



**ADDITIONAL ENDORSEMENT DOCUMENT
NEW INDIA FLOATER MEDICLAIM POLICY POLICY**

Insured Name	:	ASHVINBHAI PARSHOTAMBHAI BORAD	Insurer Office Code	:	DO-IV (230400)
Address	:	44-PANCHVATI ROW HOUSE PUNA GAM SURAT 9723252834 SURAT ,GUJARAT, 395010	Address	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Telephone	:	//XXXXXX2834	Telephone	:	2336864 / 2337644
Fax	:		Fax	:	2313467
Place of Supply	:	GUJARAT	State Code	:	GJ
Insured Pan Number	:	BUQPB1459R			
GSTIN	:	NA	GSTIN	:	24AAACN4165C2ZW
UIN	:	NA	SAC	:	997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number			:	23040034242800012363
Department	:	Health Insurance	Cover	: STANDARD COVERPolicy
Period of Insurance	:	From 28/03/2025 07:28:02 PM To 27/03/2026 11:59:59 PM	Endorsement No	: 23040034252883000028
			Effective Date	: 25 June 2025
Date Signed	:	25-JUN-25	Sum Insured₹	: 300,000.00
Additional Premium ₹	:	1,844.00	Additional GST ₹	: 332
Refund Premium ₹	:	N/A	Refund ST/GST. ₹	: N/A
Policy Duration	:	1 Years		

Change in Policy Attributes			
Parameter Name	Changed Value	Old Value	
Policy Status	06	12	
Export of services	NO		
Reason for GST exemption	--SELECT--		
Duplicate Policy Document Generartion fee required	No		
Endorsement Type List	Addition Of Members		
RO Approval No.	none	11111	

Risk Number	Parameter Name	Changed Value	Old Value
4	Do you Want to Opt for NIA Modern Treatment Rider?	No	N/A
4	Pre-existing Illness/Condition	No PED	N/A
4	Inceptiondate	S	N/A
4	Whether You Had A Health Policy in the Past	No	N/A
4	Company name		N/A
4	Expiring Policy Number	none	N/A
4	Sum Insured	0	N/A
4	Date of inception of first policy	25/06/2025	N/A
4	Expiry Date of last Policy	01/01/1900	N/A
4	Policy Status	06	N/A
4	Previous Policy Details	Open	N/A



Risk Number	Parameter Name	Changed Value	Old Value
4	Name	RIVA ASHVINBHAI BORAD	N/A
4	Sex	Female	N/A
4	DOB of Member	13/03/2025	N/A
4	Relation of Floater Mediclaim	Children	N/A
4	Member Covered in policy?	Yes	N/A
4	Dependent Children	Yes	N/A
4	Dependent type	Unmarried	N/A
4	Occupation for Mediclaim Member	Students - School and College	N/A
4	If "Any Other"		N/A
4	Is Medical Examination done	No	N/A
4	Enhanced Sum Insured		N/A
4	Total sum insured		N/A
4	Age (Year)	0	N/A
4	Adverse Medical History	No	N/A
4	Cost of Pre Medical Check Up		N/A
4	Adverse Medical History Detail		N/A
4	Staff Discount	No	N/A
4	Employee type	Ex Employees	N/A
4	SR No.	0	N/A
4	Company Name of Staff Member	GIC	N/A
4	Details of Medical Examination		N/A
4	Are You Suffering from any of the following diseases	No	N/A
4	Hypertension	No	N/A
4	Diabetes	No	N/A
4	Any Critical illness	No	N/A
4	Are you suffering from Chronic illness	No	N/A
4	Any recurring illness	No	N/A
4	Optional Cover II- Maternity Expenses Benefit	No	N/A
4	Date of inception of Optional Cover II		N/A
4	Optional Cover III- Revision in Cataract Limit	No	N/A
4	Date of inception of Optional Cover III		N/A
4	Dependent		N/A
4	Height	0	N/A
4	Weight		N/A
4	Waist Line (in Inches)		N/A
4	Do you smoke?		N/A
4	Do you chew tobacco?		N/A
4	Do you Drink Alcohol?		N/A
4	Pre-existing Disease for Mediclaim Member	No	N/A
4	Nature of disease		N/A
4	Other PED Details 1	none	N/A
4	Other PED Details 2		N/A
4	Name and address of medical attendant/surgeon	none	N/A
4	Date first treated	01/01/1900	N/A
4	Whether Fully cured		N/A
4	Whether Insured is admitted for the pre existing disease		N/A



Risk Number	Parameter Name	Changed Value	Old Value
4	Date of Discharge from the Hospital	01/01/1900	N/A
4	Any more Pre- Existing Diseases		N/A
4	Nature of Pre-existing Diseases	Open	N/A

It is hereby understood and agreed that the endorsement on policy 23040034242800012363 will be in effect from 25 June 2025.

Reason	IT IS HEREBY UNDERSTOOD AND AGREED TO ADD MEMBER AS PER INSUREDS REQUEST" OTHER T&C REMAIN UNALTERED.
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Premium and GST Details

	Rate of Tax	Amount
Premium		1,844.00
SGST	9	166
CGST	9	166
IGST	0	0
TOTAL PAYABLE	:	2176

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 : 23040025E0010773

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
