



### New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

#### Policy Schedule

Current Policy No	23040061252800004410	Current Policy Period	From:16/08/2025 12:00:01 AM To:15/08/2026 11:59:59 PM
Previous Policy No	23040034242800004820	Previous Policy Period	16-AUG-24 to 15-AUG-25

#### Policyholder's Details

Policyholder Name	KISHANBHAI KALUBHAI KANAK	Customer ID	ME17141212
		PAN Card No	EUFPK3108J
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX8790
Policyholder's address	16-ARJUN NAGAR -1 KARGIL CHOWK PUNA GAM SURAT 9510328790 SURAT ,GUJARAT, 395010	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	VAISHALIBEN KANAK
		Relation with the Policy holder	Spouse
		GSTIN	NA

#### Policy Issuing Office and Intermediary Details

Office Name and Code	DO-IV (230400)	Office Contact No	2336864 / 2337644
Office Email Id	nia.230400@newindia.co.in	Development Officer	DIRECT CODE 230400 (1D3937242)
		Name of the Agent/Intermediary	KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Office Address	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002	Contact No. of Agent/Intermediary	9979343593 / 2336864
		E-mail id of Intermediary	ramanikapil284@yahoo.com, nia230400@gmail.com,
Regional Office	SURAT RO (230000)	GSTIN	24AACN4165C2ZW
Regional Contact No	NA	SAC	997133 (Accident and health insurance services)

#### Details Of TPA (Notice or Communication to be given in respect of claim)

Name of the TPA	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	customercare@mdindia.com	Address of the TPA	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,
Toll Free / Contact No of the TPA	18002097800 18002097777 /		
Fax of TPA	02025300003		

#### Highlights of New India Floater Mediclaim Policy\*

* Day one baby cover.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % 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.	*Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above
* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye	* For Pre Existing Diseases Waiting period is 36 Months.
* For specified diseases waiting period is 24 months	*Please refer to policy clause for detailed T&Cs

#### Important

Policy No. : 23040061252800004410 Document generated by QR\_RENEWAL at 08/08/2025 09:53:04 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>.



*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.
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 <a href="https://www.newindia.co.in">https://www.newindia.co.in</a> 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)	Gender	Relation	*Date of inception of first policy	Pre Existing Disease
1	KISHANBHAI KALUBHAI KANAK(ME17141 212)	16/01/1992(33)	M	SELF	16/08/2022	NA
2	VAISHALIBEN (ME17141222)	12/11/1992(32)	F	SPOUSE	16/08/2022	NA
3	VANSK K KANAK (ME17141223)	16/08/2017(8)	M	CHILD	16/08/2022	NA

Floater Sum Insured	300000	Floater Cumulative Bonus	0
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	300000	0	0

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	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	Premium for Optional Cover - IV	Discount	Modern Treatment Rider premium	CB Discount	Gross Premium
1	KISHANB HAI KALUBHA I KANAK	5611	980	0	0	0	660	842	0	6773
2	VAISHALI BEN	5548	980	0	0	0	653	832	0	6707
3	VANSK K KANAK	2837	980	0	0	0	382	426	0	3861

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034242800 004820	VAISHALIBEN	16/08/2024	15/08/2025	0	0	N
2	23040034232800 005496	VANSK K KANAK	16/08/2023	15/08/2024	0	0	N
3	23040034242800 004820	VANSK K KANAK	16/08/2024	15/08/2025	0	0	N
4	23040034232800 005496	KISHANBHAI KALUBHAI KANAK	16/08/2023	15/08/2024	300000	75000	N



5	23040034242800 004820	KISHANBHAI KALUBHAI KANAK	16/08/2024	15/08/2025	300000	30000	N
6	23040034232800 005496	VAISHALIBEN	16/08/2023	15/08/2024	0	0	N
					Total Gross Premium(Without GST)		17341
					CGST(@9%)		1561
					SGST(@9%)		1561
Net Premium in Words(RUPEES TWENTY THOUSAND FOUR HUNDRED SIXTY-THREE ONLY)					IGST		0
					Total GST		3122
					Net Premium(With GST)		20463

\*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 16th day of August 2025.

Date of Issue: 08/08/2025

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

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



<b>Insurer Office Code</b>	:	DO-IV (230400)
<b>Address</b>	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
<b>Telephone</b>	:	2336864 / 2337644
<b>Fax</b>	:	2313467

**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. KISHANBHAI KALUBHAI KANAK has paid ₹ 20463 towards premium for New India Floater Mediclaim for the period 16/08/2025 12:00:01 AM to 15/08/2026 11:59:59 PM

<b>Policy no.</b>	:	23040061252800004410
<b>Receipt no. &amp; date</b>	:	10000089250800261702 08/08/2025

Date of Issue: 08/08/2025

(MR. SANDEEP KUMAR)  
[DIV 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)



1. Name of the Proposer: KISHANBHAI KALUBHAI KANAK

2. Policy Number of the Retail Health Policy: 23040061252800004410

3. Type of Policy (Individual/Floater): Floater

S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Add on Cover Premium
1	Kishanbhai Kalubhai Kanak(ME17141212)	16/01/1992(33)	M	SELF	842
2	Vaishaliben (ME17141222)	12/11/1992(32)	F	SPOUSE	832
3	Vansh K Kanak (ME17141223)	16/08/2017(8)	M	CHILD	426
It is hereby declared that on payment of additional premium for the persons as shown in premium table, Modern Treatment or Procedures as specified under the policy will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 100% of Sum insured subject to the terms and condition of the policy.					

**Terms and Conditions:**

A. This Rider is not available for persons suffering from or suffered in the past one or more of the following Illnesses/Conditions:

- \* Cancer (even if treatment is completed)
- \* Age related macular degeneration
- \* Sickle cell anaemia
- \* Thallassemia Major

B. The Rider can be purchased along with the Base Policy and cannot be purchased in isolation or as a separate product.

C. Rider can be purchased only at the time of inception or at renewal of the Base policy and cannot be opted in/out during the course of policy.

D. Modern treatment procedures are payable only once during a policy period (this is applicable only to surgical procedures i.e. except for Oral Chemotherapy, Intravitreal Injections and Immunotherapy- Monoclonal Antibody to be given as injection)

E. A deductible of 10% is applicable on the admissible claim amount. Please see the detailed T&Cs.

F. No pre and post hospitalization expenses are payable for claims under oral chemotherapy.



## IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 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.

QR code for PPN HOSPITAL



List of PPN Hospitals

QR CODE FOR TERMS AND CONDITIONS



In case of requirement of printed copy of terms and conditions, please contact our business office



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 : 23040025P0017212

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C