



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	230700 / DO AURANGABAD H.NO. 5/5/76, P.B. 506V P CHOWK, NEW OSMANPURA431005	Receipt Number :	10123070022113863140
		Collection Date :	16/02/2023

Received with thanks from MR PRAFUL S NAHATA (Customer ID : 1903301580, Customer GST/UIN No :Not Available) a sum of Rs. 33124.00(Thirty-three thousand one hundred twenty-four rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	2307002822P111996341	IndividualFamilyMedicarePolicy	0	Final Premium	28,072.00
2	2307002822P111996341	IndividualFamilyMedicarePolicy	0	CGST	2,526.00
3	2307002822P111996341	IndividualFamilyMedicarePolicy	0	SGST	2,526.00
Total (Rounded Off) :					33,124.00
Stamp Duty :					0.00
Bank Charges :					0.00
Total Amount :					33,124.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	122230700109900688	CHEQUE	000065	13/02/2023	HDFC BANK LTD.	JAMNER	33,124.00

Particulars :

GSTIN (UIC) : 27AAACU5552C1ZJ



for UNITED INDIA INSURANCE COMPANY LIMITED

cb

Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

AUTHORISED SIGNATORY

Details of TPA: Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement

Name of TPA/ID	Address	Toll Free Number	Contract Details	For General Enquiries	For Cashless approval	For Claim Intimation	For Settlements
Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003	Plot No. A-442 Road No. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, NAN NAGRI, VITTHAL SURSHAMANI MANSION, THANE WEST PIN CODE - 400604, Pin Code - 400604, Fax No: 1800 22 0635	1800 22 0635		022 666 20 808	022 666 20 808	022 666 20 808	022 666 20 808
				022 666 20 808	022 666 20 808	022 666 20 808	022 666 20 808

UNITED INDIA INSURANCE COMPANY LIMITED
REGD. & HEAD OFFICE: No.24, WHITES ROAD, CHENNAI-600014
FAMILY MEDICARE POLICY



I. PREAMBLE
 This Policy is a contract of insurance issued by UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to

- i. the receipt of full premium,
- ii. disclosure to information form including the information provided in the Proposal Form by the Insured on behalf of him/herself and all persons to be Insured which is incorporated in the policy and is the basis of it; and
- iii. the terms, conditions and exclusions of this Policy.

II. OPERATIVE CLAUSE
 If during the Policy Period the Insured Person(s) is required to be hospitalized for treatment of an illness or injury at a Hospital/Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary Medical Expenses towards the Coverage mentioned hereunder.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any limits/sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

III. COVER TYPE
 The policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule, is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Insured as specified in the Policy Schedule and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

IV. DEFINITIONS

A. Standard Definitions

1. **ACCIDENT** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **ANY ONE ILLNESS** will be deemed to mean continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.
3. **CASHLESS FACILITY** means a facility extended by the Insurer or TPA on behalf of the Insurer to the Insured, where the payments for the cost of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to be ascertained and approved.
4. **CONGENITAL PRECEDENT** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.
5. **CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly: Which is in the visible and accessible parts of the body.
6. **CO-PAYMENT** means a cost sharing requirement under a health insurance policy that provides that the policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
7. **DAY CARE CENTRE** means any institution established for day care treatment of illness and/or injuries or a medical setting within a hospital and which has been registered with the local authorities, whenever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - i. Has qualified nursing staff under its employment;
 - ii. Has qualified Medical Practitioner(s) in charge;
 - iii. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. Maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel.
8. **DAY CARE TREATMENT** means medical treatment, and/or surgical procedure which is:
 - i. undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
 - ii. which would have otherwise required a hospitalisation of more than twenty-four hours.
9. **DEDUCTIBLE** is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.
10. **DENTAL TREATMENT** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
11. **DISCLOSURE** means the disclosure of all material facts.
12. **EMERGENCY CARE** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.
13. **GRACE PERIOD** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-