



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

Current Policy No	23040061252800004867	Current Policy Period	From:28/08/2025 12:00:01 AM To:27/08/2026 11:59:59 PM
Previous Policy No	23040034242800005283	Previous Policy Period	28-AUG-24 to 27-AUG-25
Policyholder's Details			
Policyholder Name	CHATURBHAI HARIBHAI BAVISHI	Customer ID	ME07146847
		PAN Card No	DMSPB6663H
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX4906
Policyholder's address	44-SHANTIKUNJ BUNGLOWS KAMREJ SURAT 9377274906 SURAT ,GUJARAT, 395006	Email id	RAMANIKAPIL284@YAHOO.CO M,
		Name of the Nominee	BHARTIBEN
		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	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 Floater Mediclaim Policy*	
* Day one baby cover.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	*Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above
* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye	* For Pre Existing Diseases Waiting period is 36 Months.
* For specified diseases waiting period is 24 months	*Please refer to policy clause for detailed T&Cs
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						
S. No	Name of the insured (Member ID)	Date of birth(Age)	Gender	Relation	*Date of inception of first policy	Pre Existing Disease
1	CHATURBHAI HARIBHAI BAVISHI(ME07146847)	10/10/1974(50)	M	SELF	28/08/2017	NA
2	BHARTIBEN (ME07146851)	01/05/1975(50)	F	SPOUSE	28/08/2017	NA
3	GRISHMA (ME07146852)	27/11/2000(24)	F	CHILD	28/08/2017	NA

Floater Sum Insured	300000	Floater Cumulative Bonus	150000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	300000	50	150000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : DO-IV (230400)
Address : 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER
SUB JAIL CROSSING,
RING ROAD, 395002
SURAT
Insured Pan Number : DMSPB6663H
Phone : 2336864
Email : nia.230400@newindia.co.in
Fax : 2313467
Collection Number : 10000089250800645851
Collection Date : 22/08/2025
Business Source Code : 1D3937242
PAN No of Payer : DMSPB6663H

Received with thanks from CHATURBHAI HARIBHAI BAVISHI.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
23040061252800004867	Bank-100000	34337.00	9100.100000	BA00013647-100000-9100

Total = ₹ 34337.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
EPG Credit Advice	34337.00	pay_R8I DVT uMeAbu nt	N.A.	N.A.	N.A.	2304002510047890	N.A.

Total = ₹ 34337.00

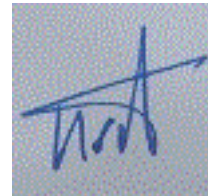
Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
29099.00	5238.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00055908	KAPIL KANTIBHAI RAMANIKAPIL KANTIBHAI RAMANI	34

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue:
22/08/2025



(MR. SANDEEP KUMAR)
[DIV MANAGER]

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. .
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.