



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. UIIHLIP24090V052324
POLICY NO.: 2307002823P112789113

PERIOD OF INSURANCE
FROM 00:00 Hrs on 16/01/2024
To MIDNIGHT on 15/01/2025

Policyholder

Mr MR. ANAND SUMERCHAND DONGAONKAR

AP. ASHTIKAR GALLI, WARD NO. 5, NEAR JAIN MANDIR, DEULGAON RAJA, DIST. BULDHANA DIST. : BULDANA, MAHARASHTRA

443204
BULDANA
MAHARASHTRA

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

Agent Name : JAINUINE INUSRANCE 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.uiic.co.in.

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

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

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

Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 04/01/2024 4:24:05 PM



FAMILY MEDICARE POLICY

Policy Number	2307002823P112789113			Previous Policy No.	2307002822P110456957	
Insured Detail	Name/ID of Policyholder	Mr MR. ANAND SUMERCHAND DONGAONKAR /1894405234				
	Tel.(O)		Tel.(R)		Fax	
	E Mail	asdongaonkar@gmail.com			Mobile	9881900665
	Business/Occupation	None				
Period Of Insurance	From	00:00hrs of 16/01/2024		To	Midnight on 15/01/2025	
Policy Type	Family Floater Basis	Family Floater SI(₹)	800,000.00			

Coinsurance	UIIC 230700 : 100%
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Insured Details

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	MR. ANAND SUMERCHAND DONGAONKAR	44/M		Self	Business	None	12/01/2015	MRS ANUJA DONGAONKAR	Spouse	13,736.00
2	MRS. ANUJA ANAND DONGAONKAR	43/F		Spouse	Unemployed	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Spouse	12,936.00
3	MST. ARYAN	15/M		Son	Unemployed	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Father	3,239.00
4	MISS. ANTARA	9/F		Daughter - Unmarried	Unemployed	None	12/01/2015	MR. ANAND SUMERCHAND DONGAONKAR	Father	3,239.00

Optional Cover & Premium Details

Hospital Daily Cash Limit (Per Day)(₹)	1,000.00	Hospital Daily Cash Limit (Per Policy)(₹)	10,000.00
Restore SI Opted	Yes	Pre-Existing Disease/ condition loading	No
Maternity & New Born Baby Cover Opted	No		

Total Basic Premium(₹)	32,350.00
Add Hospital Daily Cash Premium(₹)	800.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	0.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less Direct Channel Discount(₹)	0.00
Less No Claim Discount(₹)	4,852.50
Less Family Floater Discount(₹)	6,874.50
Less Online Discount(₹)	0.00

Premium:	₹	21,423.00
CGST(9%)	₹	1,928.00
SGST(9%)	₹	1,928.00
Stamp Duty:	₹	1.00
Total:	₹	25,279.00
Receipt Number :	10123070023114396002	
Receipt Date:	04/01/2024	

Agent Name	JAINUINE INUSRANCE BROKERS PVT LTD	Agent/Broker Code	BRC0000259
BDIS Name	AMOL BABURAO KAWARE	BDIS Code	BD34284

Customer GST/UIN No.:		Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997133	Invoice No. & Date:	2823I112789113 & 04/01/2024
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: 16/01/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD 230700 on this 04th day of January ,2024.

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



Affix
Policy
Stamp
Here

Authorised Signatory.

Underwritten By - AMO34284 (DO UW CUM CASHIER)

Details of TPA:

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA/ID	Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003			
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	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	022 666 20 808	022 666 20 808	022 666 20 808	022 666 20 808
Email IDs	contact.phs@paramounttpa.com	cashless.phs@paramounttpa.com	claim.intimation@paramounttpa.com	grievance.united@paramounttpa.com



UNITED INDIA INSURANCE COMPANY LIMITED

INDIVIDUAL FAMILY MEDICARE POLICY
UIN. UIIHLIP24090V052324
POLICY NO.: 2307002823P112789113

Details of Previous Policies

Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	2307002822P110456957	16/01/2023	15/01/2024	800000
UNITED INDIA INSURANCE CO.LTD.	2307002821P109826937	16/01/2022	15/01/2023	800000
UNITED INDIA INSURANCE CO.LTD.	2307002820P111446458	16/01/2021	15/01/2022	800000
UNITED INDIA INSURANCE CO.LTD.	2307002819P113171218	16/01/2020	15/01/2021	800000

FAMILY MEDICARE POLICY CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

- This document provides key information about your Family Medicare Policy. You are also advised to go through your policy document.

