



Yuva Bharat Health Policy

UIN: NIAHLIP25043V022425

Policy Schedule

Policy No	23040034242400001481	Current Policy Period	From:28/03/2025 12:00:01 AM To:27/03/2026 11:59:59 PM
Policy term(Duration)	1	Previous Policy Period	28-MAR-24 to 27-MAR-25
Previous Policy No	23040034232400000604		
Policyholder's Details			
Policyholder Name	DHRUVINKUMAR ASHWINBHAI GAJERA	Customer ID	POB3473244
		PAN Card No	BXPPG5443J
GSTIN	NA	Mobile No/Phone No	XXXXXX8357
Policyholder's address	20, PARMESHWAR PARK SOCIETY NANA VARACHHA, SHYAMDHAM CHOWK SURAT 8200198189 8980973509 9662738357 SURAT ,GUJARAT, 395010	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	ASHWINBHAI GAJERA
		Relation with the Policy holder	FATHER
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/CPSC User	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	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		
Plan Chosen	GOLD	Zone Opted	ZONE I:Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara
Date of Opting the Plan	28/03/2024	Optional Cover for Maternity	NO
Date of Inception of Plan	28/03/2024	Date of Inception of Maternity Optional Cover	
Date of Opting the Plan	28/03/2024	Non-Medical items[Consumables]	NA
Date of Opting the Plan	28/03/2024	Modern treatment ridercover	NO
Insured Person's details			



S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender	Relation	Sum Insured	Cumulative Bonus	Date of Inception of First Policy	Pre-Existing Disease
1	Dhruvinkumar Ashwinbhai Gajera(POB3473244)	28/12/1997(27)	Male	SELF	5 Lakhs	50000	28/03/2021	NA,NA,NA,N A ,(NA), NA

Premium Details

SL No	Name of the Insured	Basic Premium	Modern Treatment Rider Premium	Non Medical Item Cover Premium	Loading	Discount	Gross Premium
1	Dhruvinkumar Ashwinbhai Gajera	5426	814	0	0	544	5696
						Total Gross Premium(Without GST)	5696
						CGST(@9%)	513
						SGST(@9%)	513
						IGST	0
						Total GST	1026
Net Premium in Words (RUPEES SIX THOUSAND SEVEN HUNDRED TWENTY-TWO ONLY)						Net Premium(With GST)	6722

Previous Year Policy Details

Policy No		23040034242400001481			Policy Period		From:28/03/2025 12:00:01 AM To:27/03/2026 11:59:59 PM	
Company	Policy Number	Name of the Insured	Plan Opted	From Date	To Date	Sum Insured	CB Amount	Pre-Existing Disease
Others	0238900497	DHRUVINKU MAR ASHWINBHAI GAJERA	NA	28/03/2021	27/03/2022	300000	0	N.A.
Others	0238900497	DHRUVINKU MAR ASHWINBHAI GAJERA	NA	28/03/2022	27/03/2023	300000	0	N.A.
Others	023890049700	DHRUVINKU MAR ASHWINBHAI GAJERA	NA	28/03/2023	27/03/2024	300000	0	N.A.
NIA	2304003423240000604	DHRUVINKU MAR ASHWINBHAI GAJERA	GOLD	28/03/2024	27/03/2025	500000	0	NA

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 _____ day of _____ 20__..



Date of Issue: 26/03/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

FOR AND ON BEHALF OF
THE NEW INDIA ASSURANCE COMPANY LIMITED
DULY CONSTITUTED ATTORNEY(S)

IMPORTANT
<p>1. This policy is subject to the terms and conditions contained in the policy document (Clauses).</p> <p>2. This policy is governed by Health Insurance Regulations 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024 and all its addendums.</p> <p>3. This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 AND Master Circular on Health Insurance Business 2024 by IRDAI.</p> <p>4. This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.</p> <p>5. Health Insurance Regulations 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI are available on the website of IRDAI.</p> <p>6. 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.</p>
<p>IMPORTANT</p> <p>*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.</p> <p>2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3</p> <p>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.</p>
<p>"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.</p>
General Conditions for Installment Premium
<p>1. The premium shall be paid on or before the installment due date as mentioned in the Policy Schedule.</p> <p>2. Grace Period of 15 days for monthly installment and 30 days for quarterly and half-yearly mode would be given to pay the installment premium due for the Policy. During such Grace Period, Coverage will be available. 3. If installment premium is not paid within the Grace Period, then policy shall cease to exist at midnight of such due date and will be treated as lapsed 3. and company shall not be liable to pay any claim whatsoever.</p> <p>4. In case of a claim, you will be liable to pay the balance premium due under the policy before the claim is intimated.</p>



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

Yuva Bharat, New India Assurance

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

This is to certify that Mr./Mrs. DHRUVINKUMAR ASHWINBHAI GAJERA has paid ₹ RUPEES SIX THOUSAND SEVEN HUNDRED TWENTY-TWO ONLY (in words) towards premium for YUVA BHARAT HEALTH POLICY, New India Assurance for the period 28/03/2025 12:00:01 AM to 27/03/2026 11:59:59 PM

Policy no.	: 23040034242400001481
Receipt no. & date	: 10000089240301043665 26/03/2025

Date of Issue: 26/03/2025

(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)



1. Name of the Proposer: DHRUVINKUMAR ASHWINBHAI GAJERA					
2. Policy Number of the Retail Health Policy: 23040034242400001481					
3. Type of Policy (Individual/Floater):Individual					
S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Add on Cover Premium
1	Dhruvinkumar Ashwinbhai Gajera(POB3473244)	28/12/1997(27)	Male	SELF	814
It is hereby declared that on payment of additional premium for the above persons, Modern Treatment or Procedures as specified under the policy will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 100% of Sum insured subject to the terms and condition of the policy.					

Terms and Conditions:

- A. This Rider is not available for persons suffering from or suffered in the past one or more of the following Illnesses/Conditions:
- * Cancer (even if treatment is completed)
 - * Age related macular degeneration
 - * Sickle cell anaemia
 - * Thallasemia Major
- B. The Rider can be purchased along with the Base Policy and cannot be purchased in isolation or as a separate product.
- C. Rider can be purchased only at the time of inception or at renewal of the Base policy and cannot be opted in/out during the course of policy.
- D. Modern treatment procedures are payable only once during a policy period (this is applicable only to surgical procedures i.e. except for Oral Chemotherapy, Intravitreal Injections and Immunotherapy- Monoclonal Antibody to be given as injection)
- E. A deductible of 10% is applicable on the admissible claim amount. Please see the detailed T&Cs.
- F. No pre and post hospitalization expenses are payable for claims under oral chemotherapy.



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 : 23040024E0047673

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C