

पॉलिसी नंबर/ Policy Number:  
310600502510000652

व्यवसाय स्रोत/Business Source: 310600



## जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 310600  
कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri, Nanpura, Surat, Gujarat, - 395001.  
राज्य कोड/State Code: 24, Gujarat  
जीएसटीआइन/GSTIN: 24AACN996E1Z9  
संपर्क संख्या/Contact Number: 261 2474495  
मोबाइल नंबर/Mobile Number: 0

## विक्रय चैनल विवरण/Sales Channel Details:

विक्रय चैनल कोड /Sales Channel Code: 9000146579  
नाम /Name: Mr Italiya Hitesh संपर्क संख्या/  
Contact Number: 9825085235

UIN: NICHLIP25036V082425

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll  
Free Number: 1800 345 0330  
ईमेल/email: customer.support@nic.co.in  
 9920501906

ग्राहक का नाम /Customer Name: MR SAVANKUMAR LAXMANBHAI MEPANI

पता/Address: 29, BHURAKHIYA DHAM SOCIETY, NEAR NAVJIVAN HOTEL, SARTHANA JAKATNAKA, VARACHHA ROAD, SURAT,, शहर/City: SURAT, जिला/District: SURAT, राज्य/State: GUJARAT, पिन/PIN: 395006.  
सेल/Cell: \*\*\*\*\*83

ग्राहक आईडी /Customer ID: 9577719282

पैन /PAN: \*\*\*\*\*7H

आधार /AADHAR:

फोन /Phone: \*\*\*\*\*83

ई-मेल /E-Mail: \*\*\*\*\*a1@gmail.com

पॉलिसी: 19/06/2025 के 00:00 से 18/06/2026 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 19/06/2025 to midnight of 18/06/2026

प्रीमियम/ Premium	₹7,516.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 7,516.00		
सीजीएसटी/CGST	₹ 676.00		
एसजीएसटी/प्रृष्ठीजीएसटी / SGST/UTGST	₹ 676.00		
आईजीएसटी/IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	310600812510001069 दिनांक/Dt. 18/06/2025
कुल राशि /Total Amount	₹ 8,868.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	310600502410000721 दिनांक/Dt. 18/06/2025

(रूपए/Rupees Eight Thousand Eight Hundred Sixty Eight केवल/Only.)

\*सरकारी सहिती Government Subsidy: ₹ 0.00

बीमित व्यक्ति का विवरण/ Details of Insured Persons							
क्र.सं. /S.N o	बीमित व्यक्ति का नाम /Name of the Insured Person	जन्म तिथि-आयु /Date of Birth - Age	संबंध पेशा/Relation-Occupation	लिंग /Gender	बीमा राशि (₹.) सीबी राशि/Sum Insured(₹) CB Amount(₹)	घरेलू देखभाल उपचार/ Home Care Treatment	राष्ट्रीय गैर-चिकित्सा व्यय/National Non-Medical Expenses
1	SAVANKUMAR LAXMANBHAI MEPANI	22/09/1999-25	Self-Business	Male	200000 40000	NA	NA
2	PRIYANKA	04/11/1999-25	Wife-Housewife	Female	200000 0	NA	NA

## वैकल्पिक कॉपीराइट विवरण /Optional Copayment details :-

सह भुगतान/co payment %: NA

## नामांकित विवरण /Nominee Details

नामांकित व्यक्ति का नाम/ Name of the Nominee	बीमित व्यक्ति के साथ संबंध/ Relationship with Insured
PRIYANKA S. MEPANI	Wife

## खंडों, पृष्ठांकनों, वारंटियों की सूची /List of Clauses, Endorsements, Warranties

क्लॉज संख्या /Clause Name.	विवरण/ Description
	Terms and conditions as per fresh policy will be applicable to the newly added person, ___Mrs. Priyanka S. Mepani___

पॉलिसी नंबर /Policy Number:  
**310600502510000652**

व्यवसाय स्रोत /Business Source: 310600

**जारीकर्ता कार्यालय/Issuing Office**

कार्यालय कोड /Office Code: 310600

कार्यालय पता /Office Address: SURAT  
BUSINESS OFFICE I Godavari Bhavan,  
Above Handloom House, Chowk  
Sheri, Nanpura, Surat, Gujarat, - 395001.

