



**New India Floater Mediclaim Policy**

UIN : NIAHLIP24010V052324

**Policy Schedule**

Current Policy No	16050134242800000056	Current Policy Period	From:22/06/2024 12:00:01 AM To:21/06/2025 11:59:59 PM
Previous Policy No	16050134232800000094	Previous Policy Period	22-JUN-23 to 21-JUN-24
<b>Policyholder's Details</b>			
Policyholder Name	ARVINDBHAI MAGANLAL PATEL	Customer ID	PO34737023
		PAN Card No	
		Mobile No/Phone No	XXXXXX9898
Policyholder's address	A/P-6, MATRU SHAKTI SOCIETY, DETRD ROAD-KADI MEHSANA DIST-MEHSANA DIST-MEHSANA KADI ,GUJARAT, 382715	Email id	pancholi.tejas@gmail.com,
		Name of the Nominee	MRS HASUMATIBEN
		Relation with the Policy holder	Spouse
		GSTIN	NA
<b>Policy Issuing Office and Intermediary Details</b>			
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)
<b>Details Of TPA (Notice or Communication to be given in respect of claim)</b>			
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		

<b>Highlights of New India Floater Mediclaim Policy*</b>	
* Day one baby cover.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % 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	<b>*Please refer to policy clause for detailed T&amp;Cs</b>
<b>Important</b>	
*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 <a href="https://www.newindia.co.in">https://www.newindia.co.in</a> 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	ARVINDBHAI MAGANLAL PATEL(PO347370 23)	01/06/1964(60)	M	SELF	22/06/2015	NA
2	HASUMATIBEN ARVINDBHAI PATEL(ME043765 41)	25/05/1966(58)	F	SPOUSE	22/06/2015	NA

<b>Floater Sum Insured</b>	200000	<b>Floater Cumulative Bonus</b>	100000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	200000	50	100000

Optional Cover Table			
<b>Policy Level - Optional Cover - I (No Proportionate Deduction)</b>	Not Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	Not Opted
<b>Member Level - Optional Cover - II (Maternity Benefit)</b>	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	ARVINDBHAI MAGANLAL PATEL	14753	0	0	0	0	738	14015
2	HASUMATIBEN ARVINDBHAI PATEL	14753	0	0	0	0	738	14015

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	16050034222800 000115	ARVINDBHAI MAGANLAL PATEL	22/06/2022	21/06/2023	200000	100000	N
2	16050134232800 000094	ARVINDBHAI MAGANLAL PATEL	22/06/2023	21/06/2024	200000	100000	N
3	16050034222800 000115	HASUMATIBEN ARVINDBHAI PATEL	22/06/2022	21/06/2023	0	0	N



Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
4	16050134232800 000094	HASUMATIBE N ARVINDBHAI PATEL	22/06/2023	21/06/2024	0	0	N
						<b>Total Gross Premium(Without GST)</b>	28030
						<b>CGST(@9%)</b>	0
						<b>SGST(@9%)</b>	0
<b>Net Premium in Words(RUPEES THIRTY-THREE THOUSAND SEVENTY-FIVE ONLY)</b>						<b>IGST</b>	5045
						<b>Total GST</b>	5045
						<b>Net Premium(With GST)</b>	33075

\*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 22nd day of June 2024.

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Date of Issue: 18/06/2024

FOR AND ON BEHALF OF  
THE NEW INDIA ASSURANCE COMPANY LIMITED  
DULY CONSTITUTED ATTORNEY(S)



<b>Insurer Office Code</b>	:	JALNA BRANCH (160501)
<b>Address</b>	:	K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA ,431203
<b>Telephone</b>	:	02482232708 / 02482232709
<b>Fax</b>	:	

**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. ARVINDBHAI MAGANLAL PATEL has paid ₹ 33075 towards premium for New India Floater Mediclaim for the period 22/06/2024 12:00:01 AM to 21/06/2025 11:59:59 PM

<b>Policy no.</b>	:	16050134242800000056
<b>Receipt no. &amp; date</b>	:	16050181240000002287 18/06/2024

Date of Issue: 18/06/2024

**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 : 16050124E0002661

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**