

पॉलिसी अनुसूची/ Policy Schedule- न्यू नेशनल परिवार मेडिक्लेम/New National Parivar Mediclaim

पॉलिसी नंबर/ Policy Number: 310600502510001463	व्यवसाय स्रोत/Business Source: 310600
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 310600 कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri,Nanpura, Surat, Gujarat, - 395001. राज्य कोड/State Code: 24 , Gujarat जीएसटीआइन/ GSTIN: 24AAACN9967E1Z9 संपर्क संख्या/Contact Number: 261 2474495 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 9000146579 नाम /Name: Mr Italiya Hitesh संपर्क संख्या/ Contact Number: 9825085235 UIN No: NICHILIP25037V022425 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in 9920501906



ग्राहक का नाम /Customer Name: MR RAMESHBHAI LAKHABHAI RABADIYA	ग्राहक आईडी /Customer ID: 9526952876	पैन /PAN: *****1K
पता/ Address: 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101 PH. 9825641141/ 9825119129, शहर/City: SURAT - DISTRICT OTHERS, जिला/District: SURAT, राज्य/State: GUJARAT, पिन/PIN: 394101. सेल/Cell: *****41	आधार /AADHAR: फोन /Phone: *****41 ई-मेल /E-Mail: *****a1@gmail.com	
पॉलिसी: 28/09/2025 के 00:00 से 27/09/2026 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 28/09/2025 to midnight of 27/09/2026		
प्रीमियम/ Premium	₹31,398.00	
Less:Digital Discount	₹ 0.00	
Total Premium	₹ 31,398.00	
सीजीएसटी/CGST	₹ 0.00	
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 0.00	
आईजीएसटी/IGST	₹ 0.00	
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	
कुल राशि /Total Amount	₹ 31,398.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date 8800200928183732 दिनांक/Dt. 24/09/2025
		रसीद संख्या और तिथि/ Receipt Number and Date 310600812510002551 दिनांक/Dt. 24/09/2025
		पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date 310600501910003629दिनांक/Dt.27/09/2020 310600502110002321दिनांक/Dt.27/09/2022 310600502210002027दिनांक/Dt.27/09/2023 310600502310001909दिनांक/Dt.27/09/2024 310600502410001738दिनांक/Dt.27/09/2025 310600502010003055दिनांक/Dt.27/09/2021
(रूपए/Rupees Thirty One Thousand Three Hundred Ninety Eight केवल/Only.)		
*सरकारी सब्सिडी Government ₹ 0.00 Subsidy:		

सामान्य सारांश/General Summary:

प्रीमियम भुगतान जोन/Premium Paying Zone	
प्रीमियम भुगतान जोन/Premium Paying Zone: जोन I, ग्रेटर मुम्बई मेट्रोपोलिटन क्षेत्र, संपूर्ण गुजरात, दिल्ली और राष्ट्रीय राजधानी क्षेत्र (#NCR) चंडीगढ़, पुणे /Zone I, Greater Mumbai Metropolitan area, entire state of Gujarat, Delhi and National Capital Region (#NCR), Chandigarh, Pune	
फ्लोटर आवरण/Floater Covers	
मूल आवरण की बीमा राशि/Basic Cover Sum Insured	₹300,000.00
Home Care Treatment	
बाह्य रोगी के आवरण की बीमा राशि/Outpatient Cover Sum Insured	NA

व्यक्तिगत सदस्य विवरण और व्यक्तिगत आवरण/Individual member details and Individual cover:

प्रमाण-पत्र /Certificate- न्यू नेशनल परिवार मेडिक्लेम/New National Parivar Mediclaim	
पॉलिसी नंबर /Policy Number: 310600502510001463	व्यवसाय स्रोत /Business Source: 310600
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 310600 कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri,Nanpura, Surat, Gujarat, - 395001. राज्य कोड/State Code: 24, Gujarat जीएसटीआएन/GSTIN: 24AAACN9967E1Z9 संपर्क संख्या/Contact Number: 261 2474495 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 9000146579 नाम/ Name: Mr Italiya Hitesh संपर्क संख्या/Contact Number: 9825085235 UIN No: NICHLP25037V022425 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in 9920501906



