



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|
| Current Policy No | 23040061252800001742 | Current Policy Period | From:06/06/2025 12:00:01 AM To:05/06/2026 11:59:59 PM |
| Previous Policy No | 23040034249500000789 | Previous Policy Period | 06-JUN-24 to 05-JUN-25 |
| Policyholder's Details | | | |
| Policyholder Name | RAKESHBHAI L SHINGALA | Customer ID | PO50348741 |
| | | PAN Card No | EITPS7333M |
| Zone | ZONE I - Maharashtra and Gujarat | Mobile No/Phone No | XXXXXX6256 |
| Policyholder's address | 28 PARMESHWAR PARK SOC NANA VARACHHA SHYAM DHAM CHOWK SURAT 9978756256 SURAT ,GUJARAT, 395006 | Email id | RAMANIKAPIL284@YAHOO.CO M, |
| | | Name of the Nominee | KAJALBEN |
| | | 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 | 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 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 |



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| 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 | RAKESHBHAI L SHINGALA(PO50 348741) | 02/10/1987(37) | M | SELF | 06/06/2016 | NA |
| 2 | KAJALBEN (ME25143161) | 30/07/1991(33) | F | SPOUSE | 06/06/2025 | NA |

| | | | |
|----------------------------|--------|---------------------------------|--------|
| Floater Sum Insured | 300000 | Floater Cumulative Bonus | 150000 |
|----------------------------|--------|---------------------------------|--------|

| Cumulative Bonus Details | | | |
|--------------------------|-------------|---------------|-----------|
| S. No | Sum Insured | CB percentage | CB Amount |
| 1 | 300000 | 50 | 150000 |

| 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 | CB Discount | Gross Premium |
|------|-------------------------|---------------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|----------|--------------------------------|-------------|---------------|
| 1 | RAKESH BHAI L SHINGAL A | 7084 | 0 | 0 | 0 | 0 | 355 | 0 | 0 | 6729 |
| 2 | KAJALBE N | 5611 | 0 | 0 | 0 | 0 | 281 | 0 | 0 | 5330 |

| Previous Year Policy Details | | | | | | | |
|-----------------------------------------------------------------------------|-----------------------|-----------------------|------------|------------|-------------|----------------------------------|-----------------------|
| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | CB Amount | Pre-existing Diseases |
| 1 | 23040034249500 000789 | RAKESHBHAI L SHINGALA | 06/06/2024 | 05/06/2025 | 300000 | 150000 | N |
| | | | | | | Total Gross Premium(Without GST) | 12059 |
| | | | | | | CGST(@9%) | 1085 |
| | | | | | | SGST(@9%) | 1085 |
| Net Premium in Words(RUPEES FOURTEEN THOUSAND TWO HUNDRED TWENTY-NINE ONLY) | | | | | | IGST | 0 |
| | | | | | | Total GST | 2170 |
| | | | | | | Net Premium(With GST) | 14229 |

*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 6th day of June 2025.

at _____ this _____ day of _____ 20

Date of Issue: 30/05/2025

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. RAKESHBHAI L SHINGALA has paid ₹ 14229 towards premium for New India Floater Mediclaim for the period 06/06/2025 12:00:01 AM to 05/06/2026 11:59:59 PM

| | |
|--------------------|--------------------------------------|
| Policy no. | : 23040061252800001742 |
| Receipt no. & date | : 23040081250000003270 30/05/2025 |

Date of Issue: 30/05/2025

**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 : 23040025E0007373

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| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
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