



New India Mediclaim Policy

UIN : NIAHLIP21277V042021

Policy Schedule

Current Policy No	45170034229500000013	Current Policy Period	From:29/07/2022 12:00:01 AM To:28/07/2023 11:59:59 PM
Previous Policy No	45170034219500000012	Previous Policy Period	29-JUL-21 to 28-JUL-22

Policyholder's Details

Policyholder Name	MR. MAMRAJ YOGI	Customer ID	2H3166052
		PAN Card No	AAAPY1663R
		Mobile No/Phone No	XXXXXX8287, XXXXXX8287
Policyholder's address	504, NEW EKTA CHS. LTD. SECTOR-8, AIROLI NAVI MUMBAI. DIST. : THANE, MAHARASHTRA AIROLI ,MAHARASHTRA, 400708	Email id	mamrajyogi@hotmail.com,
		Name of the Nominee	SANTOSH M. YOGI. WIFE
		Relation with the Policy holder	SPOUSE
		GSTIN	NA

Policy Issuing Office and Intermediary Details

Office Name and Code	DHAMNOD D.O. (451700)	Office Contact No	07291222244 / 07291222544
Office Email Id	nia.451700@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	A.B.ROAD, ,454552	Contact No. of Agent/Intermediary	02402350377, 9850049400 / NA
		E-mail id of Intermediary	kailash@jainuineinsurance.co.in,
Regional Office	BHOPAL R.O. (450000)	GSTIN	23AAACN4165C1ZZ
Regional Contact No	07554203255	SAC	997133 (Accident and health insurance services)

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

Name of the TPA	VIDAL HEALTH INSURANCE TPA PVT. LTD		
Email-id of the TPA	help@vidalhealthtpa.com help@vidalhealthtpa.com	Address of the TPA	1ST FLOOR, TOWER 2, SJR I PARK,PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD,BANGALORE
Toll Free / Contact No of the TPA	18604250251 08046267018 / 8046267018		
Fax of TPA	18004252626		

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	Mr. Mamraj Yogi(2H3166052)	16/02/1962(60)	M	Proposer	300000	150000	17/07/2010	NA
2	Mrs. Santosh Yogi(2H3198049)	14/06/1972(50)	F	Spouse	300000	150000	17/07/2010	NA

Cumulative Bonus Details				
S. No	Member ID	Sum Insured	CB percentage	CB Amount
1	2H3166052	300000	50	150000
2	2H3198049	300000	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	MR. MAMRAJ YOGI	14986	0	0	0	0	0	14986
2	MRS. SANTOSH YOGI	7493	0	0	0	0	0	7493
						Total Gross Premium(Without GST)	22479	
						CGST(@9%)	0	
						SGST(@9%)	0	
Net Premium in Words(RUPEES TWENTY-SIX THOUSAND FIVE HUNDRED TWENTY-FIVE ONLY)						IGST	4046	
						Total GST	4046	
						Net Premium(With GST)	26525	

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	14220034189500002038	MRS. SANTOSH YOGI	17/07/2018	16/07/2019	300000	NA	0



2	142200341895 00002038	MR. MAMRAJ YOGI	17/07/2018	16/07/2019	300000	NA	0
3	142200341995 00001792	MRS. SANTOSH YOGI	17/07/2019	16/07/2020	300000	NA	0
4	142200341995 00001792	MR. MAMRAJ YOGI	17/07/2019	16/07/2020	300000	NA	0
5	142200342095 00001979	MRS. SANTOSH YOGI	29/07/2020	28/07/2021	300000	NA	0
6	142200342095 00001979	MR. MAMRAJ YOGI	29/07/2020	28/07/2021	300000	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 29th day of July 2022.

at _____ this _____ day of _____ 20

Date of Issue: 28/07/2022

(Mr. PRASHANT DHOTRE)
[DIV. MANAGER]

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



Insurer Office Code	:	DHAMNOD D.O. (451700)
Address	:	A.B.ROAD, ,454552
Telephone	:	07291222244 / 07291222544
Fax	:	07291233486

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. MR. MAMRAJ YOGI has paid ₹ 26525 towards premium for New India Mediclaim for the period 29/07/2022 12:00:01 AM to 28/07/2023 11:59:59 PM

Policy no.	:	45170034229500000013
Receipt no. & date	:	10000089220700646735 28/07/2022

Date of Issue: 28/07/2022

(Mr. PRASHANT DHOTRE)
[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 : 45170022P0003235

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C