



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	16050034222800000010	Current Policy Period	From:10/04/2022 12:00:01 AM To:09/04/2023 11:59:59 PM
Previous Policy No	16050034212800000016	Previous Policy Period	10-APR-21 to 09-APR-22
Policyholder's Details			
Policyholder Name	DINESHBHAI PATEL	Customer ID	PO68457140
		PAN Card No	
		Mobile No/Phone No	XXXXXX9898
Policyholder's address	PATELVAS JAMNAPUR DANGARVA,KADI, MAHESANA,GUJARAT DANGARVA ,GUJARAT, 382705	Email id	pancholi.tejas@gmail.com,
		Name of the Nominee	RAMILABEN PATEL
		Relation with the Policy holder	Spouse
		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)
		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 Floater Mediclaim Policy*	
* Day one baby cover.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.



* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* 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						
S. No	Name of the Insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	DINESHBHAI PATEL(PO68457140)	01/06/1971(50)	M	SELF	10/04/2019	NA
2	RAMILABEN PATEL(ME09663245)	03/10/1974(47)	F	SPOUSE	10/04/2019	NA
3	KRISH PATEL(ME09663292)	08/07/2002(19)	M	CHILD	10/04/2019	NA

Floater Sum Insured	200000	Floater Cumulative Bonus	100000
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Cumulative Bonus Details				
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	200000	05-APR-22	50	100000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
1	DINESHBHAI PATEL	6279	0	0	0	628	5651
2	RAMILABEN PATEL	6279	0	0	0	628	5651
3	KRISH PATEL	2636	0	0	0	264	2372

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 PATEL	NIA	16050034192800000015	10/04/2019	09/04/2020	200000	N	NA	0
2	RAMILABEN PATEL	NIA	16050034192800000015	10/04/2019	09/04/2020	0	N	NA	0
3	KRISH PATEL	NIA	16050034192800000015	10/04/2019	09/04/2020	0	N	NA	0



4	DINESHBHAI PATEL	NIA	1605003420 2800000018	10/04/2020	09/04/2021	200000	N	NA	0
5	RAMILABEN PATEL	NIA	1605003420 2800000018	10/04/2020	09/04/2021	0	N	NA	0
6	KRISH PATEL	NIA	1605003420 2800000018	10/04/2020	09/04/2021	0	N	NA	0
7	DINESHBHAI PATEL	NIA	1605003421 2800000016	10/04/2021	09/04/2022	200000	N	NA	0
8	RAMILABEN PATEL	NIA	1605003421 2800000016	10/04/2021	09/04/2022	0	N	NA	0
9	KRISH PATEL	NIA	1605003421 2800000016	10/04/2021	09/04/2022	0	N	NA	0

	Total Gross Premium(Without GST)	13674
	CGST(@9%)	0
	SGST(@9%)	0
Net Premium in Words(RUPEES SIXTEEN THOUSAND ONE HUNDRED THIRTY-FIVE ONLY)	IGST	2461
	Total GST	2461
	Net Premium(With GST)	16135

*This Policy is subject to terms and conditions of New India Floater 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 10th day of April 2022.

at _____ this _____ day of _____ 20

Date of Issue: 05/04/2022

(Mr. SANDESH KAMLAKAR)
[SR. DIV. MANAGER]

**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 Floater 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 PATEL has paid ₹ 16135 towards premium for New India Floater Mediclaim for the period 10/04/2022 12:00:01 AM to 09/04/2023 11:59:59 PM

Policy no.	: 16050034222800000010
Receipt no. & date	: 10000089220400043680 05/04/2022

Date of Issue: 05/04/2022

(Mr. SANDESH KAMLAKAR)
[SR. DIV. MANAGER]

**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 : 16050022P0000124

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C