क्र.सं. /S.No	बीमित व्यक्ति का नाम/Name of the Insured Person	जन्म-तिथि आयु/DOB Age	संबंध पेशा /Relation Occupation	लिंग /Gen der	गंभीर बीमारी की बीमा राशि /Critical Illness SI (₹)	पहले से मौजूद मधुमेह आवरण /Pre-existing Diabetes cover	पहले से मौजूद उच्च रक्तचाप आवरण /Pre- existing Hypertension cover
1	RAMESHBHAI LAKHABHAI RABADIYA	02/03/1969 56Yrs	Self Business	M	NA	No	No
2	PRAVINA	22/08/1971 54Yrs	Wife Housewife	F	NA	No	No
3	NAIMISH	30/01/2000 25Yrs	Son Students	M	NA	No	No

संचयी बोनस/Cumulative Bonus : 25000.00

वैकल्पिक कॉपीराइट विवरण/Optional Copayment details :

सह भुगतान/co payment %:NA

नामांकित का विवरण/Nominee Details :

नाम/Name:PRAVINA R RABADIYA प्रस्तावक के साथ संबंध/Relationship with Proposer:WIFE

Frequency of Premium Payment: Annual

खंडों, पृष्ठांकनों, वारंटियों की सूची /List of Clauses, Endorsements, Warranties

क्लॉज संख्या /Clause Name.	विवरण/ Description
	Terms and conditions as per fresh policy will be applicable on enhanced sum insured of Rs. (1 lac). For the incremental portion of the sum insured, the waiting periods and conditions as mentioned in policy shall apply. Coverage on enhanced sum insured shall be available after the completion of waiting periods.

टीपीए का विवरण/TPA Details:ERICSON INSURANCE TPA PVT LTD - VADODARA, Office No. 407, 4th Floor, Siddharath Complex, Rc Dutt Road, Alkapuri,Vadodara - 390001.

जिसकी गवाही में **24/September/2025** को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 24/September/2025. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्सईंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman,Jeevan Prakash Building, 6th floor,Near S.V.College,Relief Road,Tilak Marg, AHMEDABAD-380 001. Gujrat
Tel.: 079 - 25501201/25501202
Email: bimalokpal.ahmedabad@cioins.co.in.

स्टॉप ड्यूटी
Stamp
Duty:
(₹ 1.00)

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
**For and on behalf of National
Insurance Company Limited**
अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

प्रमाण-पत्र /Certificate- न्यू नेशनल परिवार मेडिक्लेम/New National Parivar Mediclaim	
पॉलिसी नंबर /Policy Number: 310600502510001463	व्यवसाय स्रोत /Business Source: 310600
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 310600 कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri,Nanpura, Surat, Gujarat, - 395001. राज्य कोड/State Code: 24, Gujarat जीएसटीआएन/GSTIN: 24AAACN9967E1Z9 संपर्क संख्या/Contact Number: 261 2474495 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 9000146579 नाम/ Name: Mr Italiya Hitesh संपर्क संख्या/Contact Number: 9825085235 UIN No: NICHLP25037V022425 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in 9920501906

ग्राहक का नाम/Customer Name: MRRAMESHBHAI LAKHABHAI RABADIYA	ग्राहक आईडी/Customer ID: 9526952876	पैन/PAN: *****1K
पता/Address: 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101 PH. 9825641141/ 9825119129, शहर/City:SURAT - DISTRICT OTHERS, जिला/District:SURAT,राज्य/State:GUJARAT, पिन /PIN:394101सेल/Cell: *****41	फोन/Phone: *****41	ई-मेल/E-Mail: *****a1@gmail.com
पॉलिसी 00:00 बजे, on 28/09/2025 से प्रभावी 27/09/2026 की मध्य रात्रि तक /Policy Effective from: 00:00 hours, on 28/09/2025 to midnight of 27/09/2026		