S.No.	Title	Description	Policy Clause No
1	Name of Insurance Policy	Family Medicare Policy	-
2	Policy Number	2307002823P112789113	-
3	Type of Insurance Policy	Indemnity Policy	I.B
4	Sum Insured Basis Sum Insured	Family Floater Basis Rs. 800000	II.B.18
	Policy Coverage	Base Covers 1. In-Patient Hospitalisation Expenses i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/CCU and other associated medical expenses. ii. All Day Care Treatments are covered	III.A.1
		2. Pre-Hospitalisation and Post-Hospitalisation Expenses Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined.	III.A.2
		3. Ayurvedic/Homeopathic/Unani treatment Covers expenses incurred for availing treatment under Ayurvedic/Homeopathic/Unani systems of medicine in a registered AYUSH Hospital. Limits under this cover are linked to the Sum Insured opted.	III.A.3
		4. Organ Donor Expenses Cover Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person.	III.A.4
		5. Restoration of Sum Insured If Sum Insured is exhausted completely or partially, then a Restored Sum Insured equal to 100% of the Sum Insured will be automatically and instantly available for the particular Policy Period	III.A.5
		6. Modern Treatment Methods & Advancement in Technologies Covers expenses for advanced medical procedures such as Robotic	III.A.6

5	(What the Policy Covers?)	<p>Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p>7. Road Ambulance Cover Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency.</p> <p>8. Cost of Health Check-Up Insured Person is entitled to a health check-up for a block of every three claim-free years.</p> <p>9. Organ Donor Benefit A lump sum payment of 10% of Sum Insured, to take care of medical and other incidental expenses is payable to the Insured Person donating an organ.</p> <p>OPTIONAL COVERS</p> <p>1. Maternity Expenses and New Born Baby Cover</p> <p>i. Expenses incurred for a delivery (including caesarean section), or lawful medical termination of pregnancy are covered up to 10% of Sum Insured subject to a maximum of Rs. 40,000 for normal deliveries and Rs. 60,000 for caesarean deliveries</p> <p>ii. Hospitalisation expenses for New born Baby are covered from day one up to the age of 90 days and is subject to a limit of 10% of Sum Insured.</p> <p>2. Daily Cash Allowance on Hospitalisation A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p>	<p>III.A.7</p> <p>III.A.8</p> <p>III.A.9</p> <p>III.B.1.a</p> <p>III.B.1.b</p> <p>III.B.1.2</p>
6	Exclusions (What the hospital doesn't cover)	<p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ol style="list-style-type: none"> 1. Admission primarily for investigation & evaluation (Code - Excl04) 2. Admission primarily for rest cure, rehabilitation, and respite care (Code - Excl05) 3. Any expenses incurred on Out-patient treatment (OPD treatment) 4. Any treatment related to sleep disorder or sleep apnoea syndrome 5. Congenital External Diseases or Defects or anomalies 6. Cost of hearing aids; including optometric therapy 7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation 8. Intentional self-inflicted Injury or attempted suicide 9. Routine eye-examination expenses, cost of spectacles, contact lenses 10. Vaccination or inoculation of any kind unless it is post animal bite 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.C.4</p> <p>IV.C.6</p> <p>IV.C.10</p> <p>IV.C.11</p> <p>IV.C.13</p> <p>IV.C.14</p> <p>IV.C.15</p> <p>IV.C.20</p>
7	Waiting Period	<p>Initial Waiting Period 30 days for all illness (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods</p> <ol style="list-style-type: none"> 1. 24 months for certain specified diseases /procedures/treatments 2. 48 months for certain specified diseases/procedures/treatments 3. 24 months for Maternity Expenses and New Born Baby Optional Cover 4. 12 months for Organ Donor Benefit (When insured person is the Donor) <p>Pre-Existing Diseases: Covered after forty-eight (48) months of continuous coverage</p>	<p>IV.A.3</p> <p>IV.A.2</p> <p>Table A</p> <p>IV.A.2</p> <p>Table B</p> <p>III.B.1.a.i</p> <p>II.A.9</p> <p>IV.A.1</p>
8	Financial Limits of Coverage i.Sub-Limits	<p>The policy will pay only you to the limits specified hereunder for the following diseases/procedures:</p> <p>i.a. Cataract 10% of Sum Insured subject to a maximum of Rs. 50,000/- per eye</p>	<p>III.A.1.2.a</p>

	ii.Co-payment iii.Deductible iv.Any Other Limit	<p>b. Named Mental Illnesses 25% of Sum Insured subject to a maximum of Rs. 3,00,000 per policy period for the following mental illnesses:</p> <p>i. Schizophrenia (ICD - F20; F21; F25) ii . Bipolar Affective Disorders (ICD - F31; F34) iii . Depression (ICD - F32; F33) iv . Obsessive Compulsive Disorders (ICD - F42; F60.5) v . Psychosis (ICD - F22; F23; F28; F29)</p> <p>c. Pre-Hospitalisation and Post-Hospitalization Expenses: 10% of Sum Insured (Combined)</p> <p>d. Ayurvedic/Homeopathic/Unani Treatment</p> <p>e. Road Ambulance:</p> <p>i. 0.5% of the Sum Insured subject to a maximum of Rs. 2,500 per event and ii. 1% of the Sum Insured subject to a maximum of Rs. 5,000 per policy period</p> <table border="1" data-bbox="531 600 1316 752"> <thead> <tr> <th colspan="2">Sum Insured Limit per Policy Period (Rs.)</th> </tr> </thead> <tbody> <tr> <td>Up to 3,00,000</td> <td>10,000</td> </tr> <tr> <td>> 3,00,000 to 15,00,000</td> <td>15,000</td> </tr> <tr> <td>> 15,00,000</td> <td>25,000</td> </tr> </tbody> </table> <p>f. Health Check-Up Up to 1% of average Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per person for policies issued on individual sum insured basis/ Rs. 10,000 per policy period for policies issued on family floater basis for a block of every three claim-free years.</p> <p>ii. For persons with age of entry above 60 years in Family Medicare Policy, every admissible claim under Clauses III.A.1-III.A.7 of the policy wordings shall be subject to a co-payment of 10% on the admissible claim amount.</p> <p>iii .Deductible equivalent to Daily Cash Allowance for the first 24 hours Hospitalization</p> <p>iv. In-Patient Hospitalisation expenses</p> <table border="1" data-bbox="531 1189 1316 1482"> <tbody> <tr> <td rowspan="2">Room Rent</td> <td>• SI < 5 Lakhs:</td> <td>1% of Sum Insured per day</td> </tr> <tr> <td>• SI >= 5 Lakhs:</td> <td>1% of Sum Insured or Single Occupancy Standard AC Room Charges</td> </tr> <tr> <td>ICU/IC CU charges</td> <td>• SI < 5 Lakhs:</td> <td>2% of Sum Insured per day</td> </tr> </tbody> </table> <p>Proportionate Payment Clause: In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.</p>	Sum Insured Limit per Policy Period (Rs.)		Up to 3,00,000	10,000	> 3,00,000 to 15,00,000	15,000	> 15,00,000	25,000	Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day	• SI >= 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges	ICU/IC CU charges	• SI < 5 Lakhs:	2% of Sum Insured per day	III.A.1.2. b III.A.2 III.A.3 III.A.7 III.A.8 V.B.6 III.B.2 III.A.1.i III.A.1.ii III.A.1.1.i
Sum Insured Limit per Policy Period (Rs.)																			
Up to 3,00,000	10,000																		
> 3,00,000 to 15,00,000	15,000																		
> 15,00,000	25,000																		
Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day																	
	• SI >= 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges																	
ICU/IC CU charges	• SI < 5 Lakhs:	2% of Sum Insured per day																	
9	Claims Procedure	<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility 2 hours ii. TAT for cashless final bill authorization 3 hours</p> <p>i. Network Hospitals details: https://uiic.co.in/en/tpa-ppn-network-hospitals ii. Helpline number: https://uiic.co.in/en/tpa-ppn-network-hospitals iii. Excluded Providers: https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf iv. Downloading claim form: https://uiic.co.in/en/claims/claim-forms</p>	V.B.5 IV.B.11																
		Call service number of insurer: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule. Details of	Clause V.A.14																

