



New India Mediclaim Policy

NIAHLIP25010V082425

Policy Schedule

Current Policy No	16050134249500000049	Current Policy Period	From:04/10/2024 02:46:01 PM To:03/10/2025 11:59:59 PM
Previous Policy No	none	Previous Policy Period	
Policyholder's Details			
Policyholder Name	KIRTI INDRAKUMAR CHHAJED	Customer ID	PO16644618
		PAN Card No	
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX6402
Policyholder's address	FLAT NO.104, S.NO.587, HYDE PARK TOWER - D MARKET YARD, PUNE PUNE ,MAHARASHTRA, 411037	Email id	
		Name of the Nominee	PINKY KIRTI CHHAJED
		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	HEALTH INSURANCE TPA OF INDIA LIMITED		
Email-id of the TPA	customerservice@hitpa.co.in	Address of the TPA	MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR - 4, NOIDA,NOIDA
Toll Free / Contact No of the TPA	18001803600 18001023600 /		
Fax of TPA	01204765799		

Highlights of New India Mediclaim Policy*

* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/-.	* Hospital Cash up to 1% of Sum Insured.
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.
* Cumulative Bonus 25% SI for claim free year.	* Midterm inclusion of newly married spouse.
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 36 Months



* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* For specified diseases waiting period is 24 months
* Optional Cover V: For Non-Payable Items	* Please refer to policy document for detailed terms and conditions.

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 (Cumulative Bonus is applicable for more than 1 L Sum Insured persons.)								
S. No	Name of the insured (Member ID)	Date of birth(Age)	Gender	Relation	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease
1	Kirti Indrakumar Chhajed(PO166 44618)	18/05/1980(44)	M	Proposer	800000	0	02/10/2024	NA

Optional Cover Table					
Policy Level - Optional Cover - 1 (No Proportionate Deduction) for 2L SI & above		Not Opted		Member Level - Optional Cover - III (Revision in Cataract Limit)	
Member Level - Optional Cover - II (Maternity Benefit)		Not Opted		Member Level - Optional Cover V (For Non-Medical Items)	
Modern Treatment Rider		Not Opted		Not Opted	

Premium Details										
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III	Discount for Optional Cover IV	Premium for Optional Cover V	Premium for Modern Treatment Rider	Discount	Total Premium
1	KIRTI INDRAKUMAR CHHAJED	16034	0	0	0	0	0	0	0	16034
								Total Gross Premium(Without GST)		16034
								CGST(@9%)		1443
								SGST(@9%)		1443
Net Premium in Words(RUPEES EIGHTEEN THOUSAND NINE HUNDRED TWENTY ONLY)								IGST		0
								Total GST		2886
								Net Premium(With GST)		18920

*This Policy is subject to terms and conditions of New India Medclaim.

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 4th day of October 2024.
 at _____ this _____ day of _____ 20

Date of Issue: 04/10/2024

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 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. KIRTI INDRAKUMAR CHHAJED has paid ₹ 18920 towards premium for New India Mediclaim for the period 04/10/2024 02:46:01 PM to 03/10/2025 11:59:59 PM

Policy no.	:	16050134249500000049
Receipt no. & date	:	16050181240000005808 04/10/2024

Date of Issue: 04/10/2024

**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 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 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.

QR code for PPN HOSPITAL



List of PPN Hospitals

QR CODE FOR TERMS AND CONDITIONS



In case of requirement of printed copy of terms and conditions, please contact our business office

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 : 16050124P0007021



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C