



New India Floater Mediclaim Policy

UIN: NIAHLIP21278V042021

Policy Schedule

Current Policy No		16050034222800000195	Current Policy Period		From:25/08/2022 12:00:01 AM To:24/08/2023 11:59:59 PM		
Previous Policy No		16040034212800000161	Previous Policy Period 25-AUG-21 to 24-AUG-22		25-AUG-21 to 24-AUG-22		
		Policyholo	ler's Details				
Policyholder Name	PATEL	. RASHIKLAL AMRUTLAL	Customer ID				
			PAN Card No				
			Mobile No/Phone No	XXXX	(XX9898		
Policyholder's address	MADI MANI DIS	PATEL VAS,BHARVAD H AT&POST SITAPUR TAL DAL MEHSANA, GUJARAT DAL ,GUJARAT, 382130	Email id		holi.tejas@gmail.com, .pancholi@jainuineinsurance ı		
			Name of the Nominee	SMITA	ABEN		
		Relation with the Policy holder	Spous	ee			
			GSTIN	NA			
Policy Issuing Office and Intermediary Details							
Office Name and Code	DO II A	AURANGABAD (160500)	Office Contact No	02402	482688 / 02402480985		
Office Email Id	nia.160	0500@newindia.co.in	Development Officer	LTD. (IINE INSURANCE BROKERS PVT. DA3388757) JAINUINE RANCE BROKERS PVT.LTD. 028623)		
			Name of the Agent/Intermediary		IINE INSURANCE BROKERS PVT. (DA3388757)		
Office Address	S LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD .431003		Contact No. of Agent/Intermediary	02402	350377, 9850049400 / NA		
	,,,,,,,,,	<u> </u>	E-mail id of Intermediary	kailasl	n@jainuineinsurance.co.in,		
Regional Office	NAGP	UR R.O. (160000)	GSTIN		ACN4165C3ZP		
Regional Contact No	07122	2555031/07122555032	SAC	99713 servio	33 (Accident and health insurance ces)		
[Details	Of TPA (Notice or Communi	cation to be given in res	spect o	of claim)		
Name of the TPA		DIA HEALTH INSURANCE TPA IMITED					
Email-id of the TPA customercare@mdindia.com		Address of the TPA	3RD F	. 46/1, E-SPACE, A-2 BUILDING, FLOOR, PUNE-NAGAR ROAD, AONSHERI, PUNE-411014,,			
Toll Free / Contact No of the TPA		097800 097777 /					
Fax of TPA	02025	300003					

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.			

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	* Please refer to policy document for detailed terms and conditions
* 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 insued (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease	
1	PATEL RASHIKLAL AMRUTLAL(8H27 86696)	10/05/1967(55)	М	SELF	25/08/2015	NA	
2	PATEL SMITABEN RASHIKLAL(8H2 832595)	01/06/1973(49)	F	SPOUSE	25/08/2015	NA	

Floater Sum Insured	300000	Floater Cumulative Bonus	150000
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Cumulative Bonus Details					
S. No	Sum Insured	CB percentage	CB Amount		
1	300000	50	150000		

		Optional Cover Table	
Policy Level - Optional Cover - 1 (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	PATEL RASHIKLAL AMRUTLAL	11900	0	0	0	595	11305
2	PATEL SMITABEN RASHIKLAL	8022	0	0	0	402	7620

			Previous Year	Policy Detail	S		
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	160400342028 00000362	PATEL RASHIKLAL AMRUTLAL	25/08/2020	24/08/2021	300000	N	0
2	160400342028 00000362	PATEL SMITABEN RASHIKLAL	25/08/2020	24/08/2021	0	N	0
3	160400342128 00000161	PATEL RASHIKLAL AMRUTLAL	25/08/2021	24/08/2022	300000	N	0

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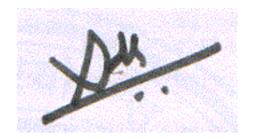
4	160400342128 00000161	PATEL SMITABEN RASHIKLAL	25/08/2021	24/08/2022	300000) N	0
						Total Gross Premium(Without GST)	18925
						CGST(@9%)	0
						SGST(@9%)	0
Net Premi	um in Words(RUPEES 1	TWENTY-TWO THO	USAND THREE HUND	RED THIRTY-TWO C	NLY)	IGST	3407
		_				Total GST	3407
					1	Net Premium(With GST)	22332

^{*}This Policy is subject to terms and conditions of New India Floater Mediclaim.

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at ______ this _____ day of _____ 20

Date of Issue: 17/08/2022



(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

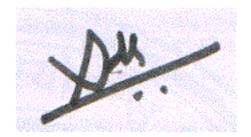
New India Floater Mediclaim

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. PATEL RASHIKLAL AMRUTLAL has paid $\stackrel{?}{\sim}$ 22332 towards premium for New India Floater Mediclaim for the period 25/08/2022 12:00:01 AM to 24/08/2023 11:59:59 PM

Policy no.	:	16050034222800000195
Receipt no. & date	:	10000089220800378577 17/08/2022

Date of Issue: 17/08/2022



(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)

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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). <u>If not attached, please ask for the same</u>.

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.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No: 16050022P0005709

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C