



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

14th Mar, 2024

## Your INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE

Dear MRS PARAMJIT KAUR W/O. GURDEEPSING RAJPAL

### Welcome to United India Insurance Company Limited!

It is with great pleasure that we present this policy to you. We are honoured that you have chosen us for your health insurance needs.

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 you receive.

Indeed, we are one of the largest Insurers in the country 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.

At United India, it is always **U** before **I**.

### YOUR POLICY No. 2307002823P116755077

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.

Hence, please read this Schedule, along with the Wordings carefully so that you understand the terms and conditions of your policy along with the coverage that you have been provided.

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

*Individual Health Insurance Policy Schedule*  
UIN. UIIHLIP24089V052324

### IMPORTANT!

The Policy schedule along with the Policy Wordings and any Endorsements, form the basis of contract between you and United India. This contract is based on the statements and declaration provided in the Proposal Form by you.

This Schedule and the attached Policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

If any of the information mentioned in this Schedule is incorrect or if you wish to update your existing information, please contact us immediately.

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

### 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 Fax: Email:

For any Information, Service Requests and Grievances please contact the above office.

Printed By : CUSTOMER @ 14/03/2024 6:10:59 PM

This document is digitally signed

Signer: KALAIVENI SUBBIAH  
Date: Thu, Mar 14, 2024 18:09:26 IST  
Location: United India Insurance Company Ltd  
Reason: Signing Policy for UIIC



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

POLICY NO.:2307002823P116755077



Scan this QR code to obtain details about your policy.

## POLICY DETAILS

Policyholder Name : MRS PARAMJIT KAUR W/O. GURDEEPSING RAJPAL  
Policyholder ID : 1907459463  
Policy No. : 2307002823P116755077  
Previous Policy No. : 2307002822P113663403  
Period of Insurance : From 00:00 hrs of 30/03/2024 To Midnight on 29/03/2025

## YOUR CONTACT INFORMATION

Address : TOWN CENTER, CIDCO, AURANGABAD DIST. : AURANGABAD, MAHARASHTRA  
AURANGABAD  
MAHARASHTRA-431001  
Tel (O/R) :  
Mobile : 9975957555  
Fax :  
E-Mail : [aurangabad@satnamtrading.company](mailto:aurangabad@satnamtrading.company)  
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 |
|-------------------------------------|------------|---------|----------|------------|--------------------|------------------|----------------|--------------------------------|
| PARAMJIT KAUR W/O. GURDEEPSING RAJP | 62/F       |         | Self     | Unemployed | GURDEEPSING RAJPAL | Spouse           | None           | 30/03/2013                     |

## SUMMARY OF COVERAGE

| Insured Name                        | Plan | Sum Insured(₹) | Domiciliary Hospitalisation Limit(₹) | Daily Cash Cover |
|-------------------------------------|------|----------------|--------------------------------------|------------------|
| PARAMJIT KAUR W/O. GURDEEPSING RAJP | Gold | 450,000.00     | 50,000.00                            | Not Opted        |

## PREMIUM BREAK DOWN

| Insured Name                        | Base Cover Premium(₹) | Optional Cover Premium(₹) | Loading for PEDs'(₹) | Family Discount(₹) | Direct Channel Discount(₹) | Total Annual Premium(₹) |
|-------------------------------------|-----------------------|---------------------------|----------------------|--------------------|----------------------------|-------------------------|
| PARAMJIT KAUR W/O. GURDEEPSING RAJP | 25,251.00             | 0.00                      | 0.00                 | 0.00               | 0.00                       | 25,251.00               |

