



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	16050334222800000028	Current Policy Period	From:18/08/2022 07:15:17 PM To:17/08/2023 11:59:59 PM
Previous Policy No	45170134212800000030	Previous Policy Period	
Policyholder's Details			
Policyholder Name	MR. ANKIT TAYAL .	Customer ID	PO28915627
		PAN Card No	ADWPT4831H
		Mobile No/Phone No	XXXXXX2347
Policyholder's address	C/O MS PRADIP TRADING CO. WARLA ROAD SENDHWA SENDHWA (KHARGON) ,MADHYA PRADESH, 451666	Email id	support@jainuineinsurance.co.in,
		Name of the Nominee	SMT.DIPIKA ANKIT TAYAL
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	Waluj Aurangabad (160503)	Office Contact No	02402553544 / 9960008854
Office Email Id	kundan.purty@newindia.co.in	Development Officer	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757) 160503_JAINUINE (SI00253690)
		Name of the Agent/Intermediary	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757)
Office Address	Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj ,431136	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	SMT.DIPIKA ANKIT TAYAL(ME03701538)	29/01/1987(35)	F	SPOUSE	18/08/2022	NA
2	MR. ANKIT TAYAL .(PO28915627)	01/05/1986(36)	M	SELF	18/08/2022	NA

Floater Sum Insured	500000	Floater Cumulative Bonus	0
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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	SMT.DIPIKA ANKIT TAYAL	4255	0	0	0	213	4042
2	MR. ANKIT TAYAL .	5424	0	0	0	272	5152

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	4517013421280000030	SMT.DIPIKA ANKIT TAYAL	07/08/2021	06/08/2022	500000	N	0
2	4517013420280000031	MR. ANKIT TAYAL .	07/08/2020	06/08/2021	500000	N	0
3	4517013421280000030	MR. ANKIT TAYAL .	07/08/2021	06/08/2022	500000	N	0
						Total Gross Premium(Without GST)	9194
						CGST(@9%)	0
						SGST(@9%)	0
Net Premium in Words(RUPEES TEN THOUSAND EIGHT HUNDRED FORTY-NINE ONLY)						IGST	1655
						Total GST	1655
						Net Premium(With GST)	10849



*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 18th day of August 2022.

at _____ this _____ day of _____ 20

Date of Issue: 18/08/2022

(MR. KUNDAN SANDEEP PURTY)
[Branch Manager]

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



Insurer Office Code	:	Waluj Aurangabad (160503)
Address	:	Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj ,431136
Telephone	:	02402553544 / 9960008854
Fax	:	

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. MR. ANKIT TAYAL . has paid ₹ 10849 towards premium for New India Floater Mediclaim for the period 18/08/2022 07:15:17 PM to 17/08/2023 11:59:59 PM

Policy no.	:	16050334222800000028
Receipt no. & date	:	10000089220800422933 18/08/2022

Date of Issue: 18/08/2022

(MR. KUNDAN SANDEEP PURTY)
[Branch 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.

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 : 16050322P0001042

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C