



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	16050134232800000081	Current Policy Period	From:12/06/2023 12:00:01 AM To:11/06/2024 11:59:59 PM
Previous Policy No	16050034222800000101	Previous Policy Period	12-JUN-22 to 11-JUN-23
Policyholder's Details			
Policyholder Name	MONA BEN BHAVESHKUMAR PRAJAPATI	Customer ID	2H2522720
		PAN Card No	AKPPP9070J
		Mobile No/Phone No	XXXXXX9898
Policyholder's address	VAIKUNTH-2 , B/H AIRPORT, NEW VIP ROAD, VADODARA, KARELIBAUG , VADODARA GUJARAT - 390018 VADODARA ,GUJARAT, 390018	Email id	pancholi.tejas@gmail.com,
		Name of the Nominee	BHAVESH PRAJAPATI
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	JALNA BRANCH (160501)	Office Contact No	02482232708 / 02482232709
Office Email Id	nia.160501@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	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203	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)
Details Of TPA (Notice or Communication to be given in respect of claim)			
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 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.	*Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above
* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye	* For Pre Existing Diseases Waiting period is 48 Months.
* For specified diseases waiting period is 24 months	*Please refer to policy clause for detailed T&Cs

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 insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	MONA BEN BHAVESHKUMAR PRAJAPATI(2H25 22720)	30/04/1985(38)	F	SELF	12/06/2002	NA
2	BHAVESH PRAJAPAT(ME16 544646)	02/10/1984(38)	M	SPOUSE	12/06/2022	NA
3	JAINIL BHAVESH PRAJAPAT(ME16 544677)	19/02/2012(11)	M	CHILD	12/06/2022	NA

Floater Sum Insured	300000	Floater Cumulative Bonus	150000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	300000	50	150000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	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	Premium for Optional Cover - IV	Discount	Gross Premium
1	MONA BEN BHAVESHKUMAR PRAJAPATI	4255	0	0	0	0	426	3829
2	BHAVESH PRAJAPAT	4255	0	0	0	0	426	3829
3	JAINIL BHAVESH PRAJAPAT	1731	0	0	0	0	174	1557

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	16050034222800 000101	BHAVESH PRAJAPAT	12/06/2022	11/06/2023	0	N	0



Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
2	16050034222800 000101	JAINIL BHAVESH PRAJAPAT	12/06/2022	11/06/2023	0	N	0
3	22030034199500 001455	MONA M SWAMI	12/06/2019	11/06/2020	200000	NA	0
4	22030034209500 001160	MONA M SWAMI	12/06/2020	11/06/2021	200000	NA	0
5	22030034219500 001121	MONA M SWAMI	12/06/2021	11/06/2022	300000	N	0
6	16050034222800 000101	MONA BEN BHAVESHKU MAR PRAJAPATI	12/06/2022	11/06/2023	300000	NA	0
						Total Gross Premium(Without GST)	9215
						CGST(@9%)	0
						SGST(@9%)	0
Net Premium in Words(RUPEES TEN THOUSAND EIGHT HUNDRED SEVENTY-FOUR ONLY)						IGST	1659
						Total GST	1659
						Net Premium(With GST)	10874

*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 12th day of June 2023.

at _____ this _____ day of _____ 20

Date of Issue: 10/06/2023

(Mr. Anil Kandharkar)
[Branch Manager]

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



Insurer Office Code	:	JALNA BRANCH (160501)
Address	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
Telephone	:	02482232708 / 02482232709
Fax	:	

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. MONA BEN BHAVESHKUMAR PRAJAPATI has paid ₹ 10874 towards premium for New India Floater Mediclaim for the period 12/06/2023 12:00:01 AM to 11/06/2024 11:59:59 PM

Policy no.	:	16050134232800000081
Receipt no. & date	:	10000089230600283955 10/06/2023

Date of Issue: 10/06/2023

(Mr. Anil Kandharkar)
[Branch 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)



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 : 16050123P0002371

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C