राज्य कोड/State Code: 24, Gujarat

जीएसटीआईएन/GSTIN: 24AACN9967E1Z9

संपर्क संख्या Contact Number: 261 2474495

मोबाइल नंबर/Mobile Number: 0

**विक्रय चैनल विवरण/ Sales Channel Details**विक्रय चैनल कोड/ Sales Channel Code:  
9000146579

नाम/ Name: Mr Italiya Hitesh

संपर्क संख्या Contact Number: 9825085235

UIN: NICLIP25036V082425

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free  
Number: 1800 345 0330

ईमेल/email: customer.support@nic.co.in  
**9920501906**

**Frequency of Premium Payment:** Annual

एफ1/

**टीपी का विवरण/ TPA Details:** ERICSON INSURANCE TPA PVT LTD - VADODARA, Office No. 407, 4th Floor, Siddharath Complex, Rc Dutt Road, Alkapuri, Vadodara - 390001.

जिसकी गवाही में **18/June/2025** को उपरोक्त उल्लिखित कार्यालय परे पर अधोहस्ताक्षरी को विधिवत् अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध हैं, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ बहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आंख से ही निरस्त मानी जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 18/June/2025. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्सइंडियालिमिटेड ओम्बुड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Near S.V. College, Relief Road, Tilak Marg, AHMEDABAD-380 001. Gujarat  
Tel.: 079 - 25501201/25501202  
Email: bimalokpal.ahmedabad@cioins.co.in.

स्टॅप जूटी  
Stamp  
Duty:  
(₹ 0.50 )

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/

**For and on behalf of National  
Insurance Company Limited**

अधिकृत हस्तांककर्ता/ Authorized Signatory

## टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क.सं./Invoice Serial No: 30183H5PE0000652

इनवॉयस पि. तिथ/Invoice Date: 18/06/2025

## आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited.,  
 SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri, Nanpura, Surat, Gujarat, - 395001  
 राज्य/State : 24 , Gujarat  
 जीएसटीआईएन नंबर/GSTIN No : 24AACN9967E1Z9  
 GSTIN No :

## प्राप्तकर्ता का विवरण/Details Of Receiver : MR SAVANKUMAR LAXMANBHAI MEPANI

पता/Address : 29, BHURAKHIYA DHAM SOCIETY, NEAR NAVJIVAN HOTEL, SARTHANA JAKATNAKA, VARACHHA ROAD,  
 शहर/City : SURAT,  
 ज़िला/District: SURAT,  
 राज्य/State: GUJARAT,  
 पिन/PIN: 395006.

आपूर्ति का स्थान/Place Of Supply State : Gujarat  
 राज्य कोड/State Code : 24  
 जीएसटीआईएन नंबर/GSTIN No : NA  
 यूआयएन नं. UIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Discount	टैक्स योग्य/मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	राशि/Amount(₹)
997133	Accident and health insurance services	7,516	0%	7,516	9%	676	9%	676	0%	0	0
<b>TOTAL</b>		<b>7,516</b>		<b>7,516</b>		<b>676</b>		<b>676</b>		<b>0</b>	<b>0</b>

कुल इनवॉयस मूल्य (अंकों में) **Total Invoice Value (In figures) : ₹ 8,868**कुल इनवॉयस मूल्य (शब्दों में) **Total Invoice Value (In words) : रुपए/Rupees Eight Thousand Eight Hundred Sixty Eight केवल/Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

## E.&amp;O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/  
 For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



<b>National Insurance Company Limited</b>	
<b>CIN - U10200WB1906GOI001713</b>	IRDAI Regn. No. - 58

**National Mediclaim Policy  
Customer Information Sheet**

This documents provides key information about your policy. You are also advised to go through your policy document.

