



**New India Mediclaim Policy**

UIN : NIAHLIP21277V042021

**Policy Schedule**

Current Policy No	16040034229500000159	Current Policy Period	From:16/11/2022 04:58:06 PM To:15/11/2023 11:59:59 PM
Previous Policy No	16040034219500000077	Previous Policy Period	11-NOV-21 to 10-NOV-22
<b>Policyholder's Details</b>			
Policyholder Name	MR MAHENDRA JAYANTILAL DAWDA	Customer ID	1H2293802
		PAN Card No	
		Mobile No/Phone No	XX2147, XXXXXX4650
Policyholder's address	VIDARBHA HOUSING SOCIETY, BAJORIYA NAGAR, NEAR SAI MANDIR, HOUSE NO 56/57, YAVATMAL Dist. : YAVATMAL  YAVATMAL ,MAHARASHTRA, 445001	Email id	
		Name of the Nominee	SAU NEETA MAHENDRA DAWDA, WIFE
		Relation with the Policy holder	Spouse
		GSTIN	NA
<b>Policy Issuing Office and Intermediary Details</b>			
Office Name and Code	AURANGABAD DO-160400 (160400)	Office Contact No	02402333572 / 02402333361
Office Email Id	nia.160400@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	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	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 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.
<b>* Please refer to policy document for detailed terms and conditions.</b>	

**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.

<b>Insured Persons details (Cumulative Bonus is applicable for more than 1 L Sum Insured persons.)</b>								
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 Mahendra Jayantilal Dawda(1H2293802)	08/11/1955(67)	M	Proposer	300000	150000	29/10/2009	NA
2	Mrs Neeta Mahendra Dawda Mrs Neeta Mahendra Dawda(1H2313709)	20/05/1962(60)	F	Spouse	300000	150000	29/10/2009	NA

<b>Cumulative Bonus Details</b>				
S. No	Member ID	Sum Insured	CB percentage	CB Amount
1	1H2293802	300000	50	150000
2	1H2313709	300000	50	150000

Any claim arising out of illness contracted or injury sustained or Hospitalization commencing in the break period i.e. from 10-NOV-22 to 16-NOV-22 will not be admissible under this policy.

<b>Optional Cover Table</b>			
Policy Level - Optional Cover - 1 (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

<b>Premium Details</b>								
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 MAHENDRA JAYANTILAL DAWDA	28155	0	0	0	0	0	28155
2	MRS NEETA MAHENDRA DAWDA MRS NEETA MAHENDRA DAWDA	14986	0	0	0	0	0	14986
							<b>Total Gross Premium(Without GST)</b>	43141
							<b>CGST(@9%)</b>	3883
							<b>SGST(@9%)</b>	3883



<b>Net Premium in Words(RUPEES FIFTY THOUSAND NINE HUNDRED SEVEN ONLY)</b>	<b>IGST</b>	0
	<b>Total GST</b>	7766
	<b>Net Premium(With GST)</b>	50907

<b>Previous Year Policy Details</b>							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	16040034209500000141	MR MAHENDRA JAYANTILAL DAWDA	05/11/2020	04/11/2021	300000	NA	0
2	16040034209500000141	MRS NEETA MAHENDRA DAWDA MRS NEETA MAHENDRA DAWDA	05/11/2020	04/11/2021	300000	NA	0
3	16040034219500000077	MR MAHENDRA JAYANTILAL DAWDA	11/11/2021	10/11/2022	300000	NA	0
4	16040034219500000077	MRS NEETA MAHENDRA DAWDA MRS NEETA MAHENDRA DAWDA	11/11/2021	10/11/2022	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 16th day of November 2022.

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Date of Issue: 16/11/2022

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



<b>Insurer Office Code</b>	:	AURANGABAD DO-160400 (160400)
<b>Address</b>	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
<b>Telephone</b>	:	02402333572 / 02402333361
<b>Fax</b>	:	02402331226

**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 MAHENDRA JAYANTILAL DAWDA has paid ₹ 50907 towards premium for New India Mediclaim for the period 16/11/2022 04:58:06 PM to 15/11/2023 11:59:59 PM

<b>Policy no.</b>	:	16040034229500000159
<b>Receipt no. &amp; date</b>	:	16040081220000009653 16/11/2022

Date of Issue: 16/11/2022

**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 : 16040022E0014270

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**