



INDIVIDUAL PERSONAL ACCIDENT POLICY

SCHEDULE

Policy No:	0401014223P102162412	Previous Policy Number	
Customer name/ID	M/s M/S CHADHA INDUSTRIES PVT LTD. /1208594981		
Tel.(O)	(11) 26164531	Fax	
Business/Occupation	None	E-Mail	accounts@arkefilters.com
Period Of Insurance	From 17:00Hrs of 30/05/2023 To MidNight Of 29/05/2024		
Premium:	Nine hundred rupees only		

Coinsurance	UIIC 040101 : 100%
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Name of the Insured	Age	Occupation	Relationship	Risk Category	CB%	CB(in amount)
MANOJ SUBHASH THAKARE	27	Service	Self	RiskCategory 1	0	0

Name	Covers	CS(₹)	Premium(₹)	Risk Loading/Discount	Premium
MANOJ SUBHASH THAKARE	Table IV Death PPD PTD TTD	500,000.00	750.00		
	MedicalExpenses	0.00	150.00		

Net Premium (After Loading and Discount) : ₹900.00

Assignee Details	
Name Of Assignee	Relationship
SUNITA SUBHASH THAKARE	Mother

Net Premium:	900.00
CGST(9%):	81.00
SGST(9%):	81.00
Stamp Duty:	25.00
Total :	1,062.00
Receipt Number :	10104010123102492359
Receipt Date:	31/05/2023
Agency/Broker Code :	AGN1044471
Business Associate Code	BAS15838
Direct Business :	

Customer GST/UIN No.:	07AABCC5899F12E	Office GST No.:	07AAACU5552C1ZL
SAC Code:	997133	Invoice No. & Date:	42231102162412 & 31/05/2023
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.

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.cvc.nic.in>.

Date of Proposal and Declaration: 30/05/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO K-41 040101 on this 30th day of May 2023 .

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

R.

Consolidated Insurance Policy Stamps
Prepaid as per order of (24489)/COS
(HQ)/Cons. Duty/111
dated 22-09-2017 of Collector of Stamps,
5, Sharnath Marg, New Delhi

Affix Policy Stamp here.

8A



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

POLICY NO.:0401012823P102161269



Scan this QR code to obtain details about your policy.

POLICY DETAILS

Policyholder Name : M/s M/S CHADHA INDUSTRIES PVT LTD.
Policyholder ID : 1208594981
Policy No. : 0401012823P102161269
Previous Policy No. :
Period of Insurance : From 16:13 hrs of 30/05/2023 To Midnight on 29/05/2024

YOUR CONTACT INFORMATION

Address : 38, DLF INDUSTRIAL AREA, NAJAFGARH ROAD,
KIRTI NAGAR, NEW DELHI,
WEST DELHI
DELHI-110015
Tel (O/R) :
Mobile : 7838824083
Fax :
E-Mail : accounts@arkefilters.com
Business/Occupation : None

Coinsurance | UIIC 040101 : 100%

DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDs' declared	Inception Date of first policy
MANOJ SUBHASH THAKARE	27	Male	Self	Salaried	SUNITA SUBHASH THAKARE	Spouse	None	30/05/2023

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured(₹)	Domiciliary Hospitalisation Limit(₹)	Road Ambulance Cover	Daily Cash Cover
MANOJ SUBHASH THAKARE	Platinum	500,000.00	50,000.00	Not Opted	Not Opted

PREMIUM BREAK DOWN

Insured Name	Base Cover Premium(₹)	Optional Cover Premium(₹)	Loading for PEDs(₹)	Family Discount(₹)	Total Annual Premium(₹)
MANOJ SUBHASH THAKARE	5,228.00	0.00	0.00	0.00	5,228.00

MDIndia Healthcare Services (TPA) Pvt. Ltd.
18/13, WEA, Ground Floor Ganga Plaza,
Pusa Lane, Karol Bagh, New Delhi-110 005
Tel.: 011-28757061-62, Fax : 011-28757063
UAN No.: 1860-233-4446

Individual Health Insurance Policy Schedule
UIN. UIIHLIP21114V032021



UNITED INDIA INSURANCE CO. LTD.

TPA ID No: MDI5-0039198715

Name : Manoj Subhash Thakare
Address : 38, Dlf Industrial Area, Najafgarh Road, Kirti Nagar, West
Delhi Delhi 110015

DOB : 19/01/1996 **Relation** : Self
Valid From : 30/05/2023 **Phone No**: 7838824083 **Bld Grp** :
UIIC ID : 0401012823P102161269000000010

CASHLESS HOSPITALISATION SUBJECT TO PHOTO ID PROOF



MDIndia Health Insurance TPA Pvt. Ltd.

S. No. - 46/1, E-Space, A-2 Wing, 3rd Floor, Pune-Nagar Road,
Vadgaon Sheri, Pune - 411 014. Website : www.mdindiaonline.com

HEALTH INSURANCE CARD
This card is for identification purpose only.

GENERAL & CLAIM ENQUIRY HELPLINE

TOLL FREE : 1800 - 209 - 7777

FAX NO. : 1860 - 233 - 4449

EMAIL : customercare@mdindia.com

CASHLESS ENQUIRY HELPLINE

TOLL FREE : 1800 - 209 - 7800

FAX NO. : 1860 - 233 - 4449

EMAIL : customercare@mdindia.com

Website : www.mdindiaonline.com

TERMS AND CONDITIONS :

1. Pre-authorisation is compulsory from TPA prior to A planned admission and within 24 hours for emergencies.
2. Admission for investigation / evaluation not covered.
3. All terms and conditions of the policy would be applicable.
4. Cashless hospitalization in network hospitals can be obtained in conjunction with this card, an authorization letter issued by the TPA & photo identification such as voters ID , Driving License, Passport etc.