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.						
1.	<b>Name of Insurance Product</b>	<b>National Mediclaim Policy</b>							
2.	<b>Policy No.</b>	<b>310600502510000652</b>							
3.	<b>UIN No.</b>	<b>NICHЛИP25036V082425</b>							
4.	<b>Type of Insurance Product</b>	<b>Indemnity</b>							
5.	<b>Sum Insured</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Name of the Insured Person</th> <th style="text-align: center;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">SAVANKUMAR LAXMANBHAI MEPANI</td><td style="text-align: center;">200000</td></tr> <tr> <td style="text-align: center;">PRIYANKA</td><td style="text-align: center;">200000</td></tr> </tbody> </table>	Name of the Insured Person	Sum Insured	SAVANKUMAR LAXMANBHAI MEPANI	200000	PRIYANKA	200000	
Name of the Insured Person	Sum Insured								
SAVANKUMAR LAXMANBHAI MEPANI	200000								
PRIYANKA	200000								
6.	<b>Policy Coverage</b> (What the policy covers?)	<b>Expenses in respect of:</b> <ul style="list-style-type: none"> <li>a. Admission in Hospital beyond 24 hrs</li> <li>b. Room Charges</li> <li>c. Medical Practitioner's Fees</li> <li>d. Other Expenses</li> <li>e. Hemodialysis, Chemotherapy (other than oral), Radiotherapy</li> <li>f. Modern Treatments</li> <li>g. Treatment necessitated due to participation as a non-professional in hazardous or adventure sports</li> <li>h. Pre-hospitalization (treatment prior to admission in hospital) of 45 days</li> <li>i. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge</li> <li>j. Procedures requiring less than 24 hours of hospitalization (day care).</li> <li>k. AYUSH Treatment</li> <li>l. HIV/ AIDS Treatment</li> <li>m. Mental Illness Treatment</li> <li>n. Organ Donor's Medical Expenses</li> <li>o. Ambulance Charges</li> <li>p. Morbid Obesity Treatment</li> <li>q. Correction of Refractive Error (equal to or more than 7.5 dioptres)</li> </ul> <b>Other Benefit:</b> Reinstatement of Basic Sum Insured (available to Basic SI of 6L and above) <b>Good Health Incentive:</b> <ul style="list-style-type: none"> <li>a. Cumulative Bonus (CB)</li> <li>b. Preventive Health Check Up</li> </ul>	3 3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 3.9.1 3.9.2 3.9.3 3.9.4 3.9.5 3.9.6 3.9.7 3.9.8 3.10.1 3.11 3.11.1 3.11.2						
7.	<b>Exclusions</b> (what the policy does not cover)	<b>Waiting Period Exclusions</b> <ul style="list-style-type: none"> <li>a. Pre-Existing Diseases (Excl 01)</li> <li>b. Specified disease/procedure waiting period (Excl 02)</li> <li>c. First 30 days waiting period (Excl 03)</li> </ul> <b>Exclusions</b> <ul style="list-style-type: none"> <li>d. Investigation&amp; Evaluation (Excl 04)</li> <li>e. Rest Cure, Rehabilitation and Respite Care (Excl 05)</li> <li>f. Obesity/ Weight Control (Excl 06)</li> <li>g. Change-of-Gender Treatments (Excl 07)</li> <li>h. Cosmetic or Plastic Surgery (Excl 08)</li> <li>i. Hazardous or Adventure Sports (Excl 09)</li> <li>j. Breach of Law (Excl 10)</li> <li>k. Excluded Providers (Excl 11)</li> <li>l. Drug/Alcohol Abuse (Excl 12)</li> <li>m. Non-Medical Admissions (Excl 13)</li> <li>n. Vitamins, Tonics (Excl 14)</li> <li>o. Refractive Error (Excl 15)</li> <li>p. Unproven Treatments (Excl 16)</li> <li>q. Birth control, Sterility and Infertility (Excl 17)</li> <li>r. Maternity (Excl 18)</li> <li>s. Hormone Replacement Therapy</li> <li>t. General Debility, Congenital External Anomaly</li> <li>u. Self Inflicted Injury</li> <li>v. Stem Cell Surgery</li> <li>w. Circumcision</li> </ul>	4 4.1 4.2 4.3  5 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14 5.15 5.16 5.17 5.18 5.19 5.20						

