

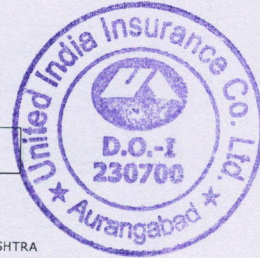


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Azadi Ka
Amrit Mahotsav

UNITED INDIA INSURANCE COMPANY LIMITED
H.NO. 5/5/76, P.B. 506 V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD, MAHARASHTRA
AURANGABAD 431005 MAHARASHTRA
PH: (0240) 2334176 FAX: EMAIL:

FAMILY MEDICARE POLICY
UIN. UIIHLP24090V052324
POLICY NO.: 2307002823P115519361

PERIOD OF INSURANCE
FROM 00:00 Hrs on 22/02/2024
To MIDNIGHT on 21/02/2025



Policyholder
Mr MR PRAFUL S NAHATA
PACHORA ROAD, JAMNER DIST JALGAON. DIST. : JALGAON, MAHARASHTRA
425001
JALGAON
MAHARASHTRA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD
Agent Code : BRC0000259
Mobile/Landline Number/Email : 9850049400 / (257) 2251894
insurance@kailashjain.in

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

For any Information, Service Requests and Grievances please write to 230700@uic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App www.uic.co.in. REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Website: <http://www.uic.co.in>
Printed By : GIRS1003 @ 23/02/2024 4:42:39 PM

This document is digitally signed

Signer: KALAIVENI SUBBIAH
Date: Fri, Feb 23, 2024 16:40:55 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC

POLICY NO.: 2307002823P115519361
 GEN. USE/HLIP24090V052324



FAMILY MEDICARE POLICY

Policy Number	2307002823P115519361			Previous Policy No.	2307002822P111996341
Insured Detail	Name/ID Of Policyholder	Mr MR PRAFUL S NAHATA /1903301580			
	Tel.(O)	Tel.(R)	Fax	Mobile	
	E-Mail				
	Business/Occupation	None			
Period Of Insurance	From	00:00hrs of 22/02/2024		To	Midnight on 21/02/2025
Policy Type	Family Floater Basis	Family Floater SI(₹)	500,000.00		
Coinsurance	UIIC 230700 : 100%				

SI no	Insured Name	Age/Gender	ABHA ID	Relation	Occupation	Pre-Existing Disease /Condition declared	Inception Date of first policy	Nominee Name	Nominee Relation	Base Cover Premium(₹)
1	PRAFUL S NAHATA	53/M		Self	Salaried	None	14/02/2013	SAU NITA P NAHATA	Spouse	17,605.00
2	SAU NITA P NAHATA	50/F		Spouse	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Spouse	14,647.00
3	AKSHITA P NAHATA	26/F		Daughter - Unmarried	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	5,715.00
4	JAINAM P NAHATA	14/M		Son	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	3,048.00
5	KHUSHI P NAHATA	18/F		Daughter - Unmarried	Unemployed	None	14/02/2013	PRAFUL S NAHATA	Father	5,144.00

Optional Cover & Premium Details		Hospital Daily Cash Limit (Per Policy)(₹)	Not Opted
Hospital Daily Cash Limit (Per Day)(₹)	Not Opted	Pre-Existing Disease condition loading	No
Restore SI Opted	Yes	Maternity & New Born Baby Cover Opted	No

Total Basic Premium(₹)	48,159.00	Premium	34,819.00
Add Hospital Daily Cash Premium(₹)	0.00	CGST(9%)	3,116.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00	SGST(9%)	3,116.00
Add Restoration of SI Premium(₹)	0.00	Stamp Duty	1.00
Add PED Loading(₹)	0.00	Total	40,851.00
Less Family Discount(₹)	0.00	Receipt Number	10123070023117462620
Less Direct Channel Discount(₹)	0.00	Receipt Date	22/02/2024
Less No Claim Discount(₹)	0.00		
Less Family Floater Discount(₹)	11,539.75		
Less Online Discount(₹)	0.00		

Agent Name	JAINUINE INSURANCE BROKERS PVT LTD	Agent/Broker Code	BRIC0000259
BDIS Name	AMOL BABURAO KAWARE	BDIS Code	BD34284

Customer GST/UIN No.:
 SAC Code:
 Amount Subject to Reversal:

We hereby declare that this policy is issued under sub-rule (4) of rule 128 of the Anti Money Laundering Regulations, 2012 and comply with the provisions thereof.

LET US JOIN THE FIGHT AGAINST CORRUPTION

Date of Proposal and Date of Issuance IN WITNESS WHEREOF

For and On behalf of United India Insurance Company Limited

Authorised Signatory
 Underwritten By - KFA

POLICY NO.:2307002823P115519361
UIN. UIIHLIP24090V052324

Customer GST/UIN No.:		Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997133	Invoice No. & Date:	2823I115519361 & 22/02/2024
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.
Anti Money Laundering Clause--In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 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 Company's web site.

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

Date of Proposal and Declaration: 22/02/2024
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD 230700 on the 22nd day of February, 2024.

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



Authorised Signatory.
Underwritten By - KAN47215 (DO UNDERWRITER)

