



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	: POA2038037		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: NILESH KUMAR RASIKBHAI LATHIYA	Office Code	: DO-IV (230400)
Address	: B - 12 . DAN GIGEV SOC - 2 . PUNAGAM SURAT 8469520890  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	: AQSP8325K	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	: 23040061252700001182	Dev.Off. level/Broker/Direct/IMF/We b Aggregator/CPSC User	: DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From:30/12/2025 12:55:44 PM To:29/12/2026 11:59:59 PM	Agent/Bancassurance/Spe cified Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034242700001151	Phone No	: 9979343593 / 2336864
Client Type	: Non-Corporate	E-mail/Fax	: ramanikapil284@yahoo.com, nia230400@gmail.com, / /

Member Details										
Sl. No.	Name of Insured Person	Date of Birth	Age	Gender	Relation	Total Sum Insured	Date of inception of Continuous Coverage	ABHA ID(If Any)	Pre-existing Illness/Disease	Pre-existing disability
1	SUMITABEN	11/02/1991	34	F	Spouse	0	25/12/2021	NA	NA	NA
2	NILESH KUMAR RASIKBHAI LATHIYA	24/12/1991	34	M	Self	500000	25/12/2021	NA	NA	NA
3	HETVI LATHIYA	22/11/2024	1	F	Daughter	0	25/02/2025	NA	NA	NA
4	JINAL	17/04/2020	5	F	Daughter	0	25/12/2021	NA	NA	NA

Total Sum Insured	500000
Zone	ZONE-I

Any claim arising out of illness contracted or injury sustained or Hospitalization commencing in the break period i.e. from 25-DEC-25 to 30-DEC-25 will not be admissible under this policy.

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, 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)**

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

<b>Name of Nominee :</b>	SUMITABEN	<b>Relation :</b>	Spouse
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\*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							
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							
* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.							
				Optional Cover I:Revision in Limit of Cataract(For 8 Lakhs and 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.  Cataract claims up to 10% of Sum Insured or ₹50,000 whichever less, for each eye.			

"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.

<b>Floater Sum Insured</b>	500000
<b>Break In Insurance - Dynamic</b>	

**Optional Cover Table**

**Member Wise - Optional Cover - I (Revision in Cataract Limit)**

S. No	Name of the Insured (Opting Optional Cover I)	Date of Opting Optional Cover - I
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**Riders Table**



Name of Insured	MATERNITY RIDER	D.O.I for MATERNITY RIDER	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	CRITICAL ILLNESS RIDER	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
NILESH KUMAR RASIKBHAI LATHIYA	NO	NA	NO	NA	NO	NO	NO	YES
SUMITABEN	NO	NA	NO	NA	NO	NO	NO	YES
JINAL	NO	NA	NO	NA	NO	N	NO	YES
HETVI LATHIYA	NO	NA	NO	NA	NO	N	NO	NO

Premium Details													
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	MATERNITY RIDER Premium	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESS RIDER Premium	DURABLE MEDICAL DEVICES RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
1	NILESH KUMAR RASIKBHAI LATHIYA	1638	0	0	0	0	0	0	0	246	0	0	0
2	SUMITABEN	9805	0	0	0	0	0	0	0	1471	0	0	0
3	JINAL	857	0	0	0	0	0	0	0	129	0	0	0
4	HETVI LATHIYA	857	0	0	0	0	0	0	0	0	0	0	0
										Total Gross Premium(Without GST)	14147		
										CGST	0		
										SGST	0		
Net Premium in Words(RUPEES FOURTEEN THOUSAND ONE HUNDRED FORTY-SEVEN ONLY)										IGST	0		
										Total GST	0		
										Net Premium(With GST)	14147		

#### Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹14147
SGST	0	0
CGST	0	0
IGST	0	0

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

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20



Date of Issue: 30/12/2025

(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 120 D OF INCOME TAX ( AMENDMENT ) ACT  
111505**

This is to certify that Mr./Mrs. NILESH KUMAR RASIKBHAI LATHIYA has paid ₹ RUPEES FOURTEEN THOUSAND ONE HUNDRED FORTY-SEVEN ONLY (in words) towards premium for New India Asha Kiran for the period 30/12/2025 12:55:44 PM to 29/12/2026 11:59:59 PM

Policy no.	:	23040061252700001182
Receipt no. & date	:	10000089251201049621 30/12/2025

Date of Issue: 30/12/2025

(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 : 23040025P0035830

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

