



**New India Floater Mediclaim Policy**

UIN : NIAHLIP21278V042021

**Policy Schedule**

|   |  |                                   |   |
|---|--|-----------------------------------|---|
| Current Policy No   | 16040034222800000642   | Current Policy Period             | From:08/01/2023 12:00:01 AM<br>To:07/01/2024 11:59:59 PM  |
| Previous Policy No  | 16040034212800000356   | Previous Policy Period            | 08-JAN-22 to 07-JAN-23  |
| <b>Policyholder's Details</b>   |  |                                   |   |
| Policyholder Name   | RAVIKUMAR B. NIMODIYA  | Customer ID                       | PO38952751  |
|   |  | PAN Card No                       | ABSPN3414G  |
|   |  | Mobile No/Phone No                | XXXXXX9590  |
| Policyholder's address  | A/P.- GANDHI NAGAR,<br>DHAMANGAON ROAD<br>YAVATMAL<br><br>YAVATMAL ,MAHARASHTRA,<br>445001 | Email id                          |   |
|   |  | Name of the Nominee               | ARCHANA R. NIMODIYA   |
|   |  | 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 / 0240233361  |
| 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,<br>ADALAT ROAD, AURANGABAD<br>,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)   |
| <b>Details Of TPA (Notice or Communication to be given in respect of claim)</b> |  |                                   |   |
| 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<br>18002097777 /   |                                   |   |
| Fax of TPA  | 02025300003  |                                   |   |

| <b>Highlights of New India Floater Mediclaim Policy*</b>                      |   |
|---|---|
| * 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. |
| <b>* Please refer to policy document for detailed terms and conditions.</b>           |  |

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| <b>Important</b>  |
| *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 <a href="https://www.newindia.co.in">https://www.newindia.co.in</a> 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                       | RAVIKUMAR B. NIMODIYA(PO38 952751) | 09/07/1970(52)     | M   | SELF     | 07/01/2016                         | HYPER                |
| 2                       | ARCHANA R. NIMODIYA(ME04 776150)   | 01/01/1977(46)     | F   | SPOUSE   | 07/01/2016                         | NA                   |
| 3                       | VAISHNAVI R. NIMODIYA(ME04 776167) | 27/09/2003(19)     | F   | CHILD    | 07/01/2016                         | NA                   |

|                            |        |                                 |        |
|----------------------------|--------|---------------------------------|--------|
| <b>Floater Sum Insured</b> | 500000 | <b>Floater Cumulative Bonus</b> | 250000 |
|----------------------------|--------|---------------------------------|--------|

| Cumulative Bonus Details |             |               |           |
|--------------------------|-------------|---------------|-----------|
| S. No                    | Sum Insured | CB percentage | CB Amount |
| 1                        | 500000      | 50            | 250000    |

| Optional Cover Table   |           |  |           |
|--|-----------|--|-----------|
| Policy Level - Optional Cover - I (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    | RAVIKUMAR B. NIMODIYA | 15240         | 0                              | 0                               | 0                                | 1524     | 13716         |
| 2    | ARCHANA R. NIMODIYA   | 10262         | 0                              | 0                               | 0                                | 1027     | 9235          |
| 3    | VAISHNAVI R. NIMODIYA | 4255          | 0                              | 0                               | 0                                | 426      | 3829          |

| Previous Year Policy Details |                       |                       |            |            |             |                       |              |
|------------------------------|-----------------------|-----------------------|------------|------------|-------------|-----------------------|--------------|
| Sl. No.                      | Previous Policy No    | Name of Insured       | From Date  | To Date    | Sum Insured | Pre-existing Diseases | Claim Amount |
| 1                            | 160400342028 00000537 | RAVIKUMAR B. NIMODIYA | 08/01/2021 | 07/01/2022 | 500000      | Y                     | 0            |
| 2                            | 160400342028 00000537 | ARCHANA R. NIMODIYA   | 08/01/2021 | 07/01/2022 | 0           | N                     | 0            |



|  |                          |                             |            |            |        |   |       |
|--|--------------------------|-----------------------------|------------|------------|--------|---|-------|
| 3  | 160400342028<br>00000537 | VAISHNAVI<br>R.<br>NIMODIYA | 08/01/2021 | 07/01/2022 | 0      | N                                       | 0     |
| 4  | 160400342128<br>00000356 | RAVIKUMAR<br>B.<br>NIMODIYA | 08/01/2022 | 07/01/2023 | 500000 | Y                                       | 0     |
| 5  | 160400342128<br>00000356 | ARCHANA R.<br>NIMODIYA      | 08/01/2022 | 07/01/2023 | 0      | N                                       | 0     |
| 6  | 160400342128<br>00000356 | VAISHNAVI<br>R.<br>NIMODIYA | 08/01/2022 | 07/01/2023 | 0      | N                                       | 0     |
|  |                          |                             |            |            |        | <b>Total Gross Premium(Without GST)</b> | 26780 |
|  |                          |                             |            |            |        | <b>CGST(@9%)</b>                        | 2410  |
|  |                          |                             |            |            |        | <b>SGST(@9%)</b>                        | 2410  |
| <b>Net Premium in Words(RUPEES THIRTY-ONE THOUSAND SIX HUNDRED ONLY)</b> |                          |                             |            |            |        | <b>IGST</b>                             | 0     |
|  |                          |                             |            |            |        | <b>Total GST</b>                        | 4820  |
|  |                          |                             |            |            |        | <b>Net Premium(With GST)</b>            | 31600 |

\*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 8th day of January 2023.

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

Date of Issue: 10/01/2023

**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,<br>ADALAT ROAD, AURANGABAD<br>,431005 |
| <b>Telephone</b>           | : 02402333572 / 02402333361  |
| <b>Fax</b>                 | : 02402331226  |

**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. RAVIKUMAR B. NIMODIYA has paid ₹ 31600 towards premium for New India Floater Mediclaim for the period 08/01/2023 12:00:01 AM to 07/01/2024 11:59:59 PM

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Policy no.</b>             | : 16040034222800000642               |
| <b>Receipt no. &amp; date</b> | : 16040081220000012683<br>10/01/2023 |

Date of Issue: 10/01/2023

**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 : 16040022E0018669

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