



## New India Mediclaim Policy

UIN: NIAHLIP21277V042021

## **Policy Schedule**

Current Policy No		16040134229500000015	Current Policy Period		From:09/01/2023 12:00:01 AM To:08/01/2024 11:59:59 PM	
Previous Policy No		16040034219500000097	Previous Policy Period	09-JAN-22 to 08-JAN-23		
		Policyhold	er's Details			
Policyholder Name	REKH	A B. DARDA	Customer ID	ME04	032217	
			PAN Card No	BZKPD2214D		
			Mobile No/Phone No	XXXX	XXX7357, XXXXXX6651	
Policyholder's address	VATS. YAVA	ALYA H.NO.11,SAMARTHWADI, TMAL	Email id	amil.d	arda@gmail.com,	
	YAVA	TMAL ,MAHARASHTRA, 445001				
				внас	CHAND T. DARDA	
			Relation with the Policy holder	Spouse		
			GSTIN	NA		
		Policy Issuing Office a	nd Intermediary Details			
Office Name and Code	BRAN (1604)	CH AURANGABAD AUTO TIE-UP 01)	Office Contact No	02402485446 / 02402484415		
Office Email Id	Office Email Id nia.160401@newindia.co.in Develop		Development Officer	LTD. (	JINE INSURANCE BROKERS PVT. (DA3388757) JAINUINE RANCE BROKERS PVT.LTD. 028623)	
			Name of the Agent/Intermediary		JINE INSURANCE BROKERS PVT. (DA3388757)	
Office Address			Contact No. of Agent/Intermediary	02402	2350377, 9850049400 / NA	
			E-mail id of Intermediary	kailas	h@jainuineinsurance.co.in,	
Regional Office	NAGP	UR R.O. (160000)	GSTIN	27AA	ACN4165C3ZP	
Regional Contact No	07122	555031/07122555032	SAC 997133 (Accident and health insurance services)			

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

	<u> </u>	3	
Name of the TPA	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	customercare@mdindia.com		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.						

# THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



* 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 insued (Member ID)	Date of birth(Age)	Sex	Relation	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease	
1	Rekha B. Darda(ME0403 2217)	12/11/1957( 65)	F	Proposer	300000	75000	09/01/2007	NA	

Cumulative Bonus Details						
S. No	Member ID	Sum Insured	CB percentage	CB Amount		
1	ME04032217	300000	25	75000		

Optional Cover Table						
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			

	Premium Details									
SI. 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		ount	Total Premium
1	REKHA B. DARDA	20001	0	0	0		0	C	)	20001
	Total Gross 20001 Premium(Without GST)						20001			
CGST(@9%) 1800						1800				
	SGST(@9%) 1800						1800			
Net Pre	et Premium in Words(RUPEES TWENTY-THREE THOUSAND SIX HUNDRED ONE ONLY) IGST 0						0			
	Total GST 36					3600				
	Net Premium(With GST) 23601					23601				

			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	160400342095 00000166	REKHA B. DARDA	09/01/2021	08/01/2022	300000	NA	0
2	160400342195 00000097	REKHA B. DARDA	09/01/2022	08/01/2023	300000	NA	0

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

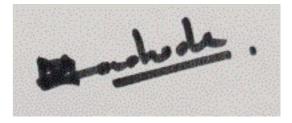
## THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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 9th day of January 2023.

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

Date of Issue: 03/01/2023



(MR. MANISH SAKHARAM ZADODE) [BRANCH MANAGER]

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



Insurer Office Code	:	BRANCH AURANGABAD AUTO TIE-UP (160401)
Address	:	THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH ( 160401 ) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003
Telephone	:	02402485446 / 02402484415
Fax	:	

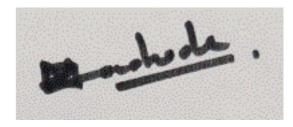
#### New India Mediclaim

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

This is to certify that Mr./Mrs. REKHA B. DARDA has paid  $\stackrel{\scriptstyle <}{\scriptstyle <}$  23601 towards premium for New India Mediclaim for the period 09/01/2023 12:00:01 AM to 08/01/2024 11:59:59 PM

Policy no.	:	16040134229500000015
Receipt no. & date	:	10000089220100026503 03/01/2023

Date of Issue: 03/01/2023



(MR. MANISH SAKHARAM ZADODE) [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)

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



### **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: 16040122P0004924

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C