



**NIL ENDORSEMENT DOCUMENT**  
**NEW INDIA FLOATER MEDICLAIM POLICY POLICY**

<b>Insured Name</b>	: DHARMESHBHAI JAGDISHBHAI GAJERA	<b>Insurer Office Code</b>	: DO-IV (230400)
<b>Address</b>	: A-103 AVADH RESIDENCY B/H-SHYAM DHAM MANDIR SARTHANA JAKAT NAKA SURAT 9106986379 SURAT, GUJARAT, 395006	<b>Address</b>	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002
<b>Telephone</b>	: //XXXXXX6379	<b>Telephone</b>	: 2336864 / 2337644
<b>Fax</b>	:	<b>Fax</b>	: 2313467
<b>Place of Supply</b>	: GUJARAT	<b>State Code</b>	: GJ
<b>Insured Pan Number</b>	: AVFPG7160D		
<b>GSTIN</b>	: NA	<b>GSTIN</b>	: 24AAACN4165C2ZW
<b>UIN</b>	: NA	<b>SAC</b>	: 997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number			:	23040061252800002694	
Department	:	Health Insurance	Cover	:	STANDARD COVERPolicy
Period of Insurance	:	From 30/06/2025 12:00:01 AM To 29/06/2026 11:59:59 PM	Endorsement No	:	23040034252882000074
			Effective Date	:	01 July 2025
Date Signed	:	01-JUL-25	Sum Insured₹	:	300,000.00
Additional Premium ₹	:	N/A	Additional GST ₹	:	N/A
Refund Premium ₹	:	N/A	Refund ST/GST. ₹	:	N/A
Policy Duration	:	1 Years			

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**Change in Policy Attributes**

Parameter Name	Changed Value	Old Value
Policy Status	06	12
Export of services	NO	
Reason for GST exemption	--SELECT--	
Duplicate Policy Document Generation fee required	No	
Endorsement Type List	Nil Endorsement	
RO Approval No.	none	11111

**Change in Policy Risk Attributes**

Risk Number	Parameter Name	Changed Value	Old Value
2	Policy Status	06	12
2	Previous Policy Details	Open	N/A
2	Other PED Details 1	none	N/A
2	Other PED Details 2		N/A
2	Name and address of medical attendant/surgeon	none	
2	Date first treated	01/01/1900	
2	Date of Discharge from the Hospital	01/01/1900	
2	Any more Pre- Existing Diseases		N/A
2	Nature of Pre-existing Diseases	Open	N/A
2	Pre-existing Illness/Condition	No PED	



Risk Number	Parameter Name	Changed Value	Old Value
2	DOB of Member	26/09/1986	26/12/1986
2	Dependent Children	No	
2	Dependent type	Normal	
2	Employee type	Ex Employees	
2	SR No.	0	
2	Company Name of Staff Member	GIC	
2	Date of inception of Optional Cover II		01/01/1970
2	Date of inception of Optional Cover III		01/01/1970
2	Height	0	

It is hereby understood and agreed that the endorsement on policy 23040061252800002694 will be in effect from 01 July 2025.

Reason	DATE OF BIRTH CHANGE OF KOMAL BEN AS PER INSURED REQUEST LETTER. ALL OTHER TERMS AND CONDITIONS REMAINS UNALTERED.
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**Premium and GST Details**

	Rate of Tax	Amount
Premium		0
SGST	0	0
CGST	0	0
IGST	0	0

**TOTAL PREMIUM** : 0

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 :

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