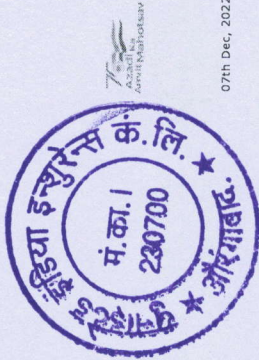




**United India Insurance Company Limited**  
 Registered Office: 24, Whites Road, Chennai, 600 0 14  
 IRDAI Reg. No 545  
 Website: <http://www.uilic.co.in>



07th Dec, 2022

**Your  
 INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE**

Dear Mr SUDHIR VILAS 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. 2307002822P108881291**

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](http://www.uilic.co.in).**

*Individual Health Insurance Policy Schedule  
 UIN: UIIHLIP21114V032021*

**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. 5/5/76, 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.

Printed By : AWD34284 @ 07/12/2022 12:05:08 PM



POLICY NO. 2307002822P108881291

|                |                      |                      |
|----------------|----------------------|----------------------|
| Premium        | 24,924.00            | 24,924.00            |
| IGST (18%)     | 4,486.00             | 4,486.00             |
| Stamp duty     | 1.00                 | 1.00                 |
| Total          | 29,410.00            | 29,410.00            |
| Receipt Number | 10123070022110201644 | 10123070022110201644 |
| Receipt Date   | 06/12/2022           | 06/12/2022           |

**PAYMENT DETAILS**

|                         |           |
|-------------------------|-----------|
| Total Basic Premium     | 24,924.00 |
| Road Ambulance Premium  | 0.00      |
| Daily Cash Premium      | 0.00      |
| Add PED Loading         | 0.00      |
| Less Family Discount    | 0.00      |
| Less No. Claim Discount | 0.00      |
| Less Online Discount    | 0.00      |

**INTERMEDIARY DETAILS**

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD  
 Agent Code : BR0000259  
 Mobile/Landline Number/Email : 9850049400 / (257) 2251894  
 Insurance@kallishah.in  
 Development Officer Name :  
 Development Officer Code :

**YOUR CONTACT INFORMATION**

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

Coinsurance : UTIC 230700 : 100%

**DETAILS OF INSURED PERSONS**

| Insured Name           | Age | Gender | Relation | Occupation | Nominee Name | Nominee Relation | PEDs' declared | Inception Date of first policy |
|------------------------|-----|--------|----------|------------|--------------|------------------|----------------|--------------------------------|
| SUDHIR VILAS KHANDEKAR | 77  | Male   | Self     | Salaried   | VASANTIBEN   | Spouse           | None           | 08/12/2001                     |

**SUMMARY OF COVERAGE**

| Insured Name           | Plan | Sum Insured (₹) | Domiciliary Hospitalisation Limit (₹) | Road Ambulance Cover | Daily Cash Cover |
|------------------------|------|-----------------|---------------------------------------|----------------------|------------------|
| SUDHIR VILAS KHANDEKAR | Gold | 250,000.00      | 40,000.00                             | Not Opted            | Not Opted        |

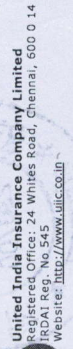
**PREMIUM BREAK DOWN**

| Insured Name           | Base Cover Premium (₹) | Optional Cover Premium (₹) | Loading for PEDs (₹) | Family Discount (₹) | Total Annual Premium (₹) |
|------------------------|------------------------|----------------------------|----------------------|---------------------|--------------------------|
| SUDHIR VILAS KHANDEKAR | 24,924.00              | 0.00                       | 0.00                 | 0.00                | 24,924.00                |

POLICY NO.: 2307002822P108881291



Scan this QR code to obtain details about your policy.



United India Insurance Company Limited  
 Registered Office: 74 Whites Road, Chennai, 600 0 14  
 IRDAI Reg. No. 545  
 Website: <http://www.uilic.co.in>

**POLICY DETAILS**

Policyholder Name : Mr. SUDHIR VILAS KHANDEKAR  
 Policyholder ID : 1286538915  
 Policy No. : 2307002822P108881291  
 Previous Policy No. : 2307002822P108991169  
 Period of Insurance : From 00:00 hrs of 11/12/2022 To Midnight on 10/12/2023

**YOUR CONTACT INFORMATION**

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

Coinsurance : UTIC 230700 : 100%

**DETAILS OF INSURED PERSONS**

| Insured Name           | Age | Gender | Relation | Occupation | Nominee Name | Nominee Relation | PEDs' declared | Inception Date of first policy |
|------------------------|-----|--------|----------|------------|--------------|------------------|----------------|--------------------------------|
| SUDHIR VILAS KHANDEKAR | 77  | Male   | Self     | Salaried   | VASANTIBEN   | Spouse           | None           | 08/12/2001                     |

**SUMMARY OF COVERAGE**

| Insured Name           | Plan | Sum Insured (₹) | Domiciliary Hospitalisation Limit (₹) | Road Ambulance Cover | Daily Cash Cover |
|------------------------|------|-----------------|---------------------------------------|----------------------|------------------|
| SUDHIR VILAS KHANDEKAR | Gold | 250,000.00      | 40,000.00                             | Not Opted            | Not Opted        |

**PREMIUM BREAK DOWN**

| Insured Name           | Base Cover Premium (₹) | Optional Cover Premium (₹) | Loading for PEDs (₹) | Family Discount (₹) | Total Annual Premium (₹) |
|------------------------|------------------------|----------------------------|----------------------|---------------------|--------------------------|
| SUDHIR VILAS KHANDEKAR | 24,924.00              | 0.00                       | 0.00                 | 0.00                | 24,924.00                |

Customer GST/UTN No. : 27AAACU5552C123  
 SAC Code : 997133  
 Invoice No. & Date : 28/21108881291 & 06/12/2022  
 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.cvc.nic.in/>

Date of Proposal and Declaration: 11/12/2022  
 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand & seal on this \_\_\_\_\_ 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 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   | For Cashless approval | For Claim Intimation | For Grievances |
|--|-----------------------|----------------------|----------------|
| Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003  | 022 666 20 808        | 022 666 20 808       | 022 666 20 808 |
| Address : PLOT NO. A-442, ROAD NO. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGAR, VITTHAL RUKHWANI MANDIR, THANE |                       |                      |                |
| Address : WEST PIN CODE - 400604, Pin Code : 400604, Fax No. :   |                       |                      |                |
| Toll Free number : 1800 22 6655  |                       |                      |                |
| Contact : claim.intimation@paramounttpa.com  |                       |                      |                |
| Telephone : 022 666 20 808   |                       |                      |                |
| Telefax : 022 666 20 808   |                       |                      |                |
| Email ID: contact.phs@paramounttpa.com   |                       |                      |                |
| claim.intimation@paramounttpa.com  |                       |                      |                |
| grievance.united@paramounttpa.com  |                       |                      |                |