



SUPER TOP UP MEDICARE POLICY

Policy No: 2307002822P111586769 Previous Policy No: 2307002822P11159770

Name/ID: Mrs JAIN PARASBAI OMPRAKASH / 190748904
 Tel (O): kailash@jainuniinsurance.co.in Tel (M): Mobile 8888849450
 Email: kailash@jainuniinsurance.co.in
 Business/Occupation: None
 Period of Insurance: From 11:00hrs of 08/02/2023 To Midnight on 07/02/2024
 Policy Type: Individual Sum Insured Basis
 Coinsurance: UIIC 230700 : 100%

Details of the Insured Persons

Sl no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease /Condition declared
1	PARASBAI OMPRAKASH JAIN	21/09/1957	Female	Self	Unemployed	None

Sl no	Insured Name	Threshold Insured (₹)	Sum Insured (₹)	Premium (₹)	Hospital Daily Cash Premium (₹)	Nominee Name	Nominee Relation	Inception Date of first policy
1	PARASBAI OMPRAKASH JAIN	500,000.00	500,000.00	3,380.00	0.00	OMPRAKASH	Spouse	05/02/2010

Total Basic Premium (₹)	3,380.00	Premium GST (9%):	304.00
Add Hospital Daily Cash Premium (₹)	0.00	SOS (9%):	304.00
Add PED Loading (₹)	0.00	Stamp duty	1.00
Less Family Discount (₹)	0.00	Total	3,988.00
Less No Claim Discount (₹)	0.00	Receipt Number	10123070022113435300
Less Online Discount (₹)	0.00	Receipt Date	08/02/2023

Agent Name: JAINUNE INSURANCE BROKERS PVT LTD
 ANOL BABURAO KAWARE
 Agent/Broker Code: BRCC0000259
 BDIS Code: BD34284

Notice or communication in respect of claim or for any other reason to be given to TPA within 24 hrs from the date of admission documents to be submitted to TPA within 15 days from the date of Discharge
 Date of Proposal and Declaration: 08/02/2023

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST/UIN No.:	27AFCPL9746H123	Office GST No.:	27AAACU5552C121
SAC Code:	997133	Invoice No. & Date:	28221111586769 & 08/02/2023
Amount Subject to Reverse Charges-NIL			

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. As Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the Insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cicr.cin>

Date of Proposal and Declaration: 08/02/2023
 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD on this 08th day of February, 2023.

For and On behalf of United India Insurance Co. Ltd.

(Signature)

Authorized Signatory.

Underwritten By - KAN4215 (98 UNDERWRITER)



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

Name of TPA	Paramount Health Services & Insurance TPA Pvt. Ltd
Address	PLOT NO. A-442, ROAD NO. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGAR, VITTHAL RUKHMANI MANDIR, THANE WEST PIN CODE - 400604, Pin Code : 400604, Fax No :
Toll Free Number	1800 22 6655
Contact Details	For General Enquiries For Cashless approval For Claim Intimation For Grievances
Telephone Numbers	022 666 20 808 022 666 20 808 022 666 20 808 022 666 20 808
Email Ids	contact.phs@paramounttpa.com cashless.phs@paramounttpa.com claim.intimation@paramounttpa.com grievance.unit@paramounttpa.com

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



SUPER TOP UP MEDICARE POLICY

1. PREAMBLE

This Policy is a contract of insurance issued by United India Insurance Company Limited (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 receipt of the full premium.

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.

Any claim under this policy shall be payable by the Company only if the aggregate of covered Medical Expenses in a policy year in respect of Hospitalisation(s) of Insured Person (on individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Threshold stated in the Schedule; subject to Basis of Payment Clause no. 3.22.9 of Section 5.

2. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular, include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

A. Standard Definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Any One Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising any of the following:

- i. Central or State Government AYUSH Hospital; or
- ii. Teaching hospital attached to AYUSH College recognised by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognised system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:

- Having at least 5 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are carried out;

• Maintaining daily records of the patients and making them accessible to the insurance company's authorised representative.

4. **AYUSH Day Care Centre** means and includes Community Health Care Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health care facility which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment, procedures and medical services and must comply with the following criterion:

- a. Having qualified registered AYUSH Medical Practitioner (s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **Cashless Facility** means a facility extended by the Insurer to the Insured, where the payments of the costs 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 the extent pre-authorization is approved.

6. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon position.

7. **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**: Congenital Anomaly which is not in the visible and accessible parts of the body.

(b) **External Congenital Anomaly**: Congenital Anomaly which is in the visible and accessible parts of the body.

8. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital's and which has been registered with the local authorities, wherever 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.