



POLICY SCHEDULE
SENIOR CITIZEN MEDICLAIM POLICY (Hospitalisation Benefit Policy)
UIN:NIAHLIP21315V022021

Insured's Name	: SMT. KAMLABAI P. MUTHA		
Insured's Details		Issuing Office Details	
Customer ID	: 1H2306990	Office Code	: AURANGABAD DO-160400 (160400)
Address	: A/P.- KUSHAL CERAMIC,PLOT NO.55, SATYANARAYAN LAYOUT,ARNI ROAD, YAVATMAL, YAVATMAL ,MAHARASHTRA, 445001	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 02402333361
Fax	:	Fax	: 02402331226
Email	:	Email	: nia.160400@newindia.co.in
PAN No	:	S.Tax Regn. No	:
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 16040034221600000003	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Period of Insurance	: From :29/06/2022 12:00:01 AM To :28/06/2023 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Prev. Policy no.	: 16040034211600000004	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date
₹5948	₹1070	₹7018 (RUPEES SEVEN THOUSAND EIGHTEEN ONLY)	16040081220000002758 28/06/2022

Details of TPA			
Name	: MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	Telephone	: 18002097777
Address	: S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,	Fax	: 02025300003
	NA	Email	: customercare@mdindia.com,
		Toll Free No	: 18002097800

Details of the Insured and/other Family members covered under the policy									
Sl. No	Name of insured	Age	Sex	Occupation	Relation	Date of Issuance of First policy	Sum Insured (in ₹)	Details of pre-existing Diseases	Details of pre-existing Diseases at the Renewal
1	SMT. KAMLABAI P. MUTHA	85	Female	NA	Self	29/06/2021	1,00,000	NA	NA

Premium Schedule							
Sl. No	Total Basic Premium (in ₹)	Loading for Pre-existing Conditions (in ₹)		Gross Total Premium(in ₹)	Family Discount(in ₹)	Discount for Voluntary Excess(In ₹)	Net Premium (in ₹)
		Hypertension	Diabetes				
1	5948	0	0	5948.00	0	0	5948

Staff Discount	: ₹ 0
-----------------------	-------

Nominee's Name	: VIRENDRA P. MUTHA	Relation	: Son
-----------------------	---------------------	-----------------	-------

Policy No. : 16040034221600000003 Document generated by 38661 at 28/06/2022 12:47:01 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



CB Details of Member/s					
Member Sl. No.	Renewal Date	S.I. at the time of Policy Issuance	Increase in S.I. at the time of renewal	Applicable CB %	CB amount
1	29/06/2021	100000	5	5000	NA

* This Policy is subject to Senior Citizen Medicalim Policy Clause as attached

In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 5948.00
SGST	9	535
CGST	9	535
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Mudrank _____ Dt _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____ Stamp Duty under the Policy is ₹1



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 : 16040022E0003853

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C