**PAYMENT DETAILS**

|                              |   |           |                |   |                      |
|------------------------------|---|-----------|----------------|---|----------------------|
| Total Basic Premium          | ₹ | 25,251.00 | Premium        | ₹ | 25,251.00            |
| Road Ambulance Premium       | ₹ | 0.00      | CGST(9%)       | ₹ | 2,273.00             |
| Daily Cash Premium           | ₹ | 0.00      | SGST(9%)       | ₹ | 2,273.00             |
| Add PED Loading              | ₹ | 0.00      | Stamp duty     | ₹ | 1.00                 |
| Less Family Discount         | ₹ | 0.00      | Total          | ₹ | 29,797.00            |
| Less No Claim Discount       | ₹ | 0         | Receipt Number |   | 10123070023118794315 |
| Less Direct Channel Discount | ₹ | 0.00      | Receipt Date   |   | 14/03/2024           |
| Less Online Discount         | ₹ | 0.00      |                |   |                      |

**INTERMEDIARY DETAILS**

|                              |   |  |
|------------------------------|---|--|
| Agent Name                   | : | JAINUINE INUSRANCE BROKERS PVT LTD                                   |
| Agent Code                   | : | BRC0000259   |
| Mobile/Landline Number/Email | : | <u>9850049400 / (257) 2251894</u><br><u>insurance@kailashjain.in</u> |
| BDIS Name                    | : | AMOL BABURAO KAWARE  |
| BDIS Code                    | : | BD34284  |

|  |        |                     |                            |
|--|--------|---------------------|----------------------------|
| Customer GST/UIN No.:                        |        | Office GST No.:     | 27AAACU5552C1ZJ            |
| SAC Code:                                    | 997133 | Invoice No. & Date: | 2823116755077 & 14/03/2024 |
| <b>Amount Subject to Reverse Charges-NIL</b> |        |                     |                            |

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.

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

Date of Proposal and Declaration: 30/03/2024

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD on this 11th day of March ,2024.

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



Affix  
Policy  
Stamp  
Here

Authorised Signatory

Underwritten By - KAN47215 ( 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 or for any other reason to be given to TPA as per Notification Clause (V.B.5.i) in the Policy Wordings.

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 / 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   | <b>For General Enquiries</b>  | <b>For Cashless approval</b>   | <b>For Claim intimation</b>  | <b>For Grievances</b>  |
| Telephone Numbers | 022 666 20 808  | 022 666 20 808   | 022 666 20 808   | 022 666 20 808   |
| Email IDs         | <a href="mailto:contact.phs@paramounttpa.com">contact.phs@paramounttpa.com</a>  | <a href="mailto:cashless.phs@paramounttpa.com">cashless.phs@paramounttpa.com</a> | <a href="mailto:claim.intimation@paramounttpa.com">claim.intimation@paramounttpa.com</a> | <a href="mailto:grievance.united@paramounttpa.com">grievance.united@paramounttpa.com</a> |

Individual Health Insurance Policy Schedule  
UIN. UIIHLIP24089V052324



## UNITED INDIA INSURANCE COMPANY LIMITED

**INDIVIDUAL HEALTH INSURANCE POLICY**  
**UIN. UIIHLIP24089V052324**  
**POLICY NO.: 2307002823P116755077**

### Details of Previous Policies

| Insurer Name                   | Policy No.           | Period From | Period To  | Sum Insured(₹) |
|--------------------------------|----------------------|-------------|------------|----------------|
| UNITED INDIA INSURANCE CO.LTD. | 2307002822P113663403 | 30/03/2023  | 29/03/2024 | 450000         |
| UNITED INDIA INSURANCE CO.LTD. | 2307002821P113274970 | 30/03/2022  | 29/03/2023 | 450000         |
| UNITED INDIA INSURANCE CO.LTD. | 2307002820P114319356 | 30/03/2021  | 29/03/2022 | 450000         |
| UNITED INDIA INSURANCE CO.LTD. | 2307002819P116230625 | 30/03/2020  | 29/03/2021 | 450000         |

### INDIVIDUAL HEALTH INSURANCE POLICY CUSTOMER INFORMATION SHEET (CIS)

#### Guide to the CIS

• This document provides key information about your Individual Health Insurance Policy. You are also advised to go through your policy document.

