

पॉलिसी अनुसूची/ Policy Schedule- National Mediclaim Policy	
पॉलिसी नंबर/ Policy Number: 270600502410000616	व्यवसाय स्रोत/Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD BUSINESS OFFICE I Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27, Maharashtra जीएसटीआइन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 91027500000001 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/ Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP24004V072324 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: MRS MITABEN BHARAT CHOKSHI	ग्राहक आईडी /Customer ID: 9572619789	पैन /PAN:
पता/ Address: 41 GOLDEN TULIP BUNGLOS B/H SHREYAS TEKRA AMBAWADI DIST. : AHMEDABAD., शहर/City: AHMEDABAD, जिला/District: AHMEDABAD, राज्य/State: GUJARAT, पिन /PIN: 380006. सेल/Cell: 9574002822	आधार /AADHAR: फ़ोन /Phone: 9574002822	ई-मेल /E-Mail: accounts@bchokshi.com

पॉलिसी: 16/06/2024 के 00:00 से 15/06/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 16/06/2024 to midnight of 15/06/2025			
प्रीमियम/ Premium	₹35,638.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 35,638.00		
सीजीएसटी/CGST	₹ 0.00		
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800240620386298 दिनांक/Dt. 20/06/2024
आईजीएसटी/IGST	₹ 6,415.00		
कम:जीएसटी टीडीएस / Less:GST_TDS	₹ 0.00		
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270600812410001130 दिनांक/Dt. 20/06/2024
कुल राशि /Total Amount	₹ 42,053.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	270600502310000421दिनांक/Dt.15/06/2024 270600502210000130दिनांक/Dt.15/06/2023 270608502110000078दिनांक/Dt.15/06/2022
(रूपए/Rupees Forty Two Thousand Fifty Three केवल/Only.)			
*सरकारी सब्सिडी Government Subsidy: ₹ 0.00			

बीमित व्यक्ति का विवरण/ Details of Insured Persons						
क्र.सं./S.No	बीमित व्यक्ति का नाम/ Name of the Insured Person	जन्म-तिथि/ आयु / Date of Birth Age	संबंध पेशा/ Relation- Occupation	लिंग/ Gender	बीमा राशि (रू.) सीबीआरशि/ Sum Insured() CB Amount()	Home Care Treatment
1	MITABEN BHARAT CHOKSHI	12/08/1953 70	Self-Housewife	Female	400000 175000	NA

वैकल्पिक कॉपीराइट विवरण /Optional Copayment details :-
सह भुगतान/co payment %:NA

नामांकित विवरण /Nominee Details

नामांकित व्यक्ति का नाम/ Name of the Nominee	बीमित व्यक्ति के साथ संबंध/ Relationship with Insured
BHARAT CHOKSHI	Husband

Frequency of Premium Payment: Annual
एफ/1/

प्रमाण-पत्र /Certificate- National Mediclaim Policy	
पॉलिसी नंबर /Policy Number: 270600502410000616	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD BUSINESS OFFICE I Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27 , Maharashtra जीएसटीआएन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 91027500000001 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP24004V072324 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in



नेशनल इन्श्योरेंस
National Insurance

टीपीए का विवरण/ TPA Details:MEDI ASSIST INDIA TPA PVT LTD - PUNE, 1st floor C wing Manikchand Icon Building Dhole Patil Road - 411001 Contact No : 20 - 66838000 Email : nic@mediassist.in.

जिसकी गवाही में **20/June/2024** को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शर्तों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 20/June/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंसईंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman,3rd Floor, Jeevan Seva Annexe , S. V. Road, Santacruz (W),Mumbai - 400 054.
Tel.: 69038821 / 23 / 24 / 25 /26 /27 / 28 /29 /30/31
Email: bimalokpal.mumbai@cioins.co.in

Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, CT.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030.
Tel.: 020-41312555
Email: bimalokpal.pune @cioins.co.in

स्टॉप ड्यूटी
Stamp
Duty:
(₹ 0.50)

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
For and on behalf of National
Insurance Company Limited
अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