प्रीमियम प्रमाण-पत्र /Premium Certificate

आयकर (संशोधन) अधिनियम, 1986 की धारा 80 डी के तहत कटौती के प्रयोजन के लिए /
(For the purpose of deduction u/s 80 D of Income Tax (amendment) Act,1986)

यह प्रमाणित किया जाता है कि MR.RAMESHBHAI LAKHABHAI RABADIYA ने रुपये ₹31,398.00 Thirty One Thousand Three Hundred Ninety Eight केवल दस्तावेज संख्या 192260 दिनांकित 24/09/2025 के द्वारा 28/09/2025 से 27/09/2026 की अवधि के लिए पॉलिसी संख्या 310600502510001463 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है।

प्रीमियम /Premium ₹31,398.00 सेवा कर /Service Tax ₹ 0.00 स्वच्छ भारत सेस/Swach bharat cess ₹.0.00. कृषि कल्याण सेस/Krishi kalyan cess ₹.0.00 CGST ₹.0.00. SGST ₹.0.00. IGST ₹.0.00. रसीद संख्या के द्वारा भुगतान की प्राप्ति/Payment received vide receipt no.310600812510002551 दिनांकित /dated 24/09/2025.

This is to certify that MR.RAMESHBHAI LAKHABHAI RABADIYA has paid ₹31,398.00 (in words) Thirty One Thousand Three Hundred Ninety Eight Only towards premium for National ParivarMediclaimPolicy vide Policy No. 310600502510001463 for the period from 28/09/2025 to 27/09/2026 by Instrument number 192260 dated 24/09/2025.

कृते नेशनल इश्योरेंस कंपनी लिमिटेड/

For National Insurance Company

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

नोट : पॉलिसी को रद्द करने या प्रीमियम को प्रभावित करने वाले बीमा में किसी तरह के बदलाव के मामले में नए प्रमाणपत्र के जारी करने के लिए यह प्रमाण पत्र बीमा कंपनी को समर्पित करना चाहिए।

/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

आपूर्ति का बिल/**BILL OF SUPPLY**

Serial No: 30183H5PE0001463

Date: 24/09/2025

आपूर्तिकर्ता का विवरण/**Details of Supplier:**

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri,Nanpura, Surat, Gujarat, - 395001
राज्य/State : 24 , Gujarat
जीएसटीआएन नंबर/
GSTIN No : 24AAACN9967E1Z9

प्राप्तकर्ता का विवरण/**Details Of Receiver** : MR RAMESHBHAI LAKHABHAI RABADIYA

पता/Address : 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101
PH. 9825641141/ 9825119129
शहर/City : SURAT - DISTRICT OTHERS,
जिला/District: SURAT,
राज्य/State: GUJARAT,
पिन/PIN: 394101.

आपूर्ति का स्थान/Place Of
Supply State : Gujarat
राज्य कोड/State Code : 24
जीएसटीआईएन नंबर/GSTIN No : NA
यूआयएन नं.UIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Discount	कुल मूल्य/Total Value(₹)
997133	Accident and health insurance services	31,398	0%	31,398
कुल/TOTAL		31,398		31,398
कुल मूल्य (अंकों में) /Total Value (In figures) : ₹ 31,398				
कुल मूल्य (शब्दों में) /Total Value (In words) : रूपए/Rupees Thirty One Thousand Three Hundred Ninety Eight केवल/Only.				
रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No				

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
**For and on behalf of National Insurance Company
Limited**

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**



National Insurance Company Limited	
CIN - U10200WB1906GOI001713	IRDAI Regn. No. - 58

**New National Parivar Mediclaim Policy
Customer Information Sheet**

This documents provides key information about your policy. You are also advised to go through your policy document.