	x. Vaccination or Inoculation. y. Massages, Steam Bath, Alternative Treatment (Other than AYUSH) z. Dental treatment aa. Domiciliary Hospitalization & Out Patient Department (OPD) treatment bb. Stay in Hospital which is not Medically Necessary. cc. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants dd. Non Prescription Drug ee. Treatment not Related to Disease for which Claim is Made ff. Equipments gg. Items of personal comfort hh. Service charge/ registration fee ii. Home visit charges jj. War kk. Radioactivity ll. Treatment taken outside the geographical limits of India	5.21 5.22 5.23 5.24 5.25 5.26 5.27 5.28 5.29 5.30 5.31 5.32 5.33 5.34 5.35						
	Exclusions in Mental Illness Cover Exclusions in Organ Donor's Medical Expenses	3.9.4 3.9.5						
8.	<b>Waiting period</b>  <b>a.</b> <b>Initial waiting period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents) <b>b.</b> <b>Specific waiting periods (Not applicable for claims arising due to an accident):</b> o Ninety (90) Days for 3 diseases/procedures/conditions o One (1) year for 5 diseases/procedures o Two (2) years for 20 diseases/procedures o Three (3) years for 4 diseases/procedures <b>c.</b> <b>Pre-Existing Diseases:</b> Covered after thirty six (36) months	4.3 4.2 4.1						
9.	<b>Financial limits of coverage</b> <b>i. Sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)  <b>ii. Co-payment</b> (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured ).  <b>iii. Deductible</b>  <b>iv. Any other limit</b>  Coverage shall be subject to the following <b>Sub Limits:</b> ( <b>SI</b> here means basic sum insured and cumulative bonus, if any) i. <b>Room Charges</b> - Up to 25% of SI (Any One Illness) a. <b>Room Rent</b> - Up to 1% of SI, subject to max of INR 10,000 per day b. <b>ICU charges</b> - Up to 2% of SI subject to max of INR 20,000 per day ii. <b>Medical Practitioner's Fees</b> - Up to 25% of SI (Any One Illness) iii. <b>Other Expenses</b> - Up to 50% of SI (Any One Illness). iv. <b>Hemodialysis, Chemotherapy (other than oral), Radiotherapy</b> – Up to 50% of SI or the PPN Package Rate v. <b>Modern Treatments</b> – Up to 25% of SI vi. <b>Treatment necessitated due to participation as a non-professional in hazardous or adventure sports</b> – Up to 25% of SI vii. <b>Ambulance Charges</b> – 1% of SI subject to maximum of INR 2,000 in a Policy Period  <b>Optional Copayment</b> The Insured may opt for Optional Co-payment, with discount in premium. Insured may choose either of the two Co-payment options: • 20% Co-payment on each admissible claim, with a 25% discount in premium • 10% Co-payment on each admissible claim, with a 12.5 % discount in premium  Not applicable  Not applicable	3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6 3.9.6 6.17.7						
10.	<b>Claims/ Claim Procedure</b>  For Cashless Service i. Notification of claim to be provided as per table below. <table border="1"> <thead> <tr> <th>Notification of claim for Cashless facility</th> <th>TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td> </tr> <tr> <td>In the event of emergency hospitalisation</td> <td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td> </tr> </tbody> </table> ii. Cashless Facility for treatment in Network Providers or <b>any other provider</b> can be availed, if TPA service is opted. Treatment may be taken in a network provider / PPN or a <b>non other provider</b> and is subject to pre-authorization by the TPA. Updated list of network provider/PPN is available on the website of the Company and the TPA mentioned in the schedule. iii. Cashless request form available with the Network Provider and TPA shall be completed and sent to the TPA for authorization. iv. The TPA upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue a pre-authorization letter <b>within an hour</b> to the Hospital	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider	6.17.1 6.17.2
Notification of claim for Cashless facility	TPA must be informed:							
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider							
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider							

