



**United India Insurance Company Limited**  
 Registered Office: 24 Whites Road, Chennai, 600 0 14  
 IRDAI Reg. No S45  
 Website: <http://www.uilic.co.in>



23rd Feb, 2024

**Your  
 INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE**

Dear Mr MR RAVI NDRA S. RATHI

Welcome to United India Insurance Company Limited! **IMPORTANT!**

It is with great pleasure that we present this policy schedule along with the Policy Wordings. We are honoured that you have chosen us for your health insurance needs. The Policy schedule and the attached Policy Wordings, form the basis of contract between United India. This contract is based on the statement of facts provided in the Proposal Form by you.

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 which a specific meaning has been attached in this Policy or of the Schedule shall bear the consequences it may appear.

Indeed, we are one of the largest Insurers in the world with a history of more than 80 years of untiring service to the nation through our all-India network of 1400+ offices and have brought a smile to crores of customers. If any of the information mentioned in this is incorrect or if you wish to update your information, please contact us immediately.

At United India, it is always for

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

**YOUR POLICY No. 2307002823P115623949**

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. **POLICY ISSUING OFFICE**  
 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 Email:

Hence, please read this Schedule, along with the Wordings of your policy along with the coverage that you have been provided. For any Information, Service Requests and Grievance please contact the above office.

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

Individual Health Insurance Policy Schedule  
 UIN: UIIHLIP24089V052324

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This document is digitally signed

Signer: KALAIVENI SUBBIAH  
 Date: Fri, Feb 23, 2024 16:57:28 IST  
 Location: United India Insurance Company Ltd  
 Reason: Signing Policy for UIIQ



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

POLICY NO.: 2307002823P115623949



Scan this QR code to obtain details about your policy.

**POLICY DETAILS**

Policyholder Name : Mr MR RAVINDRA S. RATHI  
 Policyholder ID : 1907458728  
 Policy No. : 2307002823P115623949  
 Previous Policy No. : 2307002822P112355736  
 Period of Insurance : From 13:07 hrs of 24/02/2024 To Midnight on 23/02/2025

**YOUR CONTACT INFORMATION**

Address : PLOT NO. 14, NUTAN COLONY, AURANGABAD DIST. : AURANGABAD, MAHARASHTRA  
 AJRANGABAD  
 MAHARASHTRA-431001  
 Tel (O/R) :  
 Mobile :  
 Fax :  
 E-Mail :  
 Business/Occupation : None

Coinsurance : UIIC 230700 : 100%

**DETAILS OF INSURED PERSONS**

Insured Name	Age/Gender	ABHA ID	Relation	Occupation	Nominee Name	Nominee Relation	PEDs* declared	Inception Date of first policy
MR RAVINDRA S. RATHI	59/M		Self	Salaried	JYOTI	Spouse	None	20/02/2002
MRS JYOTI RAVINDRA RATHI	56/F		Spouse	Unemployed	RAVINDRA	Spouse	Diabetes	20/02/2002
RISHIKESH R. RATHI	30/M		Son	Unemployed	RAVINDRA	Father	None	20/02/2002
TEJAS R.RATHI	26/M		Son	Unemployed	RAVINDRA	Father	None	20/02/2002

**SUMMARY OF COVERAGE**

Insured Name	Plan	Sum Insured(₹)	Domiciliary Hospitalisation Limit(₹)	Daily Cash Cover
MR RAVINDRA S. RATHI	Gold	300,000.00		
MRS JYOTI RAVINDRA RATHI	Gold	300,000.00	45,000.00	Not Opted
RISHIKESH R. RATHI	Platinum	100,000.00	20,000.00	Not Opted
TEJAS R.RATHI	Platinum	100,000.00	20,000.00	Not Opted

**PREMIUM BREAK DOWN**

Insured Name	Base Cover Premium(₹)	Optional Cover Premium(₹)	Loading for PEDs(₹)	Family Discount(₹)	Direct Channel Discount(₹)	Total Annual Premium(₹)
MR RAVINDRA S. RATHI	14,331.00	0.00	0.00	716.55	0.00	13,614.45
MRS JYOTI RAVINDRA RATHI	14,331.00	0.00	3,063.25	537.41	0.00	13,796.59
RISHIKESH R. RATHI	2,359.00	0.00	0.00	117.95	0.00	2,241.05
TEJAS R.RATHI	2,359.00	0.00	0.00	88.48	0.00	2,270.54

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POLICY NO.:2307002823P115623949

**PAYMENT DETAILS**

Total Basic Premium	33,380.00	Premium	30,810.00
Road Ambulance Premium	0.00	CGST(9%)	2,773.00
Daily Cash Premium	0.00	SGST(9%)	2,773.00
Add PED Loading	3,063.25	Stamp duty	1.00
Less Family Discount	1,460.37	Total	36,356.00
Less No Claim Discount	4172.5	Receipt Number	10123070023117572416
Less Direct Channel Discount	0.00	Receipt Date	23/02/2024
Less Online Discount	0.00		

**INTERMEDIARY DETAILS**

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD  
 Agent Code : BRC0000259  
 Mobile/Landline Number/Email : 9850049400 / (257) 2251894  
 : insurance@kallashin.in  
 BDIS Name : AMOL BABURAO KAWARE  
 BDIS Code : BD34284

Customer GST/UIN No.: 997133 Office GST No.: 27AAACU5552C1ZJ  
 SAC Code: Invoice No. & Date: 2823115623949 & 23/02/2024  
 Amount Subject to Reverse Charge-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 46, 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-nlc.in/>

Date of Proposal and Declaration: 24/02/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD

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

Authorised Signatory  
 Underwritten By - GIRI1003 (DO UNDERWRITER)

**WHAT TO DO IN THE EVENT OF A CLAIM?**

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communication in respect of claim should be submitted to TPA as per Notification Clause (V.B.5.) in the Policy Wording. Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA mentioned here.

**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 / TPAD0003  
 Address : PLOT NO. A-442 ROAD NO. 28, 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 Details : For General Enquiries : 022 666 20 808 For Cashless approval : 022 666 20 808 For Claim Intimation : 022 666 20 808 For Grievances : 022 666 20 808  
 Telephone Numbers : contact.ahs@paramounttpa.com cashless.ahs@paramounttpa.com claim.intimation@paramounttpa.com grievance.united@paramounttpa.com  
 Email IDs : contact.ahs@paramounttpa.com

Individual Health Insurance Policy Schedule  
 UIN. UIIHLIP24089V052324

POLICY NO.: 2307002823P115623949



**UNITED INDIA INSURANCE COMPANY LIMITED**

**INDIVIDUAL HEALTH INSURANCE POLICY**  
UTN. UIIHLIP24089V052324  
POLICY NO.: 2307002823P115623949

Details of Previous Policies				
Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	2307002822P112355736	24/02/2023	23/02/2024	800000
UNITED INDIA INSURANCE CO.LTD.	2307002821P112143236	24/02/2022	23/02/2023	800000
UNITED INDIA INSURANCE CO.LTD.	2307002820P113694574	24/02/2021	23/02/2022	800000
UNITED INDIA INSURANCE CO.LTD.	2307002819P115165597	24/02/2020	23/02/2021	550000

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