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.
1.	Name of Insurance Product	New National Parivar Mediclaim Policy	
2.	Policy number	310600502510001463	
3.	UIN No.	NICHLIP25037V022425	
4.	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
5.	Sum Insured	Floater Sum Insured (SI): Rs 300000	
6.	Policy Coverage (what the policy covers?)	Expenses in respect of: a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days c. Post-hospitalisation (treatment after discharge from hospital) within 75 days from date of discharge d. Domiciliary Hospitalisation e. Procedures requiring less than 24 hours of hospitalization (day care). f. AYUSH Treatment g. Organ donor's medical expenses h. Hospital Cash for maximum of 5 days i. Ambulance j. Anti Rabies Vaccination k. Maternity l. Infertility m. HIV/ AIDS Treatment n. Mental Illness Treatment o. Modern Treatment p. Morbid Obesity Treatment q. Correction of Refractive Error (equal to or more than 7.5 dioptries) Other Benefits: a. Reinstatement of Basic SI (available to Basic SI of <input type="checkbox"/> 6L and above) Good Health Incentive: a. Cumulative Bonus (CB) b. Preventive Health Check Up Optional Covers: a. Pre-existing Diabetes / Hypertension b. Out-Patient Treatment c. Critical Illness	3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.13 3.1.14 3.1.15 3.1.16 3.1.17 3.2 3.2.1 3.3 3.3.1 3.3.2 3.4 3.4.1 3.4.2 3.4.3
7.	Exclusions (what the policy does not cover)	a. Pre-Existing Diseases (Excl 01) b. Specified disease/procedure waiting period (Excl 02) c. First 30 days waiting period (Excl 03) d. Investigation & Evaluation (Excl 04) e. Rest Cure, Rehabilitation and Respite Care (Excl 05) f. Obesity/ Weight Control (Excl 06) g. Change-of-Gender Treatments (Excl 07) h. Cosmetic or Plastic Surgery (Excl 08) i. Hazardous or Adventure Sports (Excl 09) j. Breach of Law (Excl 10) k. Excluded Providers (Excl 11) l. Drug/Alcohol Abuse (Excl 12) m. Non Medical Admissions (Excl 13)	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13

		n. Vitamins, Tonics (Excl 14) o. Refractive Error (Excl 15) p. Unproven Treatments (Excl 16) q. Hormone Replacement Therapy r. General Debility, Congenital External Anomaly s. Self Inflicted Injury t. Stem Cell Surgery u. Circumcision v. Vaccination or Inoculation w. Massages, Steam Bath, Alternative Treatment (Other than AYUSH) x. Dental treatment y. Out Patient Department (OPD) z. Stay in a Hospital which is not Medically Necessary. aa. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants bb. Non Prescription Drug cc. Treatment not Related to Disease for which Claim is Made dd. Equipments ee. Items of personal comfort ff. Service charge/ registration fee gg. Home visit charges hh. War ii. Radioactivity jj. Treatment taken outside the geographical limits of India Exclusions under Domiciliary Hospitalisation Exclusions in Organ Donor's Medical Expenses Exclusions in Maternity Cover Exclusions in Infertility Cover Exclusions in Mental Illness Cover Exclusions under Out-Patient Treatment Exclusions under Critical Illness cover	4.14 4.15 4.16 4.17 4.18 4.19 4.20 4.21 4.22 4.23 4.24 4.25 4.26 4.27 4.28 4.29 4.30 4.31 4.32 4.33 4.34 4.35 4.36 3.1.4 3.1.7 3.1.11 3.1.12 3.1.14 3.4.2 3.4.3
8.	Waiting period <ul style="list-style-type: none"> Time period during which specified diseases / treatments are not covered. It is counted from the beginning of the policy coverage. 	a. Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) b. Specific waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> Ninety (90) Days for 3 diseases/procedures/conditions One (1) year for 5 diseases/procedures Two (2) years for 18 diseases/procedures Three (3) years for 4 diseases/procedures c. Pre-Existing Diseases: Covered after thirty six (36) months d. Maternity: Covered after thirty six (36) months e. Infertility: Covered after thirty six (36) months f. Following mental illnesses shall be covered after two (2) years <ul style="list-style-type: none"> Depression (ICD - F32; F33) Schizophrenia (ICD - F20; F21; F25) 	4.3 4.2 4.1 3.1.11 3.1.12 3.1.14
9.	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).	a. Room Rent - Up to 1% of SI or actual, whichever is lower Proportionate Deduction shall apply if opted for Room of higher category. b. ICU charges - Up to 2% of SI or actual, whichever is lower Sub limit will not apply in case of Hospitalisation in a Preferred Provider Network (PPN) as per eligible package. c. Cataract Surgery - Up to 10% of SI or INR 40,000 per eye, whichever is lower d. Treatment related to participation as a non-professional in hazardous or adventure sports – Up to 25% of SI e. Domiciliary Hospitalisation (as Floater) - Up to 20% of SI, subject to maximum of INR 50,000 f. Hospital Cash (per insured person, per day) – INR 300, max. of 5 days (For Basic SI 1-5 Lakhs) INR 500, max of 5 days (For Basic SI 6-10 Lakhs) g. Ambulance - Up to INR 1,000/- per illness & INR 2,500/- in a policy year h. Anti rabies Vaccination (per insured person, in a policy year) - Up to INR 5,000 i. Maternity (including Baby from Birth Cover) (per insured person, in a policy year - Up to 10% of SI subject to INR 30,000 in case of normal delivery and INR 50,000 in case of caesarean section j. Infertility (per insured person, in a policy year) - Up to INR 50,000 k. Modern Treatments – Up to 25% of SI for each treatment	3.1.1.1 3.1.1.1 3.1.1.2 3.1.1.3 3.1.4 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.15

