



Yuva Bharat Health Policy
UIN: NIAHLIP25059V032425

Policy Schedule

Policy No	23040061252400000967	Current Policy Period	From:27/12/2025 12:00:01 AM To:26/12/2026 11:59:59 PM
Policy term(Duration)	1	Previous Policy Period	27-DEC-24 to 26-DEC-25
Previous Policy No	23040034242400000911		

Policyholder's Details

Policyholder Name	BALDHA GAURANGKUMAR BAVCHANDBHAI	Customer ID	POA1976468
		PAN Card No	BVIPB7599F
GSTIN	NA	Mobile No/Phone No	XXXXXX1296, XXXXXX1296
Policyholder's address	I - 202 . AMRUT RESIDENCY ABRAMA ROAD MOTA VARACHHA SURAT 9727441296 SURAT ,GUJARAT, 395006	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	ANKITABEN
		Relation with the Policy holder	SPOUSE

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/CPSC User	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	24AAACN4165C2ZW
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	HERITAGE HEALTH INSURANCE TPA PVT LTD		
Email-id of the TPA	heritage_health@bajoria.in	Address of the TPA	NICCO HOUSE, 5TH FLR, 2 HARE STREET,KOLKATA- 700001,
Toll Free / Contact No of the TPA	18003453477 18001024547 /		
Fax of TPA			
Plan Chosen	BASIC	Zone Opted	ZONE I:Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara
Date of Opting the Plan	27/12/2024	Optional Cover for Maternity	NO
Date of Inception of Plan	27/12/2024	Date of Inception of Maternity Optional Cover	

Insured Person's details

S. No	Name of the Insured(Member ID)	Date of Birth	Age	Gender	Relation	ABHA ID(If Any)	*Date of Inception of First Policy	Pre-Existing Disease
-------	--------------------------------	---------------	-----	--------	----------	-----------------	------------------------------------	----------------------



S. No	Name of the Insured(Member ID)	Date of Birth	Age	Gender	Relation	ABHA ID(If Any)	*Date of Inception of First Policy	Pre-Existing Disease
1	Baldha Gaurangkumar Bavchandbhai(PO A1976468)	06/06/1991	34	Male	SELF	NA	27/12/2018	NA,NA
2	Ankitaben (ME18059424)	02/05/1990	35	Female	SPOUSE	NA	27/12/2018	NA,NA
3	Jiya (ME18059432)	20/06/2014	11	Female	CHILD	NA	27/12/2018	NA,NA
4	Kunj (ME18059438)	14/09/2017	8	Male	CHILD	NA	27/12/2018	NA,NA
Floater Sum Insured		500000			Floater Cumulative Bonus		125000	

Riders Table							
Name of Insured	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	CRITICAL ILLNESS RIDER	D.O.I for CRITICAL ILLNESS RIDER	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
BALDHA GAURANGKUMAR BAVCHANDBHAI	NO	NO	NO	NO	NA	NO	NO
ANKITABEN	NO	NO	NO	NO	NA	NO	NO
JIYA	NO	NO	NO	NO	NA	NO	NO
KUNJ	NO	NO	NO	NO	NA	NO	NO

Premium Details

SL No	Name of the Insured	Basic Premium	Premium for Maternity Optional Cover	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESS RIDER Premium	DURABLE MEDICAL DEVICES RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
1	BALDHA GAURANGKUMAR BAVCHANDBHAI	7370	0	0	0	0	0	0	0	0	0	0
2	ANKITABEN	7370	0	0	0	0	0	0	0	0	0	0
3	JIYA	4279	0	0	0	0	0	0	0	0	0	0
4	KUNJ	4279	0	0	0	0	0	0	0	0	0	0
Total Gross Premium(Without GST)										18711		
CGST										0		
SGST										0		
IGST										0		
Total GST										0		
Net Premium in Words (RUPEES EIGHTEEN THOUSAND SEVEN HUNDRED ELEVEN ONLY)										Net Premium(With GST) 18711		

Previous Year Policy Details

Policy No	23040061252400000967	Policy Period	From:27/12/2025 12:00:01 AM To:26/12/2026 11:59:59 PM
-----------	----------------------	---------------	--



Company	Policy Number	Name of the Insured	Plan Opted	From Date	To Date	Sum Insured	CB Amount	Pre-Existing Disease
---------	---------------	---------------------	------------	-----------	---------	-------------	-----------	----------------------

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 _____ day of _____ 20__.

Date of Issue: 19/12/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

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

IMPORTANT
<p>1. This policy is subject to the terms and conditions contained in the policy document (Clauses).</p> <p>2. This policy is governed by Health Insurance Regulations 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024 and all its addendums.</p> <p>3. This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 AND Master Circular on Health Insurance Business 2024 by IRDAI.</p> <p>4. This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.</p> <p>5. Health Insurance Regulations 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI are available on the website of IRDAI.</p> <p>6. 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.</p>
<p>IMPORTANT</p> <p>*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.</p> <p>2. Enhanced Sum Insured under the policy will be subject to policy clauses 4.1, 4.2 and 4.3</p> <p>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.</p>
<p>"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.</p>
General Conditions for Installment Premium
<p>1. The premium shall be paid on or before the installment due date as mentioned in the Policy Schedule.</p> <p>2. Grace Period of 15 days for monthly installment and 30 days for quarterly and half-yearly mode would be given to pay the installment premium due for the Policy. During such Grace Period, Coverage will be available. 3. If installment premium is not paid within the Grace Period, then policy shall cease to exist at midnight of such due date and will be treated as lapsed 3. and company shall not be liable to pay any claim whatsoever.</p> <p>4. In case of a claim, you will be liable to pay the balance premium due under the policy before the claim is intimated.</p>



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

Yuva Bharat, New India Assurance

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. BALDHA GAURANGKUMAR BAVCHANDBHAI has paid ₹ RUPEES EIGHTEEN THOUSAND SEVEN HUNDRED ELEVEN ONLY (in words) towards premium for YUVA BHARAT HEALTH POLICY, New India Assurance for the period 27/12/2025 12:00:01 AM to 26/12/2026 11:59:59 PM

Policy no.	: 23040061252400000967
Receipt no. & date	: 10000089251200721572 19/12/2025

Date of Issue: 19/12/2025

(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)

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 : 23040025E0034398



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C