प्रमाण-पत्र /Certificate- National Mediclaim Policy		
पॉलिसी नंबर /Policy Number: 270600502410000616	व्यवसाय स्रोत /Business Source: 910275	
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 270600 कार्यालय पता /Office Address: AURANGABAD BUSINESS OFFICE I Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005. राज्य कोड/State Code: 27, Maharashtra जीएसटीआएन/GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/Contact Number: 240 2337569 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 91027500000001 नाम/ Name: JAINUINE INSURANCE BROKERS PVT LTD - INDORE संपर्क संख्या/Contact Number: 9893131223 सह दलाल कोड / Co Broker Code: UIN: NICHILIP24004V072324 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in	
ग्राहक का नाम/Customer Name:MRSMITABEN BHARAT CHOKSHI	ग्राहक आईडी/Customer ID: 9572619789	पैन/PAN:
पता/Address:41 GOLDEN TULIP BUNGLOS B/H SHREYAS TEKRA AMBAWADI DIST. : AHMEDABAD., शहर /City:AHMEDABAD, जिला/District.:राज्य/State:GUJARAT, पिन /PIN:380006सेल/Cell:9574002822	फोन/Phone: ई-मेल/ E-Mail:accounts@bchokshi.com	
पॉलिसी: 00:00hours, on 16/06/2024 से प्रभावी 15/06/2025 की मध्य रात्रि तक/Policy Effective from: 00:00hours, on 16/06/2024 to midnight of 15/06/2025		

प्रीमियम प्रमाण-पत्र/ Premium Certificate

(आयकर (संशोधन) अधिनियम, 1986 के तहत 80 डी के कटौती के प्रयोजन के लिए/)

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

यह प्रमाणित किया जाता है कि MRS.MITABEN BHARAT CHOKSHI ने रुपये ₹.42053 Forty Two Thousand Fifty Threeकेवलदस्तावेज संख्या IN10N24061501GL1 दिनांकित 15/06/2024 के द्वारा 16/06/2024 से 15/06/2025 की अवधि के लिए पॉलिसी संख्या 270600502410000616 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है। प्रीमियम /Premium ₹.35,638.01 सीजीएसटी/CGST₹.0.00. एसजीएसटी/SGST₹.0.00. आईजीएसटी/IGST ₹.6,415.00. रसीद संख्या के द्वारा भुगतान प्राप्त /Payment received vide receipt no.270600812410001130दिनांकित/ dated20/06/2024.

This is to certify that MRS.MITABEN BHARAT CHOKSHI has paid ₹.42,053.00 Rupees Forty Two Thousand Fifty Three Only towards premium for Hospitalisation Insurance vide Policy no.270600502410000616 for the period from 16/06/2024 to 15/06/2025 by Instrument number IN10N24061501GL1 dated 15/06/2024. Premium₹ .35,638.01. CGST₹.0.00. SGST₹.0.00. IGST ₹.6,415.00. Payment received vide receipt no.270600812410001130 dated 20/06/2024.s

कृते नेशनल इश्योरेंस कंपनी लिमिटेड/

For National Insurance Company Limited

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र./Invoice Serial No: 30762H4PE0000616

इनवॉयस तिथि/Invoice Date: 20/06/2024

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
AURANGABAD BUSINESS OFFICE I Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005
राज्य/State : 27 , Maharashtra
जीएसटीआएन नंबर/
GSTIN No : 27AAACN9967E1Z3

प्राप्तकर्ता का विवरण/Details Of Receiver : MRS MITABEN BHARAT CHOKSHI

पता/Address : 41 GOLDEN TULIP BUNGLOS B/H SHREYAS
TEKRA AMBAWADI DIST. : AHMEDABAD.
शहर/City : AHMEDABAD,
जिला/District: AHMEDABAD,
राज्य/State: GUJARAT,
पिन/PIN: 380006.

