



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	21040034232800001182	Current Policy Period	From:30/05/2023 12:00:01 AM To:29/05/2024 11:59:59 PM
Previous Policy No	21040034222800001211	Previous Policy Period	30-MAY-22 to 29-MAY-23
Policyholder's Details			
Policyholder Name	JAYESH A SOLANKI	Customer ID	PO50532050
		PAN Card No	
		Mobile No/Phone No	XXXXXX4102
Policyholder's address	17- NEW KASTURBA SOCIETY RADHA SWAMI ROAD RANIP AHEMDABAD RANIP AHEMDABAD RANIP AHEMDABAD RANIP ,GUJARAT, 382480	Email id	vinasolanki29@gmail.com,
		Name of the Nominee	VINA
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	CDU-4 AHMEDABAD (210400)	Office Contact No	07927470831 / 7927470135
Office Email Id	nia.210400@newindia.co.in	Development Officer	RAWAT R M (1D6341891)
		Name of the Agent/Intermediary	JAGRUTI M SHRIMALI (NIA1D6334665)
Office Address	321, 3RD FLOOR, BINALI COMPLEX, IN FRONT OF AEC ZONAL OFFICE, SOLA ROAD, NARANPURA PIN CODE: 380013 ,380013	Contact No. of Agent/Intermediary	9426011143 / NA
		E-mail id of Intermediary	jmshrimali@yahoo.com,
Regional Office	AHMEDABAD R.O. (210000)	GSTIN	24AAACN4165C2ZW
Regional Contact No	07926585247/07926585872	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 Floater Mediclaim Policy*	
* Day one baby cover.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% 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.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
	* 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						
S. No	Name of the insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	JAYESH A SOLANKI (PO50532050)	29/07/1977(45)	M	SELF	30/05/2016	NA
2	VINA J SOLANKI(ME06706969)	29/09/1980(42)	F	SPOUSE	30/05/2017	NA
3	JIMIT J SOLANKI(ME06706991)	05/06/2007(15)	M	CHILD	30/05/2017	NA

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

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	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	Discount	Gross Premium
1	JAYESH A SOLANKI	3345	0	0	0	335	3010
2	VINA J SOLANKI	3345	0	0	0	335	3010
3	JIMIT J SOLANKI	1380	0	0	0	138	1242

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	21040034182800001122	JAYESH A SOLANKI	30/05/2018	29/05/2019	200000	N	0
2	21040034192800001035	JAYESH A SOLANKI	30/05/2019	29/05/2020	200000	N	0
3	21040034202800001050	JAYESH A SOLANKI	30/05/2020	29/05/2021	200000	N	0
4	21040034212800001191	JAYESH A SOLANKI	30/05/2021	29/05/2022	200000	N	0



Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
5	210400342228 00001211	VINA J SOLANKI	30/05/2022	29/05/2023	0	N	0
6	210400342228 00001211	JIMIT J SOLANKI	30/05/2022	29/05/2023	0	N	0
						Total Gross Premium(Without GST)	7262
						CGST(@9%)	654
						SGST(@9%)	654
Net Premium in Words(RUPEES EIGHT THOUSAND FIVE HUNDRED SEVENTY ONLY)						IGST	0
						Total GST	1308
						Net Premium(With GST)	8570

*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 30th day of May 2023.

Date of Issue: 25/05/2023

(Mr. Bhaskar Kapadia)
[Sr Div Manager]

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



Insurer Office Code	: CDU-4 AHMEDABAD (210400)
Address	: 321, 3RD FLOOR, BINALI COMPLEX, IN FRONT OF AEC ZONAL OFFICE, SOLA ROAD, NARANPURA PIN CODE: 380013 ,380013
Telephone	: 07927470831 / 7927470135
Fax	: 07927470045

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. JAYESH A SOLANKI has paid ₹ 8570 towards premium for New India Floater Mediclaim for the period 30/05/2023 12:00:01 AM to 29/05/2024 11:59:59 PM

Policy no.	: 21040034232800001182
Receipt no. & date	: 21040081230000003202 25/05/2023

Date of Issue: 25/05/2023

(Mr. Bhaskar Kapadia)
[Sr Div Manager]

**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 : 21040023E0005369

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C