



POLICY SCHEDULE
JANATA MEDICLAIM POLICY (Hospitalisation Benefit Policy)
UIN: NIAHLIP25046V042425

Insured's Name	: BARVALIYA JIVANBHAI MOHANBHAI		
Insured's Details		Issuing Office Details	
Customer ID	: PO49055170	Office Code	: DO-IV (230400)
Address	: 85- PUSHPAK SOC. N.R. TRANPANA VAD A. K. ROAD. SURAT.9879208512 SURAT ,GUJARAT, 395006	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Telephone	:	Telephone	: 2336864 / 2337644
Fax	:	Fax	: 2313467
E-mail	: RAMANIKAPIL284@YAHOO.COM	E-mail	: nia.230400@newindia.co.in
PAN No	:	S.Tax Regn. No	: AACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AACN4165C2ZW
	:	SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Name & Code	
Policy Number	: 23040034250600000004	Dev.Off. level/Broker / Direct/Corp. Agent/IMF/Web Aggregator/CPSC User	: DIRECT CODE 230400 - (1D3937242)
Period of Insurance	: From :08/04/2025 12:00:01 AM To :07/04/2026 11:59:59 PM	Agent/Bancassurance/Specialized Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908) KAPIL KANTIBHAI RAMANI (SI00098888)
Date of Proposal	: 08/04/2025	Phone No	: 9737208018
Prev. Policy no.	: 23040034240600000005	E-mail/Fax	: ramanikapil284@yahoo.com, nia230400@gmail.com, //
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹4870	₹ 876	₹ 5,746 (RUPEES FIVE THOUSAND SEVEN HUNDRED FORTY-SIX ONLY)	23040081250000000122 02/04/2025

Details of TPA					
Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD.	Telephone	: 18001037519		
Address	: GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034.,	Fax	: 914023541400		
	NA	Email	: seniorcitizensdesk@fhpl.net,		
		Toll Free No	: 18001024273		

Details of the Insured and other Family members covered under the policy									
Sl. No	Name of insured	Date of Birth	Gender	Occupation	Relation	Date of Issuance of First policy	Sum Insured (in ₹)	Details of pre-existing Diseases	Details of pre-existing Diseases at the Renewal
1	BARVALIYA JIVANBHAI MOHANBHAI AI	01/06/1972	Male	Business / Traders	Self	31/03/2017	75000	NA	Not Applicable
2	LALITABEN. J. BAR VALIYA.	25/06/1974	Female	Housewife	Spouse	31/03/2017	75000	NA	Not Applicable

Policy No. : 23040034250600000004 Document generated by 41798 at 02/04/2025 15:47:47 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>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Premium Schedule							
Total Basic Premium (in ₹)	Loading for Pre Existing Conditions		Gross Total Premium	Family Discount	Good Health Discount	Loyalty Discount	Net Premium (in ₹)
	Hypertension	Diabetes		% Amount	% Amount	% Amount	
2715	0	0	2715	271.5	0	0	2444
2426	0	0	2426	0	0	0	2426
Staff Discount : ₹0							
Nominee's Name : LALITABEN.		Relation		: Spouse			

CB Details of Member's					
Member Sl. No.	Event Date	Applicable Sum Insured	Applicable CB Percentage	CB Amount	Pre-Existing Disease
1	08/04/2022	25000	15	3750	Not Applicable
1	31/03/2017	50000	30	15000	Not Applicable
2	08/04/2022	25000	15	3750	Not Applicable
2	31/03/2017	50000	30	15000	Not Applicable

* This Policy is subject to Janata Mediclaim Policy (2007) Clause as attached

In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

Premium	Rate of Tax		Amount in INR	
	₹	4,870	9	438
SGST			9	438
CGST			9	438
IGST			0	0

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	230400342406 00000005	BARVALIYA JIVANBHAI MOHANBHAI	08/04/2024	07/04/2025	75000	17500	N
2	230400342406 00000005	LALITABEN. J. BARVALIYA.	08/04/2024	07/04/2025	75000	17500	N

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20___.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/04/2025

Duly Constituted Attorney(s)

Mudrank _____ Dt _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.

Insurer Office Code	: DO-IV (230400)
---------------------	------------------

Policy No. : 23040034250600000004 Document generated by 41798 at 02/04/2025 15:47:47 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>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy Issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Address	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002'
Telephone	:	2336864 / 2337644
Fax	:	2313467

Janata Mediclaim Policy

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986
This is to certify that Mr./Mrs. BARVALIYA JIVANBHAI MOHANBHAI has paid ₹ RUPEES FIVE THOUSAND SEVEN HUNDRED FORTY-SIX ONLY (in words) towards premium for Janata Mediclaim Policy for the period 08/04/2025 12:00:01 AM to 07/04/2026 11:59:59 PM

Policy no.	:	23040034250600000004
Receipt no. & date	:	23040081250000000122

For and on behalf of
The New India Assurance Company Limited

Authorized Signatory

(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 : 23040025E0000204

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Policy No. : 23040034250600000004 Document generated by 41798 at 02/04/2025 15:47:47 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>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy Issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.