

THE NEW INDIA ASSURANCE CO. LTD. REGISTERED & HEAD OFFICE:87,MAHATMA GANDHI ROAD,MUMBAI 400001.

GOOD HEALTH POLICY CERTIFICATE

Certificate No. 712500/GH/MAY2018/2289				Period of Insurance		From To	01/05/2018 30/04/2019			
P BALARAMI REDDY				Caro	Card Number		1:	4386XXXXXXXX9840		
B BLK,G5,SAIMITRA MEADOWS 1ST A CROSS,KAGGADASAPURA MAIN RD,CV RAMAN NAGAR				Master Policy No.		:	71250034182100	0000004		
BANGALORE 560093				Clause attached			:	GH 2013-OCT		
Mobile No:9886038567 Email Id:BALARAM.AIT@			T@GMAIL.COM		Serv	vice Tax Registration		:	AAACN4165CST178	
		nal Accident ection	Medicl	Mediclaim Section		Hospital Cash Benefit		Nomi	Nomination Particulars for PA Coverage	
Name of the Insured Person	Sum Insured (₹In Lakhs)	Premium + GST (₹)	Sum Insured (₹In Lakhs)	Premium + GST (₹)		Limit per day (₹)	Max. no. of days	/	Name	Relation
P BALARAMI REDDY	.7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	238	30	200	30	78		
Total Premium including GST		0	-	238	80	To the same			×	

Nomination for Certificate Holder for Mediclaim	Name:	Relation:
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		DOG FIA	Cun	nulative Bonus	for Mediclaim	
Name of the Insured Person	DOB	Customer code	%	Applicable S.I.	Effective date	Pre-existing diseases/Disabilities excluded - refer Clause No.4.1(for Mediclaim)
P BALARAMI REDDY	01/04/1985	20120513655	30	100000		Not Applicable

Terms & Conditions forming part of this Policy No. 71250034182100000004 may be downloaded from our website, newindia.co.in/citibank.

-	Notice or communication to be given i	n respect o	of claims to TPA
Name and Address of TPA	MD INDIA HEALTHCARE SERVICES(TPA) PVT.LTD. MOUNT CASA BLANCA BUILDING,3RD FLOOR, NO.260,ANNA SALAI,CHENNAI-600006.	Contact Details	TOLL FREE: 1800-233-1166 FAX TOLL FREE: 1860-233-4449 PAN UAN: 1860-233-4446, 1860-233-4448
Email Id	citibank chennai@mdindia.com	Website	www.mdindiaonline.com