



## New India Floater Mediclaim Policy

UIN: NIAHLIP21278V042021

### **Policy Schedule**

Current Policy No	16050034232800000020	Current Policy Period	From:10/04/2023 04:24:28 PM To:09/04/2024 11:59:59 PM		
Previous Policy No	16050034222800000010	Previous Policy Period	10-APR-22 to 09-APR-23		
	Polic	yholder's Details			
Policyholder Name	DINESHBHAI PATEL	Customer ID	PO68457140		
		PAN Card No			
			XXXXX9898		
Policyholder's address	PATELVAS JAMNAPUR DANGARVA,KADI , MAHESANA,GUJARAT DANGARVA ,GUJARAT, 382	Email id	pancholi.tejas@gmail.com,		
		Name of the Nominee	RAMILABEN PATEL		
			Spouse		
		GSTIN	NA		
	Policy Issuing Of	fice and Intermediary Details			
Office Name and Code	DO II AURANGABAD (160500)	Office Contact No	02402482688 / 02402480985		
Office Email Id	nia.160500@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	LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROA AURANGABAD .431003		02402350377, 9850049400 / NA		
	, 10 1000	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)		
	Details Of TPA (Notice or Com	munication to be given in re	spect of claim)		
Name of the TPA	MDINDIA HEALTH INSURANCE TP PVT. LIMITED				
Email-id of the TPA	nail-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 Floater Mediclaim Policy*				
* 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.			

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



	* Please refer to policy document for detailed terms and conditions
* 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.

#### \* 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							
S. No	Name of the insued (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease		
1	DINESHBHAI PATEL(PO68457 140)	01/06/1971(51)	М	SELF	10/04/2019	NA		
2	RAMILABEN PATEL(ME09663 245)	03/10/1974(48)	F	SPOUSE	10/04/2019	NA		
3	KRISH PATEL(ME09663 292)	08/07/2002(20)	M	CHILD	10/04/2019	NA		

Floater Sum Insured	200000	Floater Cumulative Bonus	100000
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Cumulative Bonus Details				
S. No	Sum Insured	CB percentage	CB Amount	
1	200000	50	100000	

Optional Cover Table				
Policy Level - Optional Cover - 1 (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	DINESHBHAI PATEL	9298	0	0	0	930	8368
2	RAMILABEN PATEL	6279	0	0	0	628	5651
3	KRISH PATEL	2636	0	0	0	264	2372

	Previous Year Policy Details						
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	160500342128 00000016	DINESHBHAI PATEL	10/04/2021	09/04/2022	200000	N	0
2	160500342128 00000016	RAMILABEN PATEL	10/04/2021	09/04/2022	0	N	0
3	160500342128 00000016	KRISH PATEL	10/04/2021	09/04/2022	0	N	0
4	160500342228 00000010	DINESHBHAI PATEL	10/04/2022	09/04/2023	200000	N	0

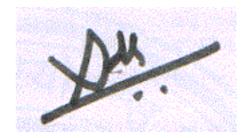


5	160500342228 00000010	RAMILABEN PATEL	10/04/2022	09/04/2023	0		N	0
6	160500342228 00000010	KRISH PATEL	10/04/2022	09/04/2023	0		N	0
							otal Gross iium(Without GST)	16391
						CC	GST(@9%)	0
						SG	SST(@9%)	0
Net Premi	um in Words(RUPEES N	NINETEEN THOUSA	ND THREE HUNDRED	FORTY-ONE ONLY)			IGST	2950
			·	·		Т	otal GST	2950
				<u> </u>		Net P	remium(With GST)	19341

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

In WITN his/her	NESS WHEREOF,the und (their) hand(s) on this 1	ersigned being duly a Oth day of April 202	authorized by the I 23.	Insurers and on beh	half of the Insurers I	has(have) hereunder se	t
at	this	day of	20				

Date of Issue: 10/04/2023



(Mr. SANDESH KAMLAKAR) [SR. DIV. MANAGER]

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



Insurer Office Code	••	DO II AURANGABAD (160500)
Address		LIC BUILDING PLOT NO 3 JEEVAN SUMAN N 5 CIDCO JALGAON ROAD AURANGABAD ,431003
Telephone	••	02402482688 / 02402480985
Fax	:	02402486895

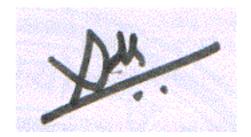
#### **New India Floater Mediclaim**

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

This is to certify that Mr./Mrs. DINESHBHAI PATEL has paid ₹ 19341 towards premium for New India Floater Mediclaim for the period 10/04/2023 04:24:28 PM to 09/04/2024 11:59:59 PM

Policy no.	:	16050034232800000020
Receipt no. & date	:	10000089230400083375 10/04/2023

Date of Issue: 10/04/2023



(Mr. SANDESH KAMLAKAR) [SR. DIV. 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: 16050023P0000226

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C