*(Description is illustrative and not exhaustive)*

| Sl No                               | Title                                     | Description  | Policy Clause No   |      |         |                                     |
|-------------------------------------|---|--|--|------|---------|-------------------------------------|
| 1                                   | Name of Insurance Policy                  | Individual Health Insurance Policy   | -  |      |         |                                     |
| 2                                   | Policy Number                             | 2307002823P116755077   | -  |      |         |                                     |
| 3                                   | Type of Insurance Policy                  | Indemnity Policy   |  |      |         |                                     |
| 4                                   | Sum Insured Basis                         | Individual Sum Insured Basis   | II.B.16  |      |         |                                     |
|                                     | Sum Insured                               | <table border="1"> <thead> <tr> <th>Name</th> <th>SI(Rs.)</th> </tr> </thead> <tbody> <tr> <td>PARAMJIT KAUR W/O. GURDEEPSING RAJP</td> <td>450000</td> </tr> </tbody> </table>  |  | Name | SI(Rs.) | PARAMJIT KAUR W/O. GURDEEPSING RAJP |
| Name                                | SI(Rs.)                                   |  |  |      |         |                                     |
| PARAMJIT KAUR W/O. GURDEEPSING RAJP | 450000                                    |  |  |      |         |                                     |
| 5                                   | Policy Coverage (What the Policy Covers?) | <p><b>Base Covers</b></p> <p><b>1. In-Patient Hospitalisation Expenses</b></p> <p>i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses.</p> <p>ii. All Day Care Treatments are covered</p> <p>iii. Covers hospitalization expenses for an Organ Donor's treatment for the harvesting of Organ which is donated to the Insured</p> <p><b>2. Pre-Hospitalisation and Post-Hospitalisation Expenses</b></p> <p>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 &amp; Post combined. (this sub-limit is only for Gold &amp; Senior Citizen plans).</p> <p><b>3. Domiciliary Treatment</b></p> <p>Covers expenses incurred for availing treatment at home which would otherwise require hospitalization</p> <p><b>4. Ayurvedic Treatment</b></p> <p>Covers expenses for availing treatment under Ayurvedic system of medicine in a registered Ayush Hospital.</p> <p><b>5. Road Ambulance</b></p> | <p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p> <p>III.A.5</p> |      |         |                                     |

|   |   |  |  |
|---|---|--|--|
|   |   | <p>Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency upto Rs. 2,500 per policy period</p> <p><b>6. Modern Treatment Methods &amp; Advancement in Technologies</b><br/>Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p><b>7. Cost of Health Check-Up</b><br/>Insured Person is entitled to a health check-up for a block of every three claim-free years</p> <p><b>OPTIONAL COVERS</b></p> <p><b>1. Daily Cash Allowance on Hospitalization</b><br/>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.6</p> <p>III.A.7</p> <p>III.B.1</p>   |
| 6 | Exclusions<br>(What the hospital does not cover)  | <p><b>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions</b></p> <ol style="list-style-type: none"> <li>1. Admission primarily for investigation &amp; evaluation (Code - Excl04)</li> <li>2. Admission primarily for rest cure, rehabilitation, and respite care (Code - Excl05)</li> <li>3. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres. (Code - Excl15)</li> <li>4. Any expenses incurred on Out-patient treatment (OPD treatment)</li> <li>5. Congenital External Diseases or Defects or anomalies</li> <li>6. Cost of hearing aids; including optometric therapy</li> <li>7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation</li> <li>8. Intentional self-inflicted Injury or attempted suicide</li> <li>9. Routine eye-examination expenses, cost of spectacles, contact lenses</li> <li>10. Vaccination or inoculation of any kind unless it is post animal bite.</li> </ol> | <p>IV.B.4</p> <p>IV.B.4</p> <p>IV.B.15</p> <p>IV.C.3</p> <p>IV.C.8</p> <p>IV.C.9</p> <p>IV.C.11</p> <p>IV.C.12</p> <p>IV.C.13</p> <p>IV.C.18</p> |
| 7 | Waiting Period  | <p><b>Initial Waiting Period:</b><br/>30 days for all illness (not applicable on renewal or for accidents)</p> <p><b>Specific Waiting Periods</b></p> <ol style="list-style-type: none"> <li>1. 24 months for certain specified diseases/procedures/treatments</li> <li>2. 48 months for certain specified diseases/procedures/treatments</li> </ol> <p><b>Pre-Existing Diseases:</b> Covered after forty-eight (48) months of continuous coverage<br/><b>(Note: the above waiting periods are applicable only for Gold &amp; Senior Citizen plans)</b></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>IV.A.1</p>  |
| 8 | Financial Limits of Coverage:<br><br>i. Sub-Limits<br><br>ii. Co-payment<br><br>iii. Deductible | <p>The policy will pay only you to the limits specified hereunder for the following diseases/procedures:</p> <p><b>1. Cataract (only for Gold &amp; Senior Citizen Plan):</b><br/>25% of Sum Insured subject to a maximum of Rs. 40,000 per eye</p> <p><b>2. Hernia &amp; Hysterectomy (only for Gold &amp; Senior Citizen Plan):</b><br/>25% of Sum Insured subject to a maximum of Rs. 1,00,000 per surgery/hospitalization</p> <p><b>3. Major Surgeries (only for Gold &amp; Senior Citizen Plan):</b></p>  | <p>IV.A.1.2</p> <p>IV.A.1.2</p> <p>IV.A.1.2</p>  |

