



POLICY SCHEDULE
STANDARD GROUP MEDICLAIM POLICY 2007 (Hospitalisation Benefit Policy)
UIN:NIAHLGP21283V022021

Insured's Name	: ABC DESIGNS		
Insured's Details		Issuing Office Details	
Customer ID	: PO42461975	Office Code	: DO-153600 (153600)
Address	: 1-7, PINNAC MEMORIES PHASE-2, SR.NO-23/3 KOTHRUD PUNE PUNE PUNE ,MAHARASHTRA, 411038	Address	: OM SHREE BUILDING, NEAR NAL STOP, KARVE ROAD, PUNE,411004
Phone No	: //XXXXXX8511	Phone No	: 02025436261 / 02025458052
Fax	:	Fax	: 02025439203
E-mail/Fax	: a.b.dhawale@gmail.com, /	E-mail/Fax	: nia.153600@newindia.co.in / 02025439203
PAN No	: AANPD1411D	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AANPD1411D1ZC / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
Policy Number		Business Source Code	
: 15360034220200000012		Dev.Off. level/Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: SNEHA J DHAYARKAR - (1D7806340)
Period of Insurance	: From:11/10/2022 12:06:38 PM To: 10/10/2023 11:59:59 PM	Agent/Bancassurance/Specified Person	: Mr. RAVINDRA ATMARAM YEOLE (NIA1D7803139) AGENT_SITE_9362 (1D7812786)
Date of Proposal	: 11/10/2022	Phone No	: 25453042, 9822887451 / NA
Prev. Policy no.	: 15360034210200000014	E-mail/Fax	: ganeshyeole26@gmail.com, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹65664	₹ 11,820	₹ 77,484 (RUPEES SEVENTY-SEVEN THOUSAND FOUR HUNDRED EIGHTY-FOUR ONLY)	15360081220000014635 14/03/2023

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE	Fax	: 18004259559
	IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,	Email	: info@mediassistindia.com,
	BANGALORE	Toll Free No	: 18004259449

No. of persons covered	: 16	Zone Opted	: I (Mumbai)
Maternity Benefits Opted	: No		

Premium Schedule					
Total Basic Premium (in ₹)	Loading for Maternity Extension	Loading for Adverse claims (%)	Group Discount	Discount for favourable claims (%)	Gross Total Premium (in ₹)
0	0	0	0	0	65664.00

* This Policy is subject to Group Mediclaim Policy (2007) Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 65,664
SGST	9	5910
CGST	9	5910
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company
Limited

Date of Issue: 23/03/2023

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹1/-.



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.

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C