

## UNITED INDIA INSURANCE COMPANY LIMITED

## RECEIPT [ Duplicate Copy ]

Dupuette		
U NO 5/5/76 PR 506V P CHOWK NEW		10123070023100416631
OSMANPURA431005	Collection Date	05/04/2023

Received with thanks from KUMAT BASANTIBAI (Customer ID: 1907460216, Customer GST/UIN No:Not Available) a sum of Rs. 18207.00( Eighteen thousand two hundred seven rupees only) as per detail given hereunder:

-	07.00( Eighteen thousand two	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
	Policy Number	IndividualHealthPolicy	0	Final Premium	15,429.00
	2307002823P100291903	Individual Health Policy	0	CGST	1,389.00
2	2307002823P100291903	Individual Health Policy		SGST	1,389.00
3	2307002823P100291903	individual nearth oney	O		

Total (Rounded Off):

18,207.00

Stamp Duty : Bank Charges : 0.00

**Total Amount:** 

18,207.00

Instri	ument Details						
	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
	1 4)			31/03/2023	Hdfc Bank Ltd.	ABD	18,207.00
1	123230700100049311	CHEQUE	000100				

Particulars:

GSTIN (UIIC): 27AAACU5552C1ZJ

for UNITED INDIA INSURANCE COMPANY LIMITED

AUTHORISED SIGNATORY

Cashier Initial

Note

1. Receipt valid subject to realisation of cheque

2. Please quote policy no., collection no., and date in all correspondences.

POLICY NO.:2307002823P10029190



## UNITED INDIA INSURANCE COMPANY LIMITED

INDIVIDUAL HEALTH INSURANCE POLICY UIN. UIIHLIP21114V032021 POLICY NO.: 2307002823P100291903

	Details of Previous Policies	S		,,,,,
	200000000000000000000000000000000000000	Period From	Period To	Sum insured(1)
Incurer Name	POLICY NO.	1	51001000	
THEN MAINE		02/04/2022	01/04/2023	2000
INDIA INCIRANCE COLTD.	2307002022720020070		01/04/2022	100577
ONLI CO LINDAY AND ONLY			0 4/4 0	225000
INITED INDIA INSURANCE CO.LIU.			01/04/2021	20000
CHILD ANCE COLTD	23070028207100230373	1	0505750	225000
INTED INDIA INSURANCE CO.E.C.			D1/104/2020	
TO THE PROPERTY OF THE	230700201367020424	1		

UIN. UIIHLIP21114V032021 Individual Health Insurance Policy Schedule

United India Insurance Company Limited Registered Office: 24 Whites Road, Chennal, 600 0 14 IRDAI Reg. No 545 Website: http://www.uiic.co.in

POLICY NO.:2307002823P100291903

INDIVIDUAL HEALTH INSURANCE POLICY (PLATINUM/GOLD/SENIOR CITIZEN)
Policy Terms & Conditions

1. 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) hamed in the schedule (hereinafter called the "Insured Persons"). The Policy is based on the statements and declaration provided in the Proposal form by the Proposer and is subject to the receipt of full premium.

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.

3. 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 FLANESS will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the hospital / Nursing flome where treatment has been taken.
  3. AYUSH MOSEPTAL is a healthere facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) compositing any of the following it. Central Government AYUSH Hospital; or it. The state Government AYUSH Hospital; or it. The state of the s
- by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the Insured where the payment, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorisation approved.

  CONGINITION PREECEDIAT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.

  CONGINITION PREECEDIAT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.

  CONGINITIAL ANOMALY refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or condition.

- Internal Congenital Anomaly: Which is not in the visible and accessible parts of the body.
   External Congenital Anomaly: Which is not in the visible and accessible parts of the body.
   External Congenital Anomaly: Which is not in the visible and accessible parts of the body.
   External Congenital Anomaly: Which is not the visible and accessible parts of the body.
   External Congenital Anomaly: Which is not required and included in the congenitation of the activation of the

Individual Health Insurance Policy Schedule

UIN. UIIHLIP21114V032021