| iv.Any Other Limit   |                           | <p>up to 70% of the Sum Insured for surgeries including Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant.</p> <p><b>4. Pre-Post Hospitalization Expenses combined(only for Gold &amp; Senior Citizen Plan):</b><br/>10% of S.I</p> <p><b>5. Domiciliary Hospitalization:</b></p> <table border="1" data-bbox="496 383 1289 992"> <thead> <tr> <th>Sum Insured (in Rs.)</th> <th>Annual Limit (in Rs.)</th> </tr> </thead> <tbody> <tr><td>50,000</td><td>10,000</td></tr> <tr><td>75,000</td><td>15,000</td></tr> <tr><td>100,000</td><td>20,000</td></tr> <tr><td>125,000</td><td>23,750</td></tr> <tr><td>150,000</td><td>27,250</td></tr> <tr><td>175,000</td><td>31,250</td></tr> <tr><td>200,000</td><td>35,000</td></tr> <tr><td>225,000</td><td>37,500</td></tr> <tr><td>250,000</td><td>40,000</td></tr> <tr><td>275,000</td><td>42,500</td></tr> <tr><td>300,000</td><td>45,000</td></tr> <tr><td>325,000</td><td>47,500</td></tr> <tr><td>350,000 - 1,000,000</td><td>50,000</td></tr> <tr><td>1,500,000</td><td>75,000</td></tr> <tr><td>2,000,000</td><td>100,000</td></tr> </tbody> </table> <p><b>6. Road Ambulance:</b> Rs. 2,500 per person per policy period</p> <p><b>7. Health Check:</b> upto 1% of Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per policy period.</p> <p>ii. No co-payment</p> <p>iii. Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization</p> <p>iv. In-Patient Hospitalisation expenses</p> <table border="1" data-bbox="496 1249 1289 1328"> <tbody> <tr> <td>Room Rent</td> <td>1% of Sum Insured per day</td> </tr> <tr> <td>ICU/ICCU charges</td> <td>2% of Sum Insured per day</td> </tr> </tbody> </table> <p><b>Proportionate Payment Clause:</b><br/>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 (in Rs.)                           | Annual Limit (in Rs.) | 50,000 | 10,000 | 75,000 | 15,000 | 100,000 | 20,000 | 125,000 | 23,750 | 150,000 | 27,250 | 175,000 | 31,250 | 200,000 | 35,000 | 225,000 | 37,500 | 250,000 | 40,000 | 275,000 | 42,500 | 300,000 | 45,000 | 325,000 | 47,500 | 350,000 - 1,000,000 | 50,000 | 1,500,000 | 75,000 | 2,000,000 | 100,000 | Room Rent | 1% of Sum Insured per day | ICU/ICCU charges | 2% of Sum Insured per day | <p>III.A.2</p> <p>Annexure-3</p> <p>III.A.5</p> <p>III.A.7</p> <p>III.A.1.i</p> <p>III.A.1.ii</p> <p>III.A.1.1.i.1</p> |
|----------------------|---------------------------|--|--|-----------------------|--------|--------|--------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------------------|--------|-----------|--------|-----------|---------|-----------|---------------------------|------------------|---------------------------|--|
| Sum Insured (in Rs.) | Annual Limit (in Rs.)     |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 50,000               | 10,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 75,000               | 15,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 100,000              | 20,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 125,000              | 23,750                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 150,000              | 27,250                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 175,000              | 31,250                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 200,000              | 35,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 225,000              | 37,500                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 250,000              | 40,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 275,000              | 42,500                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 300,000              | 45,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 325,000              | 47,500                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 350,000 - 1,000,000  | 50,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 1,500,000            | 75,000                    |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 2,000,000            | 100,000                   |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| Room Rent            | 1% of Sum Insured per day |  |  |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| ICU/ICCU charges     | 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</p> <p>ii. TAT for cashless final bill authorization 3 hours</p> <p>Link for below:</p> <p>i. Network Hospitals details:<br/><a href="https://uiic.co.in/en/tpa-ppn-networkhospitals">https://uiic.co.in/en/tpa-ppn-networkhospitals</a></p> <p>ii. Helpline number:<br/><a href="https://uiic.co.in/en/tpa-ppn-networkhospitals">https://uiic.co.in/en/tpa-ppn-networkhospitals</a></p> <p>iii. Excluded Providers:<br/><a href="https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf">https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf</a></p> <p>Downloading claim form:<br/><a href="https://uiic.co.in/en/claims/claim-forms">https://uiic.co.in/en/claims/claim-forms</a></p>   | <p>V.B.5.ii</p> <p>V.B.5.ii</p> <p>IV.B.11</p> |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |
| 10                   | Policy Servicing          | Call service number of insurer: Please contact your Policy issuing office,   | V.A.14   |                       |        |        |        |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |                     |        |           |        |           |         |           |                           |                  |                           |  |

