



THE NEW INDIA ASSURANCE CO. LTD.
REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI
400001

New India Asha Kiran Policy Schedule
UIN: NIAHLIP25047V042425

Customer ID	: ME06984970		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: MAHESHBHAI KACHHADIYA	Office Code	: DO-IV (230400)
Address	: D-1203 SUMERU SKY RESDENCY NEAR BY BHAKTI NANDAN CHOWK, MOTA VARACHHA SURAT 9913652520 9377154454 SURAT, GUJARAT, 395006	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002
Phone No/Mobile No.	: XXXXXX2520	Phone No	: 2336864 / 2337644
E-mail/Fax	: RAMANIKAPIL284@YAHOO.COM, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AAACN4165C2ZW
	:	SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 23040061252700000451	Dev. Off. level/Broker/Direct/IMF/Web Aggregator/CPSC User	: DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From: 24/07/2025 12:00:01 AM To: 23/07/2026 11:59:59 PM	Agent/Bancassurance/Specified Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034242700000488	Phone No	: 9979343593 / 2336864
Client Type	:	E-mail/Fax	: ramanikapil284@yahoo.com, nia230400@gmail.com, / /

Member Details											
Sl. No.	Name of Insured Person	Date of Birth	Gender	Occupation	Relation	Total Sum Insured	Change in Status	Date of inception of Continuous Coverage	Zone Opted	Pre-existing Illness/Disease	Pre-existing disability
1	PIHU	23/03/2016	F	Students - School and College	Daughter	0		24/07/2017	ZONE-I	NA, NA	NA
2	MURTI	17/06/2012	F	Students - School and College	Daughter	0		24/07/2017	ZONE-I	NA, NA	NA
3	TRUPTI BEN	13/10/1988	F	Housewife	Spouse	0		24/07/2017	ZONE-I	NA, NA	NA
4	MAHESHBHAI KACHHADIYA	01/06/1986	M	Business / Traders	Self	800000		24/07/2017	ZONE-I	NA, NA	NA

Total Sum Insured	800000
Zone	ZONE-I

Sl. No.	COVERAGE		COMPENSATION
1.a	Accidental Death of	Proposer or Spouse	100% of Sum Insured
1.b	Accidental Death of	Proposer and Spouse	200% of Sum Insured



2.a	Permanent Total Disablement of	Proposer or Spouse	100% of Sum Insured
2.b	Permanent Total Disablement of	Proposer and Spouse	200% of Sum Insured
3.a	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of	Proposer or Spouse	100% of Sum Insured
3.b	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of	Proposer and Spouse	200% of Sum Insured
4.a	Loss of one limb / sight in one eye of	Proposer or Spouse	50% of Sum Insured
4.b	Loss of one limb / sight in one eye of	Proposer and Spouse	100% of Sum Insured

EACH ZONE IS CLASSIFIED AS BELOW:(The Cities mentioned below would include their Urban Agglomeration)

Zone-I	Greater Mumbai (includes Mira-Bhayandar(M Cl),Thane(M Corp), Navi Mumbai(M Corp), Kalyan-Dombivli(M Corp), Ulhasnagar(M Corp), Ambarnath(M Cl), Badlapur(M Cl)) and State of Gujarat
Zone-II	Delhi NCR(Includes Faridabad, Gurgaon, Mewat, Rothak, Sonapat, Rewari, Jhajjar, Panipat and Palwal, Meerut, Ghaziabad, Gautam Budha Nagar, Bulandshahr, and Baghpat, Alwar and NCT of Delhi),Bangalore,Chennai,Hyderabad and Secunderabad, Pune and Kolkata
Zone-III	Rest of India (Other than those areas specified in Zone I and II)

Details Of TPA(Notice or communication to be given in respect of claims)

Name	:	FAMILY HEALTH PLAN INSURANCE TPA LTD.	Telephone	:	18001037519
Address	:	GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,, NA	Fax Email Toll Free No. Mobile No.	:	914023541400 : : : :

Name of Nominee :	TRUPTI BEN	Relation :	Spouse
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Premium Working Table

Sl. No.	Name of Insured	Total Basic Premium	Staff Discount	Net Premium
1	MAHESHBHAI KACHHADIYA	14733	0	0
2	TRUPTI BEN	2454	0	0
3	MURTI	1054	0	0
4	PIHU	1054	0	0
Gross Premium				18241
GST				3284
Net Premium Amt.				21525
Net Premium Amt.(In words)				RUPEES TWENTY-ONE THOUSAND FIVE HUNDRED TWENTY-FIVE ONLY

*This Policy is subject to terms and conditions of New India Asha Kiran.

Previous Policy Details

Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
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Personal Personal Accident Cover Critical Care Benefit 10% of the Sum Insured. Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively. Hospital Cash up to 1% of Sum Insured. Ambulance charges up to 1% of Sum Insured Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye. * Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.	Optional Cover I: No Proportionate Deduction Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above. Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured). Optional Cover IV: For Covering Non-Payable Items (For 8 Lakhs & above Sum Insured). For Pre Existing Diseases Waiting period is 36 Months. For specified diseases waiting period is 24 months. *Please refer to policy document for detailed terms and conditions.
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"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	Zone Opted	Pre-Existing Disability
1	Maheshbhai Kachhadiya(ME06984970)	01/06/1986 (39)	M	SELF	24/07/2017	N	ZONE 1	N
2	Trupti Ben (ME06984980)	13/10/1988 (36)	F	Spouse	24/07/2017	N	ZONE 1	N
3	Murti (ME06984981)	17/06/2012 (13)	F	Daughter	24/07/2017	N	ZONE 1	N
4	Pihu (ME06984982)	23/03/2016 (9)	F	Daughter	24/07/2017	N	ZONE 1	N

Floater Sum Insured
Break In Insurance - Dynamic

Optional Cover Table			
Policy Level - Optional Cover 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover III (Revision in Cataract Limit)	Not Opted
Member Level - Optional Cover II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover IV (For Covering Non-Payable Items)	Not Opted

Member Wise - Optional Cover II (Maternity Benefit)		
S. No	Name of the Insured (Opting Optional Cover II)	Date of Opting Optional Cover - II

Member Wise - Optional Cover III (Revision in Cataract Limit)		
S. No	Name of the Insured (Opting Optional Cover III)	Date of Opting Optional Cover - III

Premium Details								
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	#Modern Treatment Rider Premium	Gross Premium
1	MAHESHBHAI KACHHADIYA	14733	0	0	0	0	0	14733
2	TRUPTI BEN	2454	0	0	0	0	0	2454
3	MURTI	1054	0	0	0	0	0	527
4	PIHU	1054	0	0	0	0	0	527



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹18241
SGST	9	1642
CGST	9	1642
IGST	0	0

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand

at this 24th day of July 2025

Date of Issue: 18/07/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

Authorized Signatory For and on behalf of
The New India Assurance Company
Limited

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 Asha Kiran

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

This is to certify that Mr./Mrs. MAHESHBHAI KACHHADIYA has paid ₹ RUPEES TWENTY-ONE THOUSAND FIVE HUNDRED TWENTY-FIVE ONLY (in words) towards premium for New India Asha Kiran for the period 24/07/2025 12:00:01 AM to 23/07/2026 11:59:59 PM

Policy no.	:	23040061252700000451
Receipt no. & date	:	23040081250000006503 18/07/2025

Date of Issue: 18/07/2025

(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 : 23040025E0014285

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
