



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	35360234232800000006	Current Policy Period	From:03/04/2023 12:00:01 AM To:02/04/2024 11:59:59 PM
Previous Policy No	35360234222800000006	Previous Policy Period	03-APR-22 to 02-APR-23
Policyholder's Details			
Policyholder Name	SH SUNIL KUMAR	Customer ID	PO49128892
		PAN Card No	
		Mobile No/Phone No	XXXXXX1367
Policyholder's address	S/O SH RAMESH CHAND, # A - 19--002 CITY HOMES VATIKA NEXT SECTOR.83 GURGAON GURGAON ,HARYANA, 122001	Email id	delhi3@ateqindia.com,
		Name of the Nominee	RACHNA BAGHEL
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	BRANCH OFFICE. (353602)	Office Contact No	01744220821 / 01744220921
Office Email Id	nia.353602@newindia.co.in	Development Officer	DIRECT BUSINESS (1D7836081)
		Name of the Agent/Intermediary	Mr. KRISHAN KUMAR (NIA1D7834827)
Office Address	S.C.O.240, SECTOR-10 FIRST FLOOR, NEAR TAJ HOTEL KURUKSHETRA,136118	Contact No. of Agent/Intermediary	01744235261, 9812134584 / NA
		E-mail id of Intermediary	kkdnia@gmail.com,
Regional Office	CHANDIGARH R.O. (350000)	GSTIN	06AAACN4165C2ZU
Regional Contact No	01722702806	SAC	997133 (Accident and health insurance services)
Details Of TPA (Notice or Communication to be given in respect of claim)			
Name of the TPA	MED SAVE HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	callcenter@medsave.in info@medsave.in	Address of the TPA	F-701A, LADO SARAI, MEHRAULI, NEW DELHI - 110030.,
Toll Free / Contact No of the TPA	1800120111234 01171221234 /		
Fax of TPA	911129521067		

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.

Signature valid

Digitally signed by ANAGAYEE PANIGRAHI
Date: 2023.03.29 18:30:05 IST

Policy No. : 35360234232800000006 Document generated by AG_KRISH27 at 29/03/2023 18:30:02 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.



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	RACHNA BAGHEL(ME09611802)	02/10/1993(29)	F	SPOUSE	03/04/2018	NA
2	SH SUNIL KUMAR S/O SH RAMESH CHAND(PO49128892)	09/01/1991(32)	M	SELF	03/04/2017	NA
3	DEVISHA .(ME16010751)	02/10/2021(1)	F	CHILD	03/04/2022	NA

Floater Sum Insured	500000	Floater Cumulative Bonus	125000
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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	RACHNA BAGHEL	4255	0	0	0	426	3829
2	SH SUNIL KUMAR S/O SH RAMESH CHAND	4255	0	0	0	426	3829
3	DEVISHA .	2183	0	0	0	219	1964

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	3536023422280000006	DEVISHA .	03/04/2022	02/04/2023	0	N	31873
2	3536023421280000001	SH SUNIL KUMAR S/O SH RAMESH CHAND	03/04/2021	02/04/2022	0	NA	0
3	3536023421280000001	RACHNA BAGHEL	03/04/2021	02/04/2022	500000	NA	0
4	3536023422280000006	SH SUNIL KUMAR S/O SH RAMESH CHAND	03/04/2022	02/04/2023	500000	NA	0
5	3536023422280000006	RACHNA BAGHEL	03/04/2022	02/04/2023	0	NA	0
						Total Gross Premium(Without GST)	9622



	CGST(@9%)	866
	SGST(@9%)	866
Net Premium in Words(RUPEES ELEVEN THOUSAND THREE HUNDRED FIFTY-FOUR ONLY)	IGST	0
	Total GST	1732
	Net Premium(With GST)	11354

*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 3rd day of April 2023.

at _____ this _____ day of _____ 20

Date of Issue: 29/03/2023

(VINNIE TANEJA)
[SR. BRANCH MANAGER]

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



Insurer Office Code	: BRANCH OFFICE. (353602)
Address	: S.C.O.240, SECTOR-10 FIRST FLOOR, NEAR TAJ HOTEL KURUKSHETRA,136118
Telephone	: 01744220821 / 01744220921
Fax	: 01744227258

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. SH SUNIL KUMAR has paid ₹ 11354 towards premium for New India Floater Mediclaim for the period 03/04/2023 12:00:01 AM to 02/04/2024 11:59:59 PM

Policy no.	: 35360234232800000006
Receipt no. & date	: 35360281220000014387 29/03/2023

Date of Issue: 29/03/2023

(VINNIE TANEJA)
[SR. BRANCH 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 : 35360222E0020730

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



Personal Accident Insurance ((Individual))
UIN NUMBER - IRDAN190P0002201314

Insured Name	: SH SUNIL KUMAR S/O SH RAMESH CHAND		
Insured's Details		Issuing Office Details	
Customer ID	: PO49130830	Office Code	: BRANCH OFFICE. (353602)
Address	: A-19-002 CITY HOMES VATIKA NEXT SECTOR 83 GURGAON GURGAON, HARYANA, 122001	Address	: S.C.O.240, SECTOR-10 FIRST FLOOR, NEAR TAJ HOTEL KURUKSHETRA,136118
Phone No	: XXXXXX1367	Phone No	: 01744220821 / 01744220921
E-mail/Fax	: delhi3@ateqindia.com, /	E-mail/Fax	: nia.353602@newindia.co.in / 01744227258
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 06AAACN4165C2ZU
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 35360242230100000002	Business Source Code	
Period of Insurance	: From:01/04/2023 12:00:01 AM To: 31/03/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: DIRECT BUSINESS - (1D7836081)
Date of Proposal	: 01-Apr-23	Agent/Bancassurance/Spe cified Person/CPSC User	: Mr. KRISHAN KUMAR (NIA1D7834827) AGENT_SITE_686405 (1D7838736)
Prev. Policy no.	: 35360242220100000002	Phone No	: 01744235261, 9812134584 / NA /
Client Type	: Non-Corporate	E-mail/Fax	: kkdnia@gmail.com, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 660	₹ 118	₹ 778	₹20	RUPEES SEVEN HUNDRED SEVENTY- EIGHT ONLY	3536028122000001 4390 - 29/03/23

Details of the Insured and/other Family members covered under the Policy: INDIVIDUAL

Sl. No	Name of the Insured	Age	Occupation	Relation	Medical Extension	Sum Insured	Risk Group
1	SH SUNIL KUMAR	32	Service	Self	Yes	400000	Risk Group I

Sl. No	Cumulative Bonus	Assignee Details		Physical Defects/Details	Excess	War & Allied Cover opted		
		Name	Relation			Sum Insured	Country	Type of Period
1	120000	TARAWATI	MOTHER	No / NA	0	0	NA	NA

Table Details: (Individual)

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	300000	Yes	100000	No	0	No	0

Sl.No	Special Conditions
1	

Premium and GST Details

Rate of Tax Amount in INR

Signature valid

Digitally signed
by: AGATKAYEE
PANISHKAI
Date: 2023.03.29
For details of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

Policy No. : 35360242230100000002 Document generated by AG_KRISH27 at 29/03/2023 18:32:07 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Premium		₹	660
SGST	9	59	
CGST	9	59	
IGST	0	0	

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Individual)) policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited

(VINNIE TANEJA)
[SR. BRANCH MANAGER]

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹

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 : 35360222E0020733

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C