THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

ADDITIONAL ENDORSEMENT DOCUMENT
NEW INDIA FLOATER MEDICLAIM POLICY POLICY

Insured Name	:	SHAILESHBHAI TULSIBHAI KUKADIYA	Insurer Office Code	:	DO-IV (230400)
Address	:	A- 99 TULSI DARSHAN SOC. YOGI CHOWK VARACHHA ROAD SURAT 9722454498 SURAT ,GUJARAT, 395006	Address	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Telephone	:	//XXXXXX4498	Telephone	:	2336864 / 2337644
Fax	:		Fax	:	2313467
Place of Supply	:	GUJARAT	State Code	:	GJ
Insured Pan Number	:	BOTPK3997Q			
GSTIN	:	NA	GSTIN	:	24AAACN4165C2ZW
UIN	:	NA	SAC	:	997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number				:	23040061252800003503
Department	:	Health Insurance	Cover	:	STANDARD COVERPolicy
Period of Insurance	:	From 18/07/2025 12:00:01 AM To 17/07/2026 11:59:59 PM	Endorsement No	:	23040034252883000049
			Effective Date	:	04 September 2025
Date Signed	:	04-SEP-25	Sum Insured₹	:	300,000.00
Additional Premium ₹	:	2,000.00	Additional GST ₹	:	360
Refund Premium ₹	:	N/A	Refund ST/GST. ₹	:	N/A
Policy Duration	:	1 Years			

Change in Policy Attributes

Parameter Name	Changed Value	Old Value
Policy Status	06	12
Duplicate Policy Document Generartion fee required	No	
Endorsement Type List	Addition Of Members	
RO Approval No.	none	11111
Dummy250061	N	

Change in Policy Risk Attributes

Risk Number	Parameter Name	Changed Value	Old Value
5	Name	KEDAR KUKADIYA	N/A
5	Sex	Male	N/A
5	DOB of Member	30/05/2025	N/A
5	Relation of Floater Mediclaim	Children	N/A
5	Member Covered in policy?	Yes	N/A
5	Dependent Children	Yes	N/A
5	Dependent type	Normal	N/A
5	Occupation for Mediclaim Member	Students - School and College	N/A
5	If "Any Other"		N/A
5	Is Medical Examination done	No	N/A
5	Enhanced Sum Insured		N/A
5	Total sum insured		N/A

Signature Not Verified
Digitally signed by DHIRAJ KUMAR
Date: 2025.09.04 12:14:56 IST

Risk Number	Parameter Name	Changed Value	Old Value
5	Age (Year)	0	N/A
5	Adverse Medical History	No	N/A
5	Cost of Pre Medical Check Up		N/A
5	Adverse Medical History Detail		N/A
5	Staff Discount	No	N/A
5	Employee type	Ex Employees	N/A
5	SR No.	0	N/A
5	Company Name of Staff Member	GIC	N/A
5	Details of Medical Examination		N/A
5	Are You Suffering from any of the following diseases	No	N/A
5	Hypertension	No	N/A
5	Diabetes	No	N/A
5	Any Critical illness	No	N/A
5	Are you suffering from Chronic illness	No	N/A
5	Any recurring illness	No	N/A
5	Optional Cover II- Maternity Expenses Benefit	No	N/A
5	Date of inception of Optional Cover II		N/A
5	Optional Cover III- Revision in Cataract Limit	No	N/A
5	Date of inception of Optional Cover III		N/A
5	Dependent		N/A
5	Inceptiondate	S	N/A
5	Whether You Had A Health Policy in the Past	No	N/A
5	Company name		N/A
5	Expiring Policy Number	none	N/A
5	Sum Insured	0	N/A
5	Date of inception of first policy	04/09/2025	N/A
5	Expiry Date of last Policy	01/01/1900	N/A
5	Policy Status	06	N/A
5	Previous Policy Details	Open	N/A
5	Height	0	N/A
5	Weight		N/A
5	Waist Line (in Inches)		N/A
5	Do you smoke?		N/A
5	Do you chew tobacco?		N/A
5	Do you Drink Alcohol?		N/A
5	Pre-existing Disease for Mediclaim Member	No	N/A
5	Nature of disease		N/A
5	Other PED Details 1	none	N/A
5	Other PED Details 2		N/A
5	Name and address of medical attendant/surgeon	none	N/A
5	Date first treated	01/01/1900	N/A
5	Whether Fully cured		N/A
5	Whether Insured is admitted for the pre existing disease		N/A
5	Date of Discharge from the Hospital	01/01/1900	N/A

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

Risk Number	Parameter Name	Changed Value	Old Value
5	Any more Pre- Existing Diseases		N/A
5	Nature of Pre-existing Diseases	Open	N/A

It is hereby understood and agreed that the endorsement on policy 23040061252800003503 will be in effect from 04 September 2025.

Reason	IT IS HEREBY UNDERSTOOD AND AGREED TO ADD MEMBER AS PER INSUREDS REQUEST" OTHER T&C REMAIN UNALTERED.

Premium and GST Details

	Rate of Tax	Amount
Premium		2,000.00
SGST	9	180
CGST	9	180
IGST	0	0

TOTAL PAYABLE : 2360

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 : 23040025E0020641

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C