आपूर्ति का स्थान/Place Of
Supply State : Gujarat
राज्य कोड/State Code : 24
जीएसटीआईएन नंबर/GSTIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Disco unt	टैक्स योग्य/ मूल्य/ Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/ Rate	राशि/Amount(₹)	दर/ Rate	राशि/ Amount(₹)	दर/ Rate	राशि/ Amount(₹)	राशि/ Amount(₹)
997133	Accident and health insurance services	35,638	0%	35,638	0%	0	0%	0	18%	6,415	0
TOTAL		35,638		35,638		0		0		6,415	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 42,053

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees Forty Two Thousand Fifty Three केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
For and on behalf of National Insurance Company
Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



National Insurance Company Limited	
CIN - U10200WB1906GOI001713	IRDAI Regn. No. - 58



**National Mediclaim Policy
Customer Information Sheet**

This documents provides key information about your policy. You are also advised to go through your policy document.

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.				
1.	Name of Insurance Product	National Mediclaim Policy					
2.	Policy No.	270600502410000616					
3.	Type of Insurance Product	Indemnity					
4.	Sum Insured	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Name of the Insured Person</th> <th style="text-align: center;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">MITABEN BHARAT CHOKSHI</td> <td style="text-align: center;">400000</td> </tr> </tbody> </table>	Name of the Insured Person	Sum Insured	MITABEN BHARAT CHOKSHI	400000	
Name of the Insured Person	Sum Insured						
MITABEN BHARAT CHOKSHI	400000						
5.	Policy Coverage (what the policy covers?)	<p>Expenses in respect of:</p> <ul style="list-style-type: none"> a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days c. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d. Modern Treatment (12 in Number) e. Procedures requiring less than 24 hours of hospitalization (day care). f. Ayurveda and Homeopathy g. HIV/ AIDS Treatment h. Mental Illness Treatment i. Organ Donor's Medical Expenses j. Ambulance Charges k. Morbid Obesity Treatment l. Correction of Refractive Error (equal to or more than 7.5 dioptres) <p>Other Benefit: Reinstatement of Basic Sum Insured (available to Basic SI of <input type="checkbox"/> 6L and above)</p> <p>Good Health Incentive:</p> <ul style="list-style-type: none"> m. Cumulative Bonus (CB) n. Preventive Health Check Up 	<ul style="list-style-type: none"> 3 3.7 3.8 3.5 3.9.1 3.9.2 3.9.3 3.9.4 3.9.5 3.9.6 3.9.7 3.9.8 3.10.1 3.11 3.11.1 3.11.2 				
6.	Exclusions (what the policy does not cover)	<p>STANDARD EXCLUSIONS</p> <ul style="list-style-type: none"> a. Pre-Existing Diseases (Excl 01) b. Specified disease/procedure waiting period (Excl 02) c. First 30 days waiting period (Excl 03) d. Investigation & Evaluation (Excl 04) e. Rest Cure, Rehabilitation and Respite Care (Excl 05) f. Obesity/ Weight Control (Excl 06) g. Change-of-Gender Treatments (Excl 07) h. Cosmetic or Plastic Surgery (Excl 08) i. Hazardous or Adventure Sports (Excl 09) j. Breach of Law (Excl 10) k. Excluded Providers (Excl 11) l. Drug/Alcohol Abuse (Excl 12) m. Non Medical Admissions (Excl 13) n. Vitamins, Tonics (Excl 14) o. Refractive Error (Excl 15) p. Unproven Treatments (Excl 16) q. Birth control, Sterility and Infertility (Excl 17) r. Maternity (Excl 18) <p>SPECIFIC EXCLUSIONS</p> <ul style="list-style-type: none"> a. Hormone Replacement Therapy b. General Debility, Congenital External Anomaly c. Self Inflicted Injury d. Stem Cell Surgery e. Circumcision f. Vaccination or Inoculation. g. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy) h. Dental treatment i. Domiciliary Hospitalization & Out Patient Department (OPD) treatment j. Stay in Hospital which is not Medically Necessary. k. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants l. Non Prescription Drug m. Treatment not Related to Disease for which Claim is Made n. Equipments 	<ul style="list-style-type: none"> 4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13 4.14 4.15 4.16 4.17 4.18 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14 5.15 5.16 5.17 				

