



United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No 545
Website: <http://www.uilic.co.in>



07th Dec, 2022



**Your
INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE**

Dear Mr SUDHIR VIJAS KHANDEKAR

Welcome to United India Insurance Company Limited!

It is with great pleasure that we present this policy to you. We are honoured that you have chosen us for your health insurance needs.

We are confident you have made the right choice and we shall leave no stone unturned to ensure that you are satisfied with the level of service and insurance protection you receive.

Indeed, we are one of the largest insurers in the country with a history of more than 80 years of untiring service to the nation through our all India network of 2200+ offices and have brought a smile to crores of customers.

At United India, it is always U before I.

YOUR POLICY No. 2307002822P108880620

This Policy Schedule along with the attached Policy Wordings define the cover that You, the Policyholder, and other Insured Persons mentioned in this Schedule, have under this Policy, for the period of insurance as mentioned below.

Hence, please read this Schedule, along with the Wordings carefully so that you understand the terms and conditions of your policy along with the cover that you have been provided.

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uilic.co.in.

Individual Health Insurance Policy Schedule
UIN: UIHILP23114V032021

IMPORTANT!

The Policy schedule along with the Policy Wordings and any Endorsements, form the basis of contract between you and United India. This contract is based on the statements and declaration provided in the Proposal Form by you.

This Schedule and the attached Policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

If any of the information mentioned in this Schedule is incorrect or if you wish to update your existing information, please contact us immediately.

IMPORTANT NOTICE: Kindly update your AADHAAR no. and PAN/Form 60. Please ignore if already updated.

POLICY ISSUING OFFICE

Your policy was issued by:
United India Insurance Company Limited
H.NO. 5/5/776, P. B. 506, V P CHOWK, NEW OSMANPURA
AURANGABAD, AURANGABAD, MAHARASHTRA,
AURANGABAD-431005 MAHARASHTRA
Phone: (0240) 2334176 Fax: Email:

For any information, Service Requests and Grievances please contact the above office.

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POLICY NO.:2307002822P108880620

Total Basic Premium	22,766.00	Premium	22,766.00
Total Ambulance Premium	0.00	IGST(18%)	4,098.00
Daily Cash Premium	0.00	Stamp duty	1.00
Add PED Loading	0.00	Total	26,864.00
Less Family Discount	0.00	Receipt Number	10123070022110201070
Less No Claim Discount	0.00	Receipt Date	05/12/2022
Less Online Discount	0.00		

INTERMEDIARY DETAILS

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD
 Agent Code : BRCO000259
 Mobile/Landline Number/Email : 9850049400 / (252) 2251894
 Development Officer Name : insurance@kalishtan.in
 Development Officer Code :

Customer GST/UIN No. : 27AAACU5552C1ZJ Office GST No. : 28221108880620 & 06/12/2022
 SAC Code : 997133 Invoice No. & Date :
 Amount Subject to Reverse Charges-NIL

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.

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

Date of Proposal and Declaration: 11/12/2022

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD on this 06th day of December, 2022.

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



Authorised Signatory
 Underwritten By - GRS1003 (DO UNDERWRITER)

WHAT TO DO IN THE EVENT OF A CLAIM?

In the event of a claim under the policy, kindly contact the TPA mentioned here. Notice or communication to be given to TPA as per Notification Clause (6.23 A) in the Policy Wording. Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA at the address mentioned above. For any other reason, please contact the TPA at the address mentioned above.

Anti-Money Laundering Clause: In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 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 on the Company's website.

Details of TPA

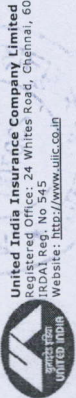
Name of TPA/ID	Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003
Address	PLOT NO. A-442, ROAD NO. 38, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGAR, VITTHAL RUKHMANI MANDIR, THANE WEST PIN CODE - 400604, Pin Code : 400604, Fax No :
Toll Free Number	1800 22 6655
Contact Number	022 666 20 808
For Cashless approval	022 666 20 808
For Claim intimation	022 666 20 808
For Grievances	022 666 20 808
Contact Details	022 666 20 808
Telephone Numbers	022 666 20 808
Email IDs	contact@hst@paramounttpa.com, cashless@hst@paramounttpa.com, claim.intimation@paramounttpa.com, grievance.united@paramounttpa.com

Individual Health Insurance Policy Schedule
 UIN: UIHLIP21114V032021

POLICY NO.:2307002822P108880620



Scan this QR code to obtain details about your policy.



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POLICY DETAILS

Policyholder Name : Mr SUDHIR VILAS KHANDEKAR
 Policyholder ID : 1286538915
 Policy No. : 2307002822P108880620
 Previous Policy No. : 2307002821P108991080
 Period of Insurance : From 13:00 hrs of 11/12/2022 To Midnight on 10/12/2023

YOUR CONTACT INFORMATION

Address : SUDHIR VILAS KHANDEKAR, 48, SHYAM SHARAN, I- AROHI CLUB ROAD, NEAR. HOMEOPATHIC COLLEGE, GHUMA, DASKROI, GHUMA, AHMADABAD, GUJARAT, 380058
 AHMADABAD
 GUJARAT-380058
 Tel (O/R) : 9687515644
 Mobile :
 Fax :
 E-Mail :
 Business/Occupation : None

Coinurance : UIIC 230700 : 100%

DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDs declared	Inception Date of first policy
VASANTIBEN	72	Female	Spouse	Unemployed	SUDHIRBHAI	Spouse	None	08/12/2000

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured(₹)	Domiciliary Hospitalisation Limit(₹)	Road Ambulance Cover	Daily Cash Cover
VASANTIBEN	Gold	275,000.00	42,500.00	Not Opted	Not Opted

PREMIUM BREAK DOWN

Insured Name	Base Cover Premium(₹)	Optional Cover Premium(₹)	Loading for PEDs(₹)	Family Discount(₹)	Total Annual Premium(₹)
VASANTIBEN	22,766.00	0.00	0.00	0.00	22,766.00

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