



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	: ME11352789		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: KETAN ASHOKBHAI TRAPASIYA	Office Code	: DO-IV (230400)
Address	: B-26 DIVYASHAKTI SOC. PUNA GAM SURAT9712570890 SURAT ,GUJARAT, 395010	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No/Mobile No.	: XXXXXX0890	Phone No	: 2336864 / 2337644
E-mail/Fax	: ramanikapil284@yahoo.com, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	: ATUPT8494N	S.Tax Regn. No	: AACCN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AACN4165C2ZW
		SAC	: 997133 (Accident and health insurance services)

Policy Details			Business Source Code	
Policy Number	: 23040034242700001575	Dev.Off. level/Broker/Direct/IMF/We b Aggregator/CPSC User	:	DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From:30/03/2025 12:00:01 AM To:29/03/2026 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:	KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034232700001770	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 Continuou s Coverage	Zone Opted	Pre-existing Illness/Disea se	Pre-existing disability
1	RAHI .	12/12/2020	F	Any Othe r	Daughter	0		30/03/20 21	ZONE-I	(NA),NA	NA
2	DIVYABEN	22/10/1998	F	Housewif e	Spouse	0		30/03/20 20	ZONE-I	(NA),NA	NA
3	KETAN ASHOKBHAI TRAPASIYA	07/08/1995	M	Business / Trade rs	Self	300000		30/03/20 18	ZONE-I	(NA),NA	NA

Total Sum Insured	300000
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 CI), Thane(M Corp), Navi Mumbai(M Corp), Kalyan-Dombivli(M Corp), Ulhasnagar(M Corp), Ambarnath(M CI), Badlapur(M CI)) and State of Gujarat
Zone-II	Delhi NCR(Includes Faridabad, Gurgaon, Mewat, Rothak, Sonepat, Rewari, Jhajjhar, 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	: HEALTH INSURANCE TPA OF INDIA LIMITED	Telephone	:	18001023600
Address	: MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA A-110, SECTOR – 4, NOIDA NOIDA	Fax Email Toll Free No. Mobile No.	:	01204765799 : : :

Name of Nominee :	DIVYABEN	Relation :	Spouse
-------------------	----------	------------	--------

Premium Working Table				
Sl. No.	Name of Insured	Total Basic Premium	Staff Discount	Net Premium
1	KETAN ASHOKBHAI TRAPASIYA	5936	0	0
2	DIVYABEN	840	0	0
3	RAHI .	600	0	0
				Gross Premium 7076
				GST 1274
				Net Premium Amt. 8350
Net Premium Amt.(In words)				RUPEES EIGHT THOUSAND THREE HUNDRED FIFTY 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
Personal Personal Accident Cover				Optional Cover I: No Proportionate Deduction			
Critical Care Benefit 10% of the Sum Insured.				Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.			
Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.				Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).			
Hospital Cash up to 1% of Sum Insured.				Optional Cover IV: For Covering Non-Payable Items (For 8 Lakhs & above Sum Insured).			
Ambulance charges up to 1% of Sum Insured				For Pre Existing Diseases Waiting period is 36 Months.			
Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.				For specified diseases waiting period is 24 months.			
* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.				*Please refer to policy document for detailed terms and conditions.			

"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	Ketan Ashokbhai Trapasiya(ME11352789)	07/08/1995 (29)	M	SELF	30/03/2018	N	ZONE 1	N
2	Divyaben (ME11352794)	22/10/1998 (26)	F	Spouse	30/03/2020	N	ZONE 1	N
3	Rahi .(ME13364937)	12/12/2020 (4)	F	Daughter	30/03/2021	N	ZONE 1	N

Floater Sum Insured

Break In Insurance - Dynamic

Optional Cover Table

Policy Level - Optional Cover I (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	KETAN ASHOKBHAI TRAPASIYA	5936	0	0	0	0	0	5936
2	DIVYABEN	840	0	0	0	0	0	840
3	RAHI .	600	0	0	0	0	0	300

Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST	9	637
CGST	9	637
IGST	0	0

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

at this 30th day of March 2025

Date of Issue: 27/03/2025



(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. KETAN ASHOKBHAI TRAPASIYA has paid ₹ RUPEES EIGHT THOUSAND THREE HUNDRED FIFTY ONLY (in words) towards premium for New India Asha Kiran for the period 30/03/2025 12:00:01 AM to 29/03/2026 11:59:59 PM

Policy no.	:	23040034242700001575
Receipt no. & date	:	10000089240301097516 27/03/2025

Date of Issue: 27/03/2025

(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)



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 : 23040024E0047827



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C