	<p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p>	<p>Optional cover for Pre-existing Diabetes / Hypertension Insured opting for cover for pre-existing diabetes, can avail treatment for diabetes, subject to a copayment of 10% Insured opting for cover for pre-existing hypertension, can avail treatment for hypertension, subject to a copayment of 10% Insured opting for cover for pre-existing diabetes and hypertension, can avail treatment for diabetes or hypertension, subject to a copayment of 25%</p> <p>Depending upon the zone for which premium has been paid and the zone where treatment has been taken, Copayment shall apply.</p> <p>The country has been divided into three zones. <i>Zone I - Greater Mumbai Metropolitan area, entire state of Gujarat, Delhi, NCR, Chandigarh, Pune</i> <i>Zone II – Chennai, Hyderabad, Bangalore</i> <i>Zone III - Rest of India</i></p> <p>i. Insured paying premium as per Zone I can avail treatment in Zone I, Zone II and Zone III without copayment ii. Insured paying premium as per Zone II a. Can avail treatment in Zone II and Zone III without any copayment b. Availing treatment in Zone I will be subject to a copayment of 13% iii. Insured paying premium as per Zone III a. Can avail treatment in Zone III without any copayment b. Availing treatment in Zone I will be subject to a copayment of 28% c. Availing treatment in Zone II will be subject to a copayment of 13.5%</p> <p>Optional Co-payment The Insured may opt for Optional Co-payment, with discount in premium. o 20% Co-payment on each admissible claim under the Policy, with a 25% discount in total premium. o 10% Co-payment on each admissible claim under the Policy, with a 12.5% discount in total premium.</p> <p>iii. Deductible iv. Any other limit</p>	<p>3.4.1</p> <p>5.17.6</p> <p>5.17.7</p>						
10.	Claims / Claims Procedure	<p>For Cashless Service i. Notification of claim to be provided as per table below.</p> <table><tr><th>Notification of claim for Cashless facility</th><th>TPA must be informed:</th></tr><tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider.</td></tr><tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Network Provider.</td></tr></table> <p>i. Cashless Facility can be availed, if TPA service is opted. ii. Treatment may be taken in a network provider / PPN or Non Network Provider and is subject to pre-authorization by the TPA. Updated list of network provider/PPN is available on the website of the Company and the TPA mentioned in the schedule. iii. Cashless request form available with the Network Provider and TPA shall be completed and sent to the TPA for authorization. iv. The TPA upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue a pre-authorization letter within an hour to the Hospital after verification. v. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. vi. The TPA shall grant the final authorization within three hours of the receipt of discharge authorization request from the Hospital. vii. The TPA reserves the right to deny pre-authorization in case the Insured Person/ Network Provider is unable to provide any required details related to the pre authorization request. viii. In case of denial of Cashless Facility, the Insured Person may obtain the treatment as per treating Medical Practitioner's advice and submit the necessary documents to the Company or the TPA for reimbursement of claim.</p> <p>For Reimbursement of Claim</p>	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider.	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider.	5.17
Notification of claim for Cashless facility	TPA must be informed:								
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider.								
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider.								