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|    | <p>details of which are mentioned in your Policy Schedule.</p> <p>Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p>   |   |
| 11 | Grievance/Complaint <p>In case of any grievance, you may contact UIIC through:</p> <p>a.Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></p> <p>b.Toll Free Number: 1800 425 333 33</p> <p>c.E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></p> <p>d.You may also approach the grievance cell at any of our branches with details of the grievance</p> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a> ) OR approach the <b>Office of the Insurance Ombudsman</b> in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure - 3 in the Policy Wordings.</p>  |   |
| 12 | Things to remember <p><b>Free Look cancellation</b> : 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. If the Insured has not made any claim during the free look period, the Insured shall be entitled to: 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><b>Policy renewal</b> : 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><b>Migration</b> : 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><b>Portability</b>: 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><b>Change in Sum Insured</b>: 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 <b>only for the enhanced portion of the sum insured.</b></p> <p><b>Moratorium Period</b>: 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.</p> <p>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> |

|    |                  |   |       |
|----|------------------|---|-------|
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s. Policyholder is required to disclose all material information such as, but not limited to, preexisting diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure, 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.<br><b>Nomination:</b> 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. | V.A.5 |
|----|------------------|---|-------|

Declaration by the Policy HolderI 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.





## 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:

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

This is to certify that MRS PARAMJIT KAUR W/O. GURDEEPSING RAJPAL has paid ₹29,797.00 ( Twenty-nine thousand seven hundred ninety-seven rupees only) towards Premium for INDIVIDUAL HEALTH POLICY for the period from 00:00 hrs On 30/03/2024 To Midnight of 29/03/2025

Policy No: 2307002823P116755077

For and On behalf of  
United IndiaInsurance Co. Ltd.

Authorised Signatory

Place: DO AURANGABAD 230700  
Date:14/03/2024 6:10:59 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](mailto:info@uiic.co.in)

**Individual Health Insurance Policy Schedule**  
**UIN. UIIHLIP24089V052324**

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