



Yuva Bharat Health Policy
UIN: NIAHLIP25059V032425

Policy Schedule

| | | | |
|-----------------------|----------------------|------------------------|--|
| Policy No | 23040061252400001258 | Current Policy Period | From:20/02/2026 12:00:01 AM To:19/02/2027 11:59:59 PM |
| Policy term(Duration) | 1 | Previous Policy Period | 20-FEB-25 to 19-FEB-26 |
| Previous Policy No | 23040034242400001244 | | |

Policyholder's Details

| | | | |
|------------------------|--|---------------------------------|---------------------------|
| Policyholder Name | ROHITKUMAR DIPAKBHAI SUKHADIYA | Customer ID | POA3385283 |
| | | PAN Card No | DAIPS6475N |
| GSTIN | NA | Mobile No/Phone No | XXXXXXX1564 |
| Policyholder's address | PL 78 BHAGVAT GREEN VAV KAMREJ SURAT 9714711564 SURAT ,GUJARAT, 395006 | Email id | ramanikapil284@yahoo.com, |
| | | Name of the Nominee | CHIMANKUMAR D SUKHADIYA |
| | | Relation with the Policy holder | OTHER |

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/CPSC User | 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 | | | |
| Plan Chosen | BASIC | Zone Opted | ZONE I:Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara |
| Date of Opting the Plan | 20/02/2024 | Optional Cover for Maternity | NO |
| Date of Inception of Plan | 20/02/2024 | Date of Inception of Maternity Optional Cover | |

Insured Person's details

| 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 | Rohitkumar Dipakbhai Sukhadiya(POA3385283) | 04/02/1988 | 38 | Male | SELF | NA | 5 Lakhs | 250000 | 20/02/2023 | NA,NA,NA,NA,NA,NA |



| Riders Table | | | | | | |
|--------------------------------|------------------------------------|----------------------------|------------------------|----------------------------------|-------------------------------|------------------------|
| Name of Insured | PRE AND POST HOSPITALISATION RIDER | NON MEDICAL EXPENSES RIDER | CRITICAL ILLNESS RIDER | D.O.I for CRITICAL ILLNESS RIDER | DURABLE MEDICAL DEVICES RIDER | Modern Treatment Rider |
| ROHITKUMAR DIPAKBHAI SUKHADIYA | NO | NO | NO | NA | NO | NO |

| Premium Details | | | | | | | | | | | |
|---|--------------------------------|---------------|--------------------------------------|--|------------------------------------|--------------------------------|---------------------------------------|--------------------------------|----------------------------------|--------------------|-----------------|
| SL No | Name of the Insured | Basic Premium | Premium for Maternity Optional Cover | PRE AND POST HOSPITALISATION RIDER Premium | NON MEDICAL EXPENSES RIDER Premium | CRITICAL ILLNESS RIDER Premium | DURABLE MEDICAL DEVICES RIDER Premium | Modern Treatment Rider Premium | CB Discount | Long Term Discount | Other Discounts |
| 1 | ROHITKUMAR DIPAKBHAI SUKHADIYA | 9301 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | Total Gross Premium(Without GST) | | 8369 |
| | | | | | | | | | CGST | | 0 |
| | | | | | | | | | SGST | | 0 |
| | | | | | | | | | IGST | | 0 |
| | | | | | | | | | Total GST | | 0 |
| Net Premium in Words (RUPEES EIGHT THOUSAND THREE HUNDRED SIXTY-NINE ONLY) | | | | | | | | | Net Premium(With GST) | | 8369 |

| Previous Year Policy Details | | | | | | | | |
|------------------------------|----------------------|--------------------------------|----------------------|------------|------------|---------------|-----------|--|
| Policy No | | | 23040061252400001258 | | | Policy Period | | From:20/02/2026 12:00:01 AM To:19/02/2027 11:59:59 PM |
| Company | Policy Number | Name of the Insured | Plan Opted | From Date | To Date | Sum Insured | CB Amount | Pre-Existing Disease |
| NIA | 23040034242400001244 | ROHITKUMAR DIPAKBHAI SUKHADIYA | BASIC | 20/02/2025 | 19/02/2026 | 500000 | 50000 | NA |

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 _____ day of _____ 20__.

Date of Issue: 17/02/2026

(MR. SANDEEP KUMAR)
[DIV MANAGER]

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

IMPORTANT



1. This policy is subject to the terms and conditions contained in the policy document (Clauses).
2. This policy is governed by Health Insurance Regulations 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024 and all its addendums.
3. This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 AND Master Circular on Health Insurance Business 2024 by IRDAI.
4. This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.
5. Health Insurance Regulations 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI are available on the website of IRDAI.
6. 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.

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.

General Conditions for Installment Premium

1. The premium shall be paid on or before the installment due date as mentioned in the Policy Schedule.
2. Grace Period of 15 days for monthly installment and 30 days for quarterly and half-yearly mode would be given to pay the installment premium due for the Policy. During such Grace Period, Coverage will be available. 3. If installment premium is not paid within the Grace Period, then policy shall cease to exist at midnight of such due date and will be treated as lapsed 3. and company shall not be liable to pay any claim whatsoever.
4. In case of a claim, you will be liable to pay the balance premium due under the policy before the claim is intimated.



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|---------------------|--|
| 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 |

Yuva Bharat, New India Assurance

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. ROHITKUMAR DIPAKBHAI SUKHADIYA has paid ₹ RUPEES EIGHT THOUSAND THREE HUNDRED SIXTY-NINE ONLY (in words) towards premium for YUVA BHARAT HEALTH POLICY, New India Assurance for the period 20/02/2026 12:00:01 AM to 19/02/2027 11:59:59 PM

| | |
|--------------------|--------------------------------------|
| Policy no. | : 23040061252400001258 |
| Receipt no. & date | : 23040081250000018747 17/02/2026 |

Date of Issue: 17/02/2026

(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)

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 : 23040025E0042695



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C