10	Policy Servicing	<p>company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p>In case of any grievance, you may contact UIIC through:</p> <p>a. Website: www.uiic.co.in</p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: customercare@uiic.co.in</p> <p>d. You may also approach the grievance cell at any of our branches with details of the grievance</p>	
11	Grievance/Complaint	<p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure - 3 in the Policy Wordings.</p>	Clause V.A.14
12	Things to remember	<p>Free Look cancellation : You are allowed a period of 15 days from date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This is not applicable on renewals.</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <p>i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or</p> <p>ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period</p> <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration: Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date.</p> <p>Portability: Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p>	<p>V.A.7</p> <p>V.A.7.i</p> <p>V.A.7.ii</p> <p>V.A.7.iii</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p>
		<p>Please disclose all pre-existing disease/s or condition/s.</p> <p>Policyholder is required to disclose all material information such as, but not limited to, pre-existing diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure,</p>	Clause I &

13	Your Obligations	misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC. Nomination: Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder.	Clause V.A.5 & Clause V.A.11
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(Description is illustrative and not exhaustive)

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.

Benefit/Premium Illustration

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
2. Rates shown below are for Zone A of FMP.

ILLUSTRATION

Illustration 1: Self, Spouse and 2 Dependent Children

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
45	9,560	3,00,000	9,560	5%	9,082	3,00,000	27,927	25%	20,945	3,00,000
40	8,221	3,00,000	8,221	5%	7,810	3,00,000				
21	5,073	3,00,000	5,073	5%	4,820	3,00,000				
18	5,073	3,00,000	5,073	5%	4,819	3,00,000				
Total Premium for all members of the family is Rs. 27,927, when each member is covered separately.			Total Premium for all members of the family is Rs. 26,531, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 20,945.			
Sum Insured available for each individual is Rs. 3,00,000/-			Sum Insured available for each individual is Rs. 3,00,000/-				Sum Insured of Rs. 3,00,000 is available for the entire family.			

Illustration 2: Self and Spouse

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
62	39,852	5,00,000	39,852	5%	37,859	5,00,000	39,852	19%	37,859	5,00,000
56	29,596	5,00,000	29,596	5%	28,116	5,00,000				
Total Premium for all										

<p>members of the family is Rs. 69,448, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs. 5,00,000/-</p>	<p>Total Premium for all members of the family is Rs. 65,976, when they are covered under a single policy.</p> <p>Sum Insured available for each individual is Rs. 5,00,000/-</p>	<p>Total Premium when policy is opted on floater basis is Rs. 55,559.</p> <p>Sum Insured of Rs. 5,00,000 is available for the entire family.</p>
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UNITED INDIA INSURANCE COMPANY LIMITED

H.NO. 5/5/76, P.B. 506, V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD, MAHARASTRA ,
AURANGABAD - 431005 MAHARASHTRA

PH: (0240) 2334176 FAX: EMAIL:

Premium Certificate for the purpose of deduction under Section 80-D of Income Tax (Amendment) Act, 1986.

This is to certify that Mr MR. ANAND SUMERCHAND DONGAONKAR has paid ₹25,279.00 (Twenty-five thousand two hundred seventy-nine rupees only) towards Premium for FAMILY MEDICARE POLICY for the period from 00:00 hrs On 16/01/2024 To Midnight of 15/01/2025

Policy No: 2307002823P112789113

For and On behalf of
United IndiaInsurance Co. Ltd.

Authorised Signatory

Place: DO AURANGABAD 230700
Date:04/01/2024 4:24:05 PM

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.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>, Email - info@uiic.co.in

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.