	<p>i. Notification of claim to be provided as per table below.</p> <table><tr><th>Notification of claim for Reimbursement</th><th>Company/TPA must be informed:</th></tr><tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td></tr><tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Hospital</td></tr></table> <p>ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table><tr><th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr><tr><td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within fifteen days from date of discharge from hospital</td></tr><tr><td>Reimbursement of post hospitalisation expenses</td><td>Within fifteen days from completion of post hospitalisation treatment</td></tr><tr><td>Reimbursement of domiciliary hospitalisation expenses</td><td>Within fifteen days from issuance of fitness certificate</td></tr><tr><td>Reimbursement of anti-rabies vaccination and new born baby vaccination</td><td>Within fifteen days from date of vaccination</td></tr><tr><td>Reimbursement of expenses for infertility treatment</td><td>Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year</td></tr><tr><td>Reimbursement of health checkup expenses (to be submitted to the office only)</td><td>Within six months of the fourth policy year.</td></tr></table> <p>Procedure for Reimbursement of Claim under Domiciliary Hospitalisation For reimbursement of claims under domiciliary hospitalisation, the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <p>For Out-patient Treatment Claims Documents supporting all out-patient treatments shall be submitted to the TPA/ Company twice during the policy period, within thirty days of completion of six month period.</p> <p>For Critical Illness Claims Documents supporting the diagnosis shall be submitted to the Company within sixty days from the date of diagnosis of the critical illness.</p> <p>Claim Settlement</p> <p>i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p> <p>ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.</p> <p>In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility – 1 hours from the time last necessary document is received by TPA</p> <p>ii. TAT for cashless final bill authorization – 3 hours from the time discharge bill is received by TPA</p> <p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals Helpline Number: 1800 345 0330 Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p>	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital	Type of claim	Time limit for submission of documents to Company/TPA	Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within fifteen days from date of discharge from hospital	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment	Reimbursement of domiciliary hospitalisation expenses	Within fifteen days from issuance of fitness certificate	Reimbursement of anti-rabies vaccination and new born baby vaccination	Within fifteen days from date of vaccination	Reimbursement of expenses for infertility treatment	Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year	Reimbursement of health checkup expenses (to be submitted to the office only)	Within six months of the fourth policy year.	3.4.2
Notification of claim for Reimbursement	Company/TPA must be informed:																					
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital																					
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Reimbursement of domiciliary hospitalisation expenses	Within fifteen days from issuance of fitness certificate																					
Reimbursement of anti-rabies vaccination and new born baby vaccination	Within fifteen days from date of vaccination																					
Reimbursement of expenses for infertility treatment	Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year																					
Reimbursement of health checkup expenses (to be submitted to the office only)	Within six months of the fourth policy year.																					

		Kolkata - 700156	
12.	Grievances/Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phone : (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, New Town, Kolkata - 700156 Insurance Ombudsman – As per Annexure II attached to Policy.</p>	6
13.	Things to Remember	<p>Free Look Period You may cancel the insurance policy if you don't want it, within 30 days from the beginning of the policy.</p> <p>Policy Renewal A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured</p> <p>Migration and Portability:</p> <ul style="list-style-type: none"> The insured person will have the option to migrate the policy to alternative health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 15 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability <p>Change in Basic Sum Insured:</p> <ol style="list-style-type: none"> Basic Sum insured can be enhanced only at the time of renewal. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods. <p>Moratorium Period: After completion of sixty continuous months under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>5.13</p> <p>5.8</p> <p>5.9</p> <p>5.10</p> <p>5.23</p> <p>5.4</p>
14.	Your Obligations	<ul style="list-style-type: none"> Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. 	5.1

Legal Disclaimer

The information above must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation