



**UNITED INDIA INSURANCE COMPANY LIMITED**  
 H.NO. 5/5/76, P. B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD, MAHARASHTRA  
 AURANGABAD 431005 MAHARASHTRA  
 PH: (0240) 2334176 FAX: EMAIL:

FAMILY MEDICARE POLICY  
 UIN: UIIHLIP2070V042122  
 POLICY NO.: 230700282PI111754704

PERIOD OF INSURANCE  
 FROM 00:00 Hrs on 15/02/2022  
 To MIDNIGHT on 14/02/2023



*Insured*  
**Mr. MR PRAPUL'S NAHATA**  
 435001  
 JALGAON  
 MAHARASHTRA  
 PACHORA ROAD, JAMNER DIST JALGAON. DIST. : JALGAON, MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : JANLINE INSURANCE BROKERS PVT LTD  
 Agent Code : RACI000249  
 Mobile/Landline Number/Email : 9850049400/(0257) 2251884  
 : insurance@kallashlabs.in

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests and Grievances please write to [230700@uiic.co.in](mailto:230700@uiic.co.in)

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App ([www.uiic.co.in](http://www.uiic.co.in)) IASD & HEAD OFFICE 24, WHITEE ROAD, CHENNAI - 600014.  
 Website: <http://www.uiic.co.in>

Printed By : KHA24034 @ 14/02/2022 4:52:34 PM

This document is digitally signed

Signer: N MOHAN SANKAR  
 Date: Mon, Feb 14, 2022 16:52:11 IST  
 Location: United India Insurance Company Ltd  
 Reason: Signing Policy for UII





**FAMILY MEDICARE POLICY**

Policy Number: 2307002821P111754704 Previous Policy No.: 2307002820P113210819

Name/ID: MR MR PRAFUL S NAHATA /1903301580 Tel.(R): Fax:

Insured Detail: Tel.(O): EMail: Mobile:

Business/Occupation: None

Period Of Insurance: From: 00:00hrs of 15/02/2022 To: Midnight on 14/02/2023

Policy Type: Family Floater Basis Family Floater SI 500,000.00

Coinsurance: UIIC 230700 : 100%

SI no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease /Condition declared	Inception Date of policy	Nominee Name	Nominee Relation	Base Cover Premium (₹)
1	PRAFUL S NAHATA	04/02/1971	Male	Self	Salaried	None	14/02/2013	SAU NITA P NAHATA	Spouse	27,922.00
2	SAU NITA P NAHATA	23/12/1973	Female	Spouse	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Spouse	
3	AKSHITA P NAHATA	27/04/1997	Female	Daughter Unmarried	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	
4	JAINAM P NAHATA	27/10/2009	Male	Son	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	
5	KHUSHI P NAHATA	05/12/2005	Female	Daughter Unmarried	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	

**Optional Cover & Premium Details**

Hospital Daily Cash Limit (Per Day)(₹) Not Opted

Restore SI Opted Yes

Maternity & New Born Baby Cover Opted No

Optional Cover & Premium Details	Not Opted	Opted
Total Basic Premium	27,922.00	
Add Hospital Daily Cash Premium	0.00	
Add Maternity Expenses/ New Born Baby Cover Premium	0.00	
Add Restoration of SI Premium	150.00	
Add PED Loading	0.00	
Less Family Discount	0.00	
Less No Claim Discount	0.00	
Less Online Discount	0.00	
Premium	28,072.00	
CGST(9%)	2,526.00	
SGST(9%)	2,526.00	
Stamp Duty	1.00	
Total	33,124.00	
Receipt Number	1012307002113293255	
Receipt Date	14/02/2022	

Agent Name: JAINUNE INSURANCE BROKERS  
Development Officer Name: PVT LTD  
Agent/Broker Code: BRC0000259  
Development Officer Code:

Customer GST/UIN No.: 997133 Office GST No.: 27AAACU552C1ZJ

SAC Code: 28211111754704 & 14/02/2022 Invoice No. & Date:

Amount Subject to Reverse Charges-NIL

**Anti Money Laundering Clause:** In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.crc.nic.in>.

Date of Proposal and Declaration: 15/02/2022  
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD 230700 on this 14th day of February, 2022.

For and On behalf of  
United India Insurance Co. Ltd.

*(Signature)*

Authorised Signatory.  
Underwritten By - KHA24034 ( DO UNDERWRITER )





**Details of TPA:**  
 Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003			
<b>Name of TPA/ID</b>	Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003		
<b>Address</b>	PLOT NO. A-442, ROAD NO. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGARI, VITTHAL BUKHMANI HANDEJI, THANE WEST PIN CODE - 400604, Pin Code : 400604, Fax No : 1800 22 6655		
<b>Toll Free number</b>	1800 22 6655		
<b>Contact Details</b>	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Claim Intimation</b>
<b>Telephone Numbers</b>	022 666 20 808	022 666 20 808	022 666 20 808
<b>Email IDs</b>	contact.ops@paramounttpa.com	cashless.ops@paramounttpa.com	claim.intimation@paramounttpa.com
			grievance.officer@paramounttpa.com



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGD. & HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014**  
**FAMILY MEDICARE POLICY**

**I. PREAMBLE**  
 This Policy is a contract of insurance issued by UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Person(s)'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to

- i. the receipt of full premium,
- ii. disclosure to information norm including the information provided in the Proposal Form by the Insured on behalf of him/her self and all persons to be insured which is incorporated in the policy and is the basis of it; and
- iii. the terms, conditions and exclusions of this Policy.

**II. OPERATIVE CLAUSE**  
 If during the Policy Period the Insured Person(s) is required to be hospitalized for treatment of an illness or injury at a Hospital / Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary charges incurred by the Insured Person(s) for the treatment of the illness or injury, subject to the terms, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

**III. COVER TYPE**  
 This Policy provides cover on an Individual or Family Flucter basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule, is provided under Individual basis while, under Family Flucter basis, the Sum Insured for the family as a whole is provided under the Policy period. The cover type basis shall be as specified in the Policy Schedule.

**IV. DEFINITIONS**

- A. Standard Definitions
  1. **ACCIDENT** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
  2. **ANY ONE ILLNESS** will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.
  3. **CASHLESS FACILITY** means a facility extended by the Insurer or TPA on behalf of the Insured, where the payments for the cost of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made by the Insurer to the Insured up to the extent of the Sum Insured as approved.
  4. **CONDITION PRECEDENT** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.
  5. **CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    - a. Internal Congenital Anomaly: Which is not in the visible and accessible parts of the body.
    - b. External Congenital Anomaly: Which is in the visible and accessible parts of the body.
  6. **CO-PAYMENT** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured bears a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
  7. **DAILY RATE** means the rate of payment for the insured person(s) for the treatment of the illness or injury or medical set-up within a hospital and which has been registered with the local authorities, wherever applicable and under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
    - i. Has qualified nursing staff under its employment;
    - ii. Has a fully equipped operating theatre;
    - iii. Has a fully equipped operation room;
    - iv. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
  8. **DAY CARE TREATMENT** means medical treatment, and/or surgical procedure which is:
    - i. undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
    - ii. which would have otherwise required a hospitalisation of more than twenty-four hours.
  9. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
  10. **DEDUCTIBLE** is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.
  11. **DENTAL TREATMENT** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
  12. **DISCLOSURE TO INFORMATION NORM** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer if the Insured Person(s) fails to disclose to the Insurer any information which is material to the risk.
  13. **EMERGENCY CARE** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.
  14. **GRACE PERIOD** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-