



## New India Mediclaim Policy

NIAHLIP25040V082425

### Policy Schedule

Policy No	23040061259500002144	Policy Period	From:05/09/2025 12:00:01 AM To:04/09/2026 11:59:59 PM
Policy Term(Duration)	1	Previous Policy Period	05-SEP-24 to 04-SEP-25
Previous Policy No	23040034249500002224		

### Policyholder's Details

Policyholder Name	MAIYANI LADHABHAI ODHAVJIBHAI	Customer ID	H4353223
		PAN Card No	
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX3000
Policyholder's address	9-10, VISHNUNAGER -VIBHAG-1, A.K. ROAD, SURAT 9825127991 9574663000 SURAT ,GUJARAT, 395006	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	MAIYANI GAURIBEN LADHABHAI
		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	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			

### Highlights of New India Mediclaim Policy\*

* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/-.	* Hospital Cash up to 1% of Sum Insured.
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.
* Cumulative Bonus 25% SI for claim free year.	* Midterm inclusion of newly married spouse.
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 36 Months
* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* For specified diseases waiting period is 24 months



\* Optional Cover V: For Non-Payable Items \* Please refer to policy document for detailed terms and conditions.

### Important

\*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 <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.

Insured Persons details (Cumulative Bonus is applicable for more than 1 L Sum Insured persons.)									
S. No	Name of the insured (Member ID)	Date of birth(Age)	Gender	Relation	ABHA ID(if any)	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease
1	Maiyani Ladhahai Odhavjibhai(H4353223)	22/03/1955(70)	M	Proposer	NA	300000	150000	05/09/2003	NA,NA
2	Maiyani Gauriben Ladhahai (H4348105)	01/06/1957(68)	F	Spouse	NA	300000	75000	05/09/2003	NA,NA

Cumulative Bonus Details				
S. No	Member ID	Sum Insured	CB percentage	CB Amount
1	H4353223	300000	50	150000
2	H4348105	300000	25	75000

Optional Cover Table			
Member Level - Optional Cover - I (Revision in Cataract Limit)	Not Opted	Policy Level - Optional Cover - II (Voluntary Co-pay of 20%)	Not Opted

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

Premium Details														
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	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 Discount	Other Discounts
											Total Gross Premium(Without GST)	66368		
											CGST(@9%)	5973		
											SGST(@9%)	5973		
Net Premium in Words(RUPEES SEVENTY-EIGHT THOUSAND THREE HUNDRED FOURTEEN ONLY)											IGST	0		
											Total GST	11946		
											Net Premium(With GST)	78314		

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases



1	230400342395 00002328	MAIYANI GAURIBEN LADHABHAI	05/09/2023	04/09/2024	300000	0	NA
2	230400342395 00002328	MAIYANI LADHABHAI ODHAVJIBHA I	05/09/2023	04/09/2024	300000	150000	NA
3	230400342495 00002224	MAIYANI GAURIBEN LADHABHAI	05/09/2024	04/09/2025	300000	0	N
4	230400342495 00002224	MAIYANI LADHABHAI ODHAVJIBHA I	05/09/2024	04/09/2025	300000	150000	N

\*This Policy is subject to terms and conditions of New India 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 5th day of September 2025.

Date of Issue: 03/09/2025

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

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



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 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. MAIYANI LADHABHAI ODHAVJIBHAI has paid ₹ 78314 towards premium for New India Mediclaim for the period 05/09/2025 12:00:01 AM to 04/09/2026 11:59:59 PM

Policy no.	:	23040061259500002144
Receipt no. & date	:	23040081250000009227 03/09/2025

Date of Issue: 03/09/2025

(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)



**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 : 23040025E0020469

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**