	<p>after verification.</p> <ul style="list-style-type: none"> <li>v. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</li> <li>vi. The TPA shall grant the final authorization <b>within three hours of the receipt</b> of discharge authorization request from the Hospital.</li> <li>vii. The TPA reserves the right to deny pre-authorization in case the Insured Person/ Network Provider is unable to provide any required details related to the pre authorization request.</li> <li>viii. In case of denial of Cashless Facility, the Insured Person may obtain the treatment as per treating Medical Practitioner's advice and submit the necessary documents to the Company or the TPA for reimbursement of claim.</li> </ul> <p><b>For Reimbursement of Claim</b></p> <p>ix. Notification of claim to be provided as per table below.</p> <table border="1"> <thead> <tr> <th>Notification of claim for Reimbursement</th><th>Company/TPA must be informed:</th></tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission</td></tr> <tr> <td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission</td></tr> </tbody> </table> <p>x. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table border="1"> <thead> <tr> <th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr> </thead> <tbody> <tr> <td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within thirty (30) days of date of discharge from Hospital</td></tr> <tr> <td>Reimbursement of post hospitalisation expenses</td><td>Within thirty (30) days from completion of Post Hospitalisation treatment</td></tr> <tr> <td>Reimbursement of Preventive Health Check-Up expenses</td><td>At least forty five (45) days before the expiry of the fifth Policy Period</td></tr> </tbody> </table> <p><b>Claim Settlement</b></p> <p>xi. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p> <p>xii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.</p> <p>xiii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.</p> <p>xiv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim</p> <p><b>Turn Around Time (TAT) for claims settlement:</b></p> <p>xv. TAT for preauthorization of cashless facility –1 hour from the time last necessary document is received by TPA</p> <p>xvi. TAT for cashless final bill authorization – 3 hours from the time discharge bill is received by TPA</p> <p><b>Network Hospital Details:</b> <a href="https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals">https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals</a></p> <p><b>Helpline Number:</b> 1800 345 0330</p> <p><b>Downloading Claim form:</b> <a href="https://nationalinsurance.nic.co.in/en/health-insurance">https://nationalinsurance.nic.co.in/en/health-insurance</a></p>	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission	Type of claim	Time limit for submission of documents to Company/TPA	Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within thirty (30) days of date of discharge from Hospital	Reimbursement of post hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment	Reimbursement of Preventive Health Check-Up expenses	At least forty five (45) days before the expiry of the fifth Policy Period	6.17.3
Notification of claim for Reimbursement	Company/TPA must be informed:															
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission															
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission															
Type of claim	Time limit for submission of documents to Company/TPA															
Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within thirty (30) days of date of discharge from Hospital															
Reimbursement of post hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment															
Reimbursement of Preventive Health Check-Up expenses	At least forty five (45) days before the expiry of the fifth Policy Period															
11.	<b>Policy Servicing</b>	Toll free: 1800 345 0330 E-mail: <a href="mailto:customer.relations@nic.co.in">customer.relations@nic.co.in</a> Phone: (033) 6811 0000 Post: National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, New Town, Kolkata - 700156	6.3													
12.	<b>Grievances/ Complaints</b>	<b>In case of any grievance the insured person may contact the company through</b> <u>Website:</u> <a href="https://nationalinsurance.nic.co.in/en/grievance">https://nationalinsurance.nic.co.in/en/grievance</a> <u>Helpline:</u> 1800 345 0330 <u>E-mail:</u> <a href="mailto:customer.relations@nic.co.in">customer.relations@nic.co.in</a> <u>Phone :</u> (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajarhat, New Town, Kolkata - 700156 <b>Insurance Ombudsman</b> – As per Appendix II attached to Policy. Dedicated Email ID for Senior Citizens: <a href="mailto:health.srccitizens@nic.co.in">health.srccitizens@nic.co.in</a>	7													
13.	<b>Things to Remember</b>	<b>Free Look Period</b> You may cancel the insurance policy if you don't want it, within 30 days from the beginning of the policy. (Not applicable on renewals) If the insured has not made any claim during the Free Look Period, the insured shall be entitled to	6.13													

	<p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</p> <p>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p><b>Policy Renewal</b> A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured</p> <p><b>Migration and Portability:</b></p> <ul style="list-style-type: none"> <li>The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</li> <li>The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 15 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability</li> </ul> <p><b>Change in Basic Sum Insured:</b></p> <ol style="list-style-type: none"> <li>Basic Sum insured can be enhanced only at the time of renewal.</li> <li>For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods.</li> </ol> <p><b>Moratorium Period:</b> After completion of sixty continuous months under the policy no look back to be applied. This period of sixty months is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	6.9 6.7 6.8 6.23 6.11
14.	<p><b>Your Obligations</b></p> <ul style="list-style-type: none"> <li>Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement.</li> <li>The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.</li> </ul> <p>"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	6.1

#### Legal Disclaimer

The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

#### Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

#### Insurance is the Subject matter of Solicitation