



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

Current Policy No	23040034252800000405	Current Policy Period	From:19/04/2025 12:00:01 AM To:18/04/2026 11:59:59 PM
Previous Policy No	23040034242800000467	Previous Policy Period	19-APR-24 to 18-APR-25

Policyholder's Details

Policyholder Name	CHITALIYA HARJIBHAI BHIMJIBHAI .	Customer ID	PO41147618
Zone	ZONE I - Maharashtra and Gujarat	PAN Card No	ALPPC8545E
Policyholder's address	5 VIN HOUSE SOC AMBATALAVDI KATARGAM SURAT. 9913537878 SURAT ,GUJARAT, 395004	Mobile No/Phone No	XXXXXX7878
		Email id	RAMANIKAPIL284@YAHOO.COM,
		Name of the Nominee	KUNDANBEN H CHITALIYA
		Relation with the Policy holder	Spouse
		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	24AACN4165C2ZW
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	HEALTH INSURANCE TPA OF INDIA LIMITED		
Email-id of the TPA	customerservice@hitpa.co.in	Address of the TPA	MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA
Toll Free / Contact No of the TPA	18001803600 18001023600 /		
Fax of TPA	01204765799		

Highlights of New India Floater Mediclaim Policy*

* Day one baby cover.	* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	*Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above
* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye	* For Pre Existing Diseases Waiting period is 36 Months.
* For specified diseases waiting period is 24 months	*Please refer to policy clause for detailed T&Cs

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						
S. No	Name of the insured (Member ID)	Date of birth(Age)	Gender	Relation	*Date of inception of first policy	Pre Existing Disease
1	CHITALIYA HARJIBHAI BHIMJIBHAI .(PO41147618)	01/06/1986(38)	M	SELF	19/04/2016	NA
2	KUNDANBEN .(ME05144575)	10/12/1986(38)	F	SPOUSE	19/04/2016	NA
3	JANU .(ME05144578)	12/04/2007(18)	F	CHILD	19/04/2016	NA
4	KEVIN .(ME05144585)	26/06/2009(15)	M	CHILD	19/04/2016	NA

Floater Sum Insured	200000	Floater Cumulative Bonus	50000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	200000	25	50000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Premium for Optional Cover - IV	Discount	Modern Treatment Rider premium	Gross Premium
1	CHITALIYA HARJIBHAI BHIMJIBHAI .	6302	0	0	0	0	946	0	5356
2	KUNDANBEN .	6302	0	0	0	0	946	0	5356
3	JANU .	3510	0	0	0	0	527	0	2983
4	KEVIN .	3156	0	0	0	0	474	0	2682

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034242800 000467	KUNDANBEN .	19/04/2024	18/04/2025	0	0	N
2	23040034242800 000467	JANU .	19/04/2024	18/04/2025	0	0	N
3	23040034242800 000467	KEVIN .	19/04/2024	18/04/2025	0	0	N
4	23040034242800 000467	CHITALIYA HARJIBHAI BHIMJIBHAI .	19/04/2024	18/04/2025	200000	0	N



	Total Gross Premium(Without GST)	16377
	CGST(@9%)	1474
	SGST(@9%)	1474
Net Premium in Words(RUPEES NINETEEN THOUSAND THREE HUNDRED TWENTY-FIVE ONLY)	IGST	0
	Total GST	2948
	Net Premium(With GST)	19325

*This Policy is subject to terms and conditions of New India Floater 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 19th day of April 2025.

Date of Issue: 11/04/2025

(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 Floater 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. CHITALIYA HARJIBHAI BHIMJIBHAI . has paid ₹ 19325 towards premium for New India Floater Mediclaim for the period 19/04/2025 12:00:01 AM to 18/04/2026 11:59:59 PM

Policy no.	:	23040034252800000405
Receipt no. & date	:	23040081250000000678 11/04/2025

Date of Issue: 11/04/2025

(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 : 23040025E0001386



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C