



New India Mediclaim Policy

NIAHLIP25040V082425

Policy Schedule

Policy No	23040061259500004416	Policy Period	From:17/02/2026 12:00:01 AM To:16/02/2027 11:59:59 PM
Policy Term(Duration)	1	Previous Policy Period	17-FEB-25 to 16-FEB-26
Previous Policy No	23040034249500004266		

Policyholder's Details

Policyholder Name	BHAVESHBHAI HIMMATBHAI KATHIRIYA	Customer ID	PO39076212
		PAN Card No	GQEPK6564F
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX8018
Policyholder's address	L-501 NAVKAR PALACE N/R- GADHAPUR TOWNSHIP KHADSAD GAM SURAT 8238238018 VAV KATHODRa ,GUJARAT, 394326	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	HIMMATBHAI KATHIRIYA
		Relation with the Policy holder	Father
		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: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	Cataract claims, up to 20% of Sum Insured or ? 50,000 whichever less, for each eye.
* Optional Cover II: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.
* For specified diseases waiting period is 24 months	* For Pre Existing Diseases Waiting period is 36 Months



**** Please refer to policy document for detailed terms and conditions.**

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 (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	Bhavesbhai Himmatbhai Kathiriya(PO39 076212)	26/12/1992	33	M	Proposer	NA	300000	150000	13/01/2016	NA,NA

Cumulative Bonus Details

S. No	Member ID	Sum Insured	CB percentage	CB Amount
1	PO39076212	100000	50	50000
1	PO39076212	200000	50	100000

Optional Cover Table

Member Level - Optional Cover - I (Revision in Cataract Limit)	Not Opted	Policy Level - Optional Cover - II (Voluntary Co-pay of 20%)	Not Opted
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Riders Table

Name of Insured	MATERNITY RIDER	D.O.I for MATERNITY RIDER	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	CRITICAL ILLNESS RIDER	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
BHAVESHBHAI HIMMATBHAI KATHIRIYA	NO	NA	NA	NO	NO	NA	NA	NO

Premium Details

Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	MATERNITY RIDER Premium	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESS RIDER Premium	DURABLE MEDICAL DEVICES RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
1	BHAVESHBHAI HIMMATBHAI KATHIRIYA	7800	0	0	0	0	0	0	0	0	0	0	0	0
											Total Gross Premium(Without GST)	7800		
											CGST	0		
											SGST	0		
Net Premium in Words(RUPEES SEVEN THOUSAND EIGHT HUNDRED ONLY)											IGST	0		

Policy No. : 23040061259500004416 Document generated by QR_RENEWAL at 16/02/2026 10:50:26 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>.



	Total GST	0
	Net Premium(With GST)	7800

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034239500004730	BHAVESHBH AI HIMMATBHAI KATHIRIYA	17/02/2024	16/02/2025	300000	125000	N
2	23040034249500004266	BHAVESHBH AI HIMMATBHAI KATHIRIYA	17/02/2025	16/02/2026	300000	150000	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 17th day of February 2026.

Date of Issue: 16/02/2026

(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. BHAVESHBHAI HIMMATBHAI KATHIRIYA has paid ₹ 7800 towards premium for New India Mediclaim for the period 17/02/2026 12:00:01 AM to 16/02/2027 11:59:59 PM

Policy no.	:	23040061259500004416
Receipt no. & date	:	10000089250200607654 16/02/2026

Date of Issue: 16/02/2026

(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)



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 : 23040025P0042514

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