		<ul style="list-style-type: none"> o. Items of personal comfort p. Service charge/ registration fee q. Home visit charges r. War s. Radioactivity t. Treatment taken outside the geographical limits of India u. Permanently Excluded Diseases <p>Exclusions in Mental Illness Cover Exclusions in Organ Donor's Medical Expenses</p>	<p>5.18 5.19 5.20 5.21 3.9.4 3.9.5</p>										
7.	Waiting period	<p>a. Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>b. Specific waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> o Ninety (90) Days for 3 diseases/procedures/conditions o One (1) year for 5 diseases/procedures o Two (2) years for 20 diseases/procedures o Four (4) years for 4 diseases/procedures <p>c. Pre-Existing Diseases: Covered after forty eight (48) months</p>	<p>4.3 4.2 4.1</p>										
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible</p> <p>iv. Any other limit</p>	<p>Coverage shall be subject to the following Sub Limits: (SI here means basic sum insured and cumulative bonus, if any)</p> <ul style="list-style-type: none"> i. Room Charges - Up to 25% of SI (Any One Illness) <ul style="list-style-type: none"> a. Room Rent - Up to 1% of SI, subject to max of INR 10,000 per day b. ICU charges - Up to 2% of SI subject to max of INR 20,000 per day ii. Medical Practitioner's Fees - Up to 25% of SI (Any One Illness) iii. Other Expenses - Up to 50% of SI (Any One Illness). iv. Hemodialysis, Chemotherapy, Radiotherapy – Up to 50% of SI or the PPN Package Rate v. Modern Treatments (12 in number) – Up to 25% of SI vi. Treatment necessitated due to participation as a non-professional in hazardous or adventure sports – Up to 25% of SI vii. Ambulance Charges – 1% of SI subject to maximum of INR 2,000 in a Policy Period <p>Optional Copayment The Insured may opt for Optional Co-payment, with discount in premium. Insured may choose either of the two Co-payment options:</p> <ul style="list-style-type: none"> i. 20% Co-payment on each admissible claim under the Policy, with a 15% discount in total premium. ii. 15% Co-payment on each admissible claim under the Policy, with a 10% discount in total premium. <p>Not applicable</p> <p>Not applicable</p>	<p>3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6 3.9.6 6.17.7</p>										
9.	Claims/ Claim Procedure	<p>For Cashless Service</p> <ul style="list-style-type: none"> i. Notification of claim to be provided as per table below. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Notification of claim for Cashless facility</th> <th style="text-align: center;">TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td> </tr> <tr> <td>In the event of emergency hospitalisation</td> <td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td> </tr> </tbody> </table> <p>Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <ul style="list-style-type: none"> iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule. iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization. v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the hospital after verification. vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing. <p>For Reimbursement of Claim</p> <ul style="list-style-type: none"> i. Notification of claim to be provided as per table below. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Notification of claim for Reimbursement</th> <th style="text-align: center;">Company/TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td> </tr> </tbody> </table>	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital	<p>6.17.1 6.17.2</p>
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		<p>Claim Settlement</p> <ol style="list-style-type: none"> The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA <p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals Helpline Number: 1800 345 0330 Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p>	6.3								
10	Policy Servicing	<p>Toll free: 1800 345 0330</p> <p>Phone:0 Post:AURANGABAD BUSINESS OFFICE I Hazari Chambers, Station Road, Aurangabad, Maharashtra,, - 431005</p>									
11.	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>Website: https://nationalinsurance.nic.co.in/en/grievance Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phone : (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajarhat, New Town, Kolkata - 700156</p> <p>Insurance Ombudsman – As per Appendix III attached to Policy.</p>	7								
12	Things to Remember	<p>Free Look Period</p> <p>You may cancel the insurance policy if you don't want it, within 15 days from the beginning of the policy. (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> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <p>Policy Renewal</p> <p>Except fraud, moral hazard or misrepresentation or noncooperation renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability:</p> <ul style="list-style-type: none"> The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability 	6.13 6.9 6.7 6.8								

		<p>Change in Basic Sum Insured:</p> <p>i. Basic Sum insured can be enhanced only at the time of renewal.</p> <p>ii. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods.</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 sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced 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>	6.23 6.11
13	Your Obligations	<ul style="list-style-type: none"> • Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. • The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk. 	6.1

Legal Disclaimer

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 document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation