



## New India Mediclaim Policy

NIAHLIP25040V082425

### Policy Schedule

Policy No	23040061259500000930	Policy Period	From:23/06/2025 12:00:01 AM To:22/06/2026 11:59:59 PM
Policy Term(Duration)	1	Previous Policy Period	23-JUN-24 to 22-JUN-25
Previous Policy No	23040034249500001160		

### Policyholder's Details

Policyholder Name	SHOBHANADEV I K BANTHIYA	Customer ID	1H2315172
		PAN Card No	AFZPB1589H
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX9488
Policyholder's address	A/P- C-208,SURYA RESIDENCY NEAR DHIRAJ SONS,VESU SURAT SURAT ,GUJARAT, 395007	Email id	ramanikapil284@yahoo.com, ramanikapil284@yahoo.com
		Name of the Nominee	KANTILALJI
		Relation with the Policy holder	HUSBAND
		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	FAMILY HEALTH PLAN INSURANCE TPA LTD.		
Email-id of the TPA	seniorcitizensdesk@fhpl.net	Address of the TPA	GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,
Toll Free / Contact No of the TPA	18001024273 18001037519 /		
Fax of TPA	914023541400		

### 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.
<b>Important</b>	
*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 (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	Shobhanadevi K Banthiya(1H23 15172)	04/08/1965(59)	F	Proposer	NA	500000	0	08/06/2021	NA,

Cumulative Bonus Details				
S. No	Member ID	Sum Insured	CB percentage	CB Amount

Optional Cover Table					
Policy Level - Optional Cover - 1 (No Proportionate Deduction) for 2L SI & above		Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)		Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted	Member Level - Optional Cover V (For Non-Medical Items)	Not Opted
Modern Treatment Rider	Not Opted				

Premium Details											
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III	Discount for Optional Cover IV	Premium for Optional Cover V	Premium for Modern Treatment Rider	Discount	CB Discount	Total Premium
1	SHOBHA NADEVI K BANTHIYA	29990	0	0	0	0	0	0	0	0	29990
									Total Gross Premium(Without GST)	29990	
									CGST(@9%)	2699	
									SGST(@9%)	2699	
Net Premium in Words(RUPEES THIRTY-FIVE THOUSAND THREE HUNDRED EIGHTY-EIGHT ONLY)									IGST	0	
									Total GST	5398	
									Net Premium(With GST)	35388	

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	160801342395 00000046	SHOBHANAD EVI K BANTHIYA	23/06/2023	22/06/2024	500000	0	N
2	230400342495 00001160	SHOBHANAD EVI K BANTHIYA	23/06/2024	22/06/2025	500000	125000	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 23rd day of June 2025.

Date of Issue: 11/06/2025

(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. SHOBHANADEVI K BANTHIYA has paid ₹ 35388 towards premium for New India Mediclaim for the period 23/06/2025 12:00:01 AM to 22/06/2026 11:59:59 PM

Policy no.	: 23040061259500000930
Receipt no. & date	: 10000089250600323505 11/06/2025

Date of Issue: 11/06/2025

(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 : 23040025P0009007

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

