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| पॉलिसी नंबर/ Policy Number: 310600502510001463 | व्यवसाय स्रोत/Business Source: 310600 |
| जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 310600 कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri,Nanpura, Surat, Gujarat, - 395001. राज्य कोड/State Code: 24 , Gujarat जीएसटीआइन/GSTIN: 24AACN9967E1Z9 संपर्क संख्या/Contact Number: 261 2474495 मोबाइल नंबर/Mobile Number: 0 | विक्रय चैनल विवरण/Sales Channel Details: विक्रय चैनल कोड /Sales Channel Code: 9000146579 नाम /Name: Mr Italiya Hitesh संपर्क संख्या/ Contact Number: 9825085235 |
| | UIN No: NICHLIP25037V022425 |
| | कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number:1800 345 0330 ईमेल/email:customer.support@nic.co.in 9920501906 |

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|---|--------------------------------------|-------------------|
| ग्राहक का नाम /Customer Name: MR RAMESHBHAI LAKHABHAI RABADIYA | ग्राहक आईडी /Customer ID: 9526952876 | पैन /PAN: *****1K |
| पता/ Address: 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101 PH. 9825641141/ 9825119129, शहर/City: SURAT - DISTRICT OTHERS, जिला/District: SURAT, राज्य/State: GUJARAT, पिन/PIN: 394101. सेल/Cell: *****41 | आधार /AADHAR: | |
| | फोन /Phone: *****41 | |

पॉलिसी: 28/09/2025 के 00:00 से 27/09/2026 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 28/09/2025 to midnight of 27/09/2026

| | | | |
|--|-------------|--|--|
| प्रीमियम/ Premium | ₹31,398.00 | | |
| Less:Digital Discount | ₹ 0.00 | | |
| Total Premium | ₹ 31,398.00 | | |
| सीजीएसटी/CGST | ₹ 0.00 | | |
| एसजीएसटी/यूटीजीएसटी / SGST/UTGST | ₹ 0.00 | प्रस्ताव संख्या और तिथि/ Proposal Number and Date | 8800200928183732 दिनांक/Dt. 24/09/2025 |
| आईजीएसटी/IGST | ₹ 0.00 | | |
| कम:जीएसटी_टीडीएस / Less:GST_TDS | ₹ 0.00 | | |
| वसूली योग्य योग्य स्टाम्प छूटी /Recoverable Stamp Duty | ₹ 0.00 | रसीद संख्या और तिथि/ Receipt Number and Date | 310600812510002551 दिनांक/Dt. 24/09/2025 |
| कुल राशि /Total Amount | ₹ 31,398.00 | पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date | 310600501910003629दिनांक/Dt.27/09/2020 310600502110002321दिनांक/Dt.27/09/2022 310600502210002027दिनांक/Dt.27/09/2023 310600502310001909दिनांक/Dt.27/09/2024 310600502410001738दिनांक/Dt.27/09/2025 310600502010003055दिनांक/Dt.27/09/2021 |

(रुपए/Rupees Thirty One Thousand Three Hundred Ninety Eight केवल/Only.)

*सरकारी सब्सिडी Government Subsidy: ₹ 0.00

सामान्य सारांश/General Summary:

| प्रीमियम भुगतान जोन/Premium Paying Zone | |
|--|-------------|
| प्रीमियम भुगतान जोन/Premium Paying Zone: | |
| जोन I, ग्रेटर मुम्बई मेट्रोपोलिटन क्षेत्र, संपूर्ण गुजरात, दिल्ली और राष्ट्रीय राजधानी क्षेत्र (#NCR) चंडीगढ़, पुणे /Zone I, Greater Mumbai Metropolitan area, entire state of Gujarat, Delhi and National Capital Region (#NCR), Chandigarh, Pune | |
| फ्लोटर आवरण/Floater Covers | |
| मूल आवरण की बीमा राशि/Basic Cover Sum Insured | ₹300,000.00 |
| Home Care Treatment | |
| बाह्य रोगी के आवरण की बीमा राशि/Outpatient Cover Sum Insured | NA |

व्यक्तिगत सदस्य विवरण और व्यक्तिगत आवरण /Individual member details and Individual cover:

પોલિસી નંબર /Policy Number:

310600502510001463

જારીકર્તા કાર્યાલય/Issuing Office

કાર્યાલય કોડ /Office Code: 310600

કાર્યાલય પત્રા /Office Address: SURAT

BUSINESS OFFICE I Godavari Bhavan,
Above Handloom House, Chowk
Sheri, Nanpura, Surat, Gujarat, - 395001.

રાજ્ય કોડ/State Code: 24 , Gujarat

જીએસ્ટીઆન/GSTIN: 24AACN9967E1Z9

સંપર્ક સંખ્યા/Contact Number: 261 2474495

મોબાઇલ નંબર/Mobile Number: 0

વ્યવસાય સ્તોત /Business Source: 310600

વિકાર ચૈનલ વિવરણ/ Sales Channel Details

વિકાર ચૈનલ કોડ/ Sales Channel Code:

9000146579

નામ/ Name: Mr Italiya Hitesh

સંપર્ક સંખ્યા/Contact Number: 9825085235

UIN No: NICHLIP25037V022425

કસ્ટમર કેન્દ્ર ટૉલ ફ્રો નંબર/Customer Care Toll Free

Number: 1800 345 0330

ઈમેલ/email:customer.support@nic.co.in

9920501906

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| पॉलिसी नंबर /Policy Number: 310600502510001463 | व्यवसाय स्रोत /Business Source: 310600 |
| जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/Office Code: 310600 | विक्रय चैनल विवरण/ Sales Channel Details विक्रय चैनल कोड/ Sales Channel Code: 9000146579 नाम/ Name: Mr Italiya Hitesh संपर्क संख्या Contact Number: 9825085235 UIN No: NICHLIP25037V022425 कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 |
| कार्यालय पता /Office Address: SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri, Nanpura, Surat, Gujarat, - 395001. राज्य कोड/State Code: 24, Gujarat जीएसटीआईन/GSTIN: 24AACN9967E1Z9 संपर्क संख्या Contact Number: 261 2474495 मोबाइल नंबर/Mobile Number: 0 | ईमेल/email: customer.support@nic.co.in  9920501906 |

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|--|-------------------------------------|------------------|
| ग्राहक का नाम/Customer Name: MRRAMESHBHAI LAKHABHAI RABADIYA | ग्राहक आईडी/Customer ID: 9526952876 | पैन/PAN: *****1K |
| पता/Address: 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101 PH. 9825641141/ 9825119129, शहर/City:SURAT - DISTRICT OTHERS, ज़िला/District:SURAT, राज्य/State:GUJARAT, पिन /PIN:394101 सेल/Cell: *****41 | फोन/Phone: *****41 | |
| ई-मेल/E-Mail: *****a1@gmail.com | | |

पॉलिसी 00:00 बजे, on 28/09/2025 से प्रभावी 27/09/2026 की मध्य रात्रि तक **/Policy Effective from:** 00:00 hours, on 28/09/2025 to midnight of 27/09/2026

प्रीमियम प्रमाण-पत्र /Premium Certificate

आयकर (संशोधन) अधिनियम, 1986 की धारा 80 डी के तहत कटौती के प्रयोजन के लिए /
(For the purpose of deduction u/s 80 D of Income Tax (amendment) Act,1986)

यह प्रमाणित किया जाता है कि MR.RAMESHBHAI LAKHABHAI RABADIYA ने रूपये ₹31,398.00 Thirty One Thousand Three Hundred Ninety Eight केवल दस्तावेज संख्या 192260 दिनांकित 24/09/2025 के द्वारा 28/09/2025 से 27/09/2026 की अवधि के लिए पॉलिसी संख्या 310600502510001463 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है।

प्रीमियम /Premium ₹31,398.00 सेवा कर /Service Tax ₹ 0.00 स्वच्छ भारत सेस/Swach bharat cess ₹.0.00. कृषि कल्याण सेस/Krishi kalyan cess ₹.0.00 CGST₹.0.00. SGST₹.0.00. IGST ₹.0.00. रसीद संख्या के द्वारा भुगतान की प्राप्ति/Payment received vide receipt no.310600812510002551 दिनांकित /dated 24/09/2025.

This is to certify that MR.RAMESHBHAI LAKHABHAI RABADIYA has paid ₹31,398.00 (in words) Thirty One Thousand Three Hundred Ninety Eight Only towards premium for National ParivarMediclaimPolicy vide Policy No. 310600502510001463 for the period from 28/09/2025 to 27/09/2026 by Instrument number 192260 dated 24/09/2025.

कृते नेशनल इंश्योरेंस कंपनी लिमिटेड/

For National Insurance Company

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

नोट : पॉलिसी को रद्द करने या प्रभावित करने वाले बीमा में किसी तरह के बदलाव के मामले में नए प्रमाणपत्र के जारी करने के लिए यह प्रमाण पत्र बीमा कंपनी को समर्पित करना चाहिए।

/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

आपूर्ति का बिल/**BILL OF SUPPLY**

Serial No: 30183H5PE0001463

Date: 24/09/2025

आपूर्ति का विवरण/**Details of Supplier:**

नेशनल इंश्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited.,
 SURAT BUSINESS OFFICE I Godavari Bhavan, Above Handloom House, Chowk Sheri, Nanpura, Surat, Gujarat, - 395001
 राज्य/State : 24, Gujarat
 जीएसटीआईएन नंबर/ GSTIN No : 24AACN9967E1Z9

प्राप्तकर्ता का विवरण/**Details Of Receiver :** MR RAMESHBHAI LAKHABHAI RABADIYA

पता/Address : 16, VALKESHWAR ROW HOUSE, MOTA VARACHHA, PEDAL ROAD, SURAT, GUJARAT- 394101
 PH. 9825641141/ 9825119129
 शहर/City : SURAT - DISTRICT OTHERS,
 ज़िला/District: SURAT,
 राज्य/State: GUJARAT,
 पिन/PIN: 394101.

आपूर्ति का स्थान/Place Of Supply State : Gujarat
 राज्य कोड/State Code : 24
 जीएसटीआईएन नंबर/GSTIN No : NA
 यूआयएन नं. UIN No : NA

| सैक कोड/SAC Code | सेवा का विवरण/Description of Service | कुल/Total(₹) | छूट/Discount | कुल मूल्य/Total Value(₹) |
|---|--|---------------|--------------|--------------------------|
| 997133 | Accident and health insurance services | 31,398 | 0% | 31,398 |
| कुल/TOTAL | | 31,398 | | 31,398 |
| कुल मूल्य (अंकों में) /Total Value (In figures) : ₹ 31,398 | | | | |
| कुल मूल्य (शब्दों में) /Total Value (In words) : रुपए Rupees Thirty One Thousand Three Hundred Ninety Eight केवल/Only. | | | | |
| रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No | | | | |

E.&O.E

कृपया नेशनल इंश्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

| | |
|---|----------------------|
| National Insurance Company Limited | |
| CIN - U10200WB1906GOI001713 | IRDAI Regn. No. - 58 |

New National Parivar Mediclaim Policy
Customer Information Sheet

This documents provides key information about your policy. You are also advised to go through your policy document.

| S No. | TITLE | DESCRIPTION (Please refer to applicable Policy Clause Number in next column) | Policy Clause No. |
|-------|--|--|--|
| 1. | Name of Insurance Product | New National Parivar Mediclaim Policy | |
| 2. | Policy number | 310600502510001463 | |
| 3. | UIN No. | NICHLIP25037V022425 | |
| 4. | Type of Insurance Product/ Policy | Both Indemnity and Benefit | |
| 5. | Sum Insured | Floater Sum Insured (SI): Rs 300000 | |
| 6. | Policy Coverage (what the policy covers?) | Expenses in respect of: <ul style="list-style-type: none"> a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days c. Post-hospitalisation (treatment after discharge from hospital) within 75 days from date of discharge d. Domiciliary Hospitalisation e. Procedures requiring less than 24 hours of hospitalization (day care). f. AYUSH Treatment g. Organ donor's medical expenses h. Hospital Cash for maximum of 5 days i. Ambulance j. Anti Rabies Vaccination k. Maternity l. Infertility m. HIV/ AIDS Treatment n. Mental Illness Treatment o. Modern Treatment p. Morbid Obesity Treatment q. Correction of Refractive Error (equal to or more than 7.5 dioptres) Other Benefits: <ul style="list-style-type: none"> a. Reinstatement of Basic SI (available to Basic SI of □ 6L and above) Good Health Incentive: <ul style="list-style-type: none"> a. Cumulative Bonus (CB) b. Preventive Health Check Up Optional Covers: <ul style="list-style-type: none"> a. Pre-existing Diabetes / Hypertension b. Out-Patient Treatment c. Critical Illness | 3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.13 3.1.14 3.1.15 3.1.16 3.1.17 3.2 3.2.1 3.3 3.3.1 3.3.2 3.4 3.4.1 3.4.2 3.4.3 |
| 7. | Exclusions (what the policy does not cover) | <ul style="list-style-type: none"> a. Pre-Existing Diseases (Excl 01) b. Specified disease/procedure waiting period (Excl 02) c. First 30 days waiting period (Excl 03) d. Investigation & Evaluation (Excl 04) e. Rest Cure, Rehabilitation and Respite Care (Excl 05) f. Obesity/ Weight Control (Excl 06) g. Change-of-Gender Treatments (Excl 07) h. Cosmetic or Plastic Surgery (Excl 08) i. Hazardous or Adventure Sports (Excl 09) j. Breach of Law (Excl 10) k. Excluded Providers (Excl 11) l. Drug/Alcohol Abuse (Excl 12) m. Non Medical Admissions (Excl 13) | 4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13 |

| | | | |
|----|---|--|---|
| | <ul style="list-style-type: none"> n. Vitamins, Tonics (Excl 14) o. Refractive Error (Excl 15) p. Unproven Treatments (Excl 16) q. Hormone Replacement Therapy r. General Debility, Congenital External Anomaly s. Self Inflicted Injury t. Stem Cell Surgery u. Circumcision v. Vaccination or Inoculation w. Massages, Steam Bath, Alternative Treatment (Other than AYUSH) x. Dental treatment y. Out Patient Department (OPD) z. Stay in a Hospital which is not Medically Necessary. aa. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants bb. Non Prescription Drug cc. Treatment not Related to Disease for which Claim is Made dd. Equipments ee. Items of personal comfort ff. Service charge/ registration fee gg. Home visit charges hh. War ii. Radioactivity jj. Treatment taken outside the geographical limits of India <ul style="list-style-type: none"> Exclusions under Domiciliary Hospitalisation Exclusions in Organ Donor's Medical Expenses Exclusions in Maternity Cover Exclusions in Infertility Cover Exclusions in Mental Illness Cover Exclusions under Out-Patient Treatment Exclusions under Critical Illness cover | 4.14 4.15 4.16 4.17 4.18 4.19 4.20 4.21 4.22 4.23 4.24 4.25 4.26 4.27 4.28 4.29 4.30 4.31 4.32 4.33 4.34 4.35 4.36 3.1.4 3.1.7 3.1.11 3.1.12 3.1.14 3.4.2 3.4.3 | |
| 8. | <p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases / treatments are not covered. • It is counted from the beginning of the policy coverage. | <ul style="list-style-type: none"> a. Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) b. Specific waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> o. Ninety (90) Days for 3 diseases/procedures/conditions o. One (1) year for 5 diseases/procedures o. Two (2) years for 18 diseases/procedures o. Three (3) years for 4 diseases/procedures c. Pre-Existing Diseases: Covered after thirty six (36) months d. Maternity: Covered after thirty six (36) months e. Infertility: Covered after thirty six (36) months f. Following mental illnesses shall be covered after two (2) years <ul style="list-style-type: none"> o. Depression (ICD - F32; F33) o. Schizophrenia (ICD - F20; F21; F25) | 4.3 4.2 4.1 3.1.11 3.1.12 3.1.14 |
| 9. | <p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).</p> | <ul style="list-style-type: none"> a. Room Rent - Up to 1% of SI or actual, whichever is lower Proportionate Deduction shall apply if opted for Room of higher category. b. ICU charges - Up to 2% of SI or actual, whichever is lower Sub limit will not apply in case of Hospitalisation in a Preferred Provider Network (PPN) as per eligible package. c. Cataract Surgery - Up to 