total Basic Premium(₹)	19,857.00
Add Hospital Daily Cash Premium(₹)	800.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	50.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less No Claim Discount(₹)	2,978.55
Less Online Discount(₹)	0.00
Premium:	17,228.00
CGST(9%)	1,596.00
SGST(9%)	1,596.00
Stamp Duty:	1.00
Total:	20,920.00
Receipt Number :	1012307002111003464
Receipt Date:	28/12/2021

Agent Name	JAINIUNE INSURANCE BROKERS	Agent/Broker Code	BRC0000259
Development Officer Name	PVT LTD	Development Officer Code	

Policy No:2307002821P109826937  
UIN: UIHLIP20013V032021



**UNITED INDIA INSURANCE COMPANY LIMITED**  
H.NO. 5/5/76, P.B. 506, V P CHOWK, NEW OSMANPURA AURANGABAD, MAHARASTRA,  
AURANGABAD - 431005 MAHARASHTRA  
PH: (0240) 2334176 FAX: EMAIL:

**Premium Certificate for the purpose of deduction under Section 80-D of Income Tax  
(Amendment) Act, 1986.**

This is to certify that Mr. ANAND SUMERCHAND DONGONKAR has paid ₹20,920.00 (Twenty thousand nine hundred twenty rupees only)  
towards Premium for FAMILY MEDICARE POLICY for the period from 00:00 hrs On 16/01/2022 To Midnight of 15/01/2023

Policy No: **2307002821P109826937**

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

Authorised Signatory

Place: **DO AURANGABAD 230700**  
Date: **28/12/2021 11:37:41 AM**

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.



RECD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014  
Website: <http://www.uilic.co.in>, Email: [info@uilic.co.in](mailto:info@uilic.co.in)