



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

New India Asha Kiran Policy Schedule
UIN: NIAHLIP25047V042425

Customer ID	: ME12997655		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: JAYANT LAKSHMANBHAJI VARTAK	Office Code	: DO-IV (230400)
Address	: A/42 SANT GYANESHWAR SOC. PALANPUR CHECH POST NAVYUG COLLEGE ADAJAN SURAT 7069526677 SURAT ,GUJARAT, 395009	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No/Mobile No.	: XXXXXX6677	Phone No	: 2336864 / 2337644
E-mail/Fax	: ramanikapil284@yahoo.com, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	: AEMPV7502A	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
Business Source Code			
Policy Number	: 23040061252700001241	Dev.Off. level/Broker/Direct/IMF/Web Aggregator/CPSC User	: DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From:25/01/2026 12:00:01 AM To:24/01/2027 11:59:59 PM	Agent/Bancassurance/Specialized Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034242700001287	Phone No	: 9979343593 / 2336864
Client Type		E-mail/Fax	: ramanikapil284@yahoo.com, nia230400@gmail.com, / /

Member Details										
Sl. No.	Name of Insured Person	Date of Birth	Age	Gender	Relation	Total Sum Insured	Date of Inception of Continuous Coverage	ABHA ID(If Any)	Pre-existing Illness/ Disease	Pre-existing disability
1	SALONI	20/05/2009	16	F	Daughter	0	25/01/2021	NA	NA	NA
2	SWATI VARTAK	06/03/1980	45	F	Spouse	0	25/01/2021	NA	NA	NA
3	JAYANT LAKSHMANBHAI VARTAK	24/09/1977	48	M	Self	500000	25/01/2021	NA	NA	NA
4	SAUMYAA	26/06/2016	9	F	Daughter	0	25/01/2021	NA	NA	NA

Total Sum Insured	500000
Zone	ZONE-I

Sl. No.	COVERAGE			COMPENSATION
1.a	Accidental Death of		Proposer or Spouse	100% of Sum Insured
1.b	Accidental Death of		Proposer and Spouse	200% of Sum Insured
2.a	Permanent Total Disablement of		Proposer or Spouse	100% of Sum Insured
2.b	Permanent Total Disablement of		Proposer and Spouse	200% of Sum Insured
3.a	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of		Proposer or Spouse	100% of Sum Insured
3.b	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of		Proposer and Spouse	200% of Sum Insured

Policy No. : 23040061252700001241 Document generated by QR_RENEWAL at 12/01/2026 17:26:03 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>.



4.a	Loss of one limb / sight in one eye of	Proposer or Spouse	50% of Sum Insured
4.b	Loss of one limb / sight in one eye of	Proposer and Spouse	100% of Sum Insured

EACH ZONE IS CLASSIFIED AS BELOW:(The Cities mentioned below would include their Urban Agglomeration)

Zone-I	Greater Mumbai (includes Mira-Bhayandar(M CI), Thane(M Corp), Navi Mumbai(M Corp), Kalyan-Dombivli(M Corp), Ulhasnagar(M Corp), Ambarnath(M CI), Badlapur(M CI)) and State of Gujarat
Zone-II	Delhi NCR (Includes Faridabad, Gurgaon, Mewat, Rothak, Sonepat, Rewari, Jhajjhar, Panipat and Palwal, Meerut, Ghaziabad, Gautam Budha Nagar, Bulandshahr, and Baghpat, Alwar and NCT of Delhi), Bangalore, Chennai, Hyderabad and Secunderabad, Pune and Kolkata
Zone-III	Rest of India (Other than those areas specified in Zone I and II)

Details Of TPA(Notice or communication to be given in respect of claims)

Name	:	HERITAGE HEALTH INSURANCE TPA PVT LTD	Telephone	:	18001024547
Address	:	NICCO HOUSE, 5TH FLR, 2 HARE STREET, KOLKATA- 700001, KOLKATA- 700001	Fax Email Toll Free No. Mobile No.	:	

Name of Nominee :	SWATI	Relation :	Spouse
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*This Policy is subject to terms and conditions of New India Asha Kiran.

Previous Policy Details

Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
Personal Personal Accident Cover					Optional Cover I: Revision in Limit of Cataract (For 8 Lakhs and above Sum Insured)		
Critical Care Benefit 10% of the Sum Insured.					For Pre Existing Diseases Waiting period is 36 Months.		
Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.					For specified diseases waiting period is 24 months.		
Hospital Cash up to 1% of Sum Insured.					*Please refer to policy document for detailed terms and conditions.		
Ambulance charges up to 1% of Sum Insured					Cataract claims up to 10% of Sum Insured or ₹50,000 whichever less, for each eye.		
* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.							

"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.

Floater Sum Insured	500000
Break In Insurance - Dynamic	

Optional Cover Table

Member Wise - Optional Cover - I (Revision in Cataract Limit)

S. No	Name of the Insured (Opting Optional Cover I)	Date of Opting Optional Cover - I
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Riders Table

Name of Insured	MATERNITY RIDER	D.O.I for MATERNITY RIDER	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	CRITICAL ILLNESS RIDER	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
JAYANT LAKSHMANB HAI VARTAK	NO	NA	N	NA	NO	N	N	NO



Name of Insured	MATERNITY RIDER	D.O.I for MATERNITY RIDER	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	Critical Illness Rider	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
SWATI VARTAK	NO	NA	N	NA	NO	N	N	NO
SALONI	NO	NA	N	NA	NO	N	N	NO
SAUMYAA	NO	NA	N	NA	NO	N	N	NO

Premium Details													
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	MATERNITY RIDER Premium	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 Discout	Other Discount s
1	JAYANT LAKSHMAN BHAI VARTAK	17027	0	0	0	0	0	0	0	0	0	0	0
2	SWATI VARTAK	3199	0	0	0	0	0	0	0	0	0	0	0
3	SALONI	857	0	0	0	0	0	0	0	0	0	0	0
4	SAUMYAA	857	0	0	0	0	0	0	0	0	0	0	0
										Total Gross Premium(Without GST)	21084		
										CGST	0		
										SGST	0		
Net Premium in Words(RUPEES TWENTY-ONE THOUSAND EIGHTY-FOUR ONLY)										IGST	0		
										Total GST	0		
										Net Premium(With GST)	21084		

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹21084
SGST	0	0
CGST	0	0
IGST	0	0

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand

at _____ this _____ day of _____ 20

Date of Issue: 12/01/2026

(MR. SANDEEP KUMAR)
[DIV MANAGER]



	Authorized Signatory For and on behalf of The New India Assurance Company Limited
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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

New India Asha Kiran

**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 120 D OF INCOME TAX (AMENDMENT) ACT
111505**

This is to certify that Mr./Mrs. JAYANT LAKSHMANBHAI VARTAK has paid ₹ RUPEES TWENTY-ONE THOUSAND EIGHTY-FOUR ONLY (in words) towards premium for New India Asha Kiran for the period 25/01/2026 12:00:01 AM to 24/01/2027 11:59:59 PM

Policy no.	:	23040061252700001241
Receipt no. & date	:	10000089250100402933 12/01/2026

Date of Issue: 12/01/2026

(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)



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 : 23040025P0037861

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

