



New India Floater Mediclaim Policy

UIN : NIAHLIP24010V052324

Policy Schedule

Current Policy No	16050134232800000393	Current Policy Period	From:31/03/2024 12:00:01 AM To:30/03/2025 11:59:59 PM
Previous Policy No	16040134222800000065	Previous Policy Period	31-MAR-23 to 30-MAR-24
Policyholder's Details			
Policyholder Name	AKSHAY DILIP SURANA	Customer ID	PO88443408
		PAN Card No	BLLPS5338A
		Mobile No/Phone No	XXXXXX1001
Policyholder's address	BARADARI BUNGLOW NO.3 NEAR NATRAJ GARDEN KHANGAON BULDHANA KHAMGAON ,MAHARASHTRA, 444303	Email id	akshaysurana01@gmail.com,
		Name of the Nominee	ANKEETA AKSHAY SURANA
		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	AKSHAY DILIP SURANA(PO8844 3408)	29/06/1988(35)	M	SELF	31/03/2018	NA
2	ANKEETA AKSHAY SURANA(PO8844 3482)	25/06/1989(34)	F	SPOUSE	31/03/2018	THYROID
3	ARHAM AKSHAY SURANA(PO8844 3545)	23/02/2019(5)	M	CHILD	31/03/2020	NA

Floater Sum Insured	1500000	Floater Cumulative Bonus	375000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	1500000	25	375000

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	AKSHAY DILIP SURANA	7691	0	0	0	0	770	6921
2	ANKEETA AKSHAY SURANA	7691	0	0	0	0	770	6921
3	ARHAM AKSHAY SURANA	3860	0	0	0	0	386	3474

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases



1	30762521201800	AKSHAY DILIP SURANA	31/03/2018	30/03/2019	1500000	375000	1)INTERNAL DERANGEME NT OF RIGHT KNEE. 2)INTERNAL DERANGEME NT OF LEFT KNEE. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.
2	30762521201901	AKSHAY DILIP SURANA	31/03/2019	30/03/2020	1500000	375000	1)INTERNAL DERANGEME NT OF RIGHT KNEE. 2)INTERNAL DERANGEME NT OF LEFT KNEE. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.
3	30762521202002	AKSHAY DILIP SURANA	31/03/2020	30/03/2021	1500000	375000	1)INTERNAL DERANGEME NT OF RIGHT KNEE. 2)INTERNAL DERANGEME NT OF LEFT KNEE. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.
4	16040034202800 000670	AKSHAY DILIP SURANA	31/03/2021	30/03/2022	1500000	375000	Y
5	16040034212800 000458	AKSHAY DILIP SURANA	31/03/2022	30/03/2023	1500000	375000	Y
6	16040134222800 000065	AKSHAY DILIP SURANA	31/03/2023	30/03/2024	1500000	375000	Y
7	30762521201800	ANKEETA AKSHAY SURANA	31/03/2018	30/03/2019	1500000	0	DISORDER OF THYROID GLAND. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.
8	30762521201901	ANKEETA AKSHAY SURANA	31/03/2019	30/03/2020	1500000	0	DISORDER OF THYROID GLAND. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.



9	30762521202002	ANKEETA AKSHAY SURANA	31/03/2020	30/03/2021	1500000	0	DISORDER OF THYROID GLAND. WAITING PERIOD FOR Pre-existing Diseases IS 4 YEARS.
10	16040034202800 000670	ANKEETA AKSHAY SURANA	31/03/2021	30/03/2022	0	0	Y
11	16040034212800 000458	ANKEETA AKSHAY SURANA	31/03/2022	30/03/2023	0	0	Y
12	16040134222800 000065	ANKEETA AKSHAY SURANA	31/03/2023	30/03/2024	0	0	Y
13	30762521202002	ARHAM AKSHAY SURANA	31/03/2020	30/03/2021	1500000	0	NA
14	16040034202800 000670	ARHAM AKSHAY SURANA	31/03/2021	30/03/2022	0	0	N
15	16040034212800 000458	ARHAM AKSHAY SURANA	31/03/2022	30/03/2023	0	0	N
16	16040134222800 000065	ARHAM AKSHAY SURANA	31/03/2023	30/03/2024	0	0	N
						Total Gross Premium(Without GST)	17316
						CGST(@9%)	1558
						SGST(@9%)	1558
Net Premium in Words(RUPEES TWENTY THOUSAND FOUR HUNDRED THIRTY-TWO ONLY)						IGST	0
						Total GST	3116
						Net Premium(With GST)	20432

*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 31st day of March 2024.

at _____ this _____ day of _____ 20

Date of Issue: 09/03/2024

(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. AKSHAY DILIP SURANA has paid ₹ 20432 towards premium for New India Floater Mediclaim for the period 31/03/2024 12:00:01 AM to 30/03/2025 11:59:59 PM

Policy no.	:	16050134232800000393
Receipt no. & date	:	10000089230300296036 09/03/2024

Date of Issue: 09/03/2024

(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 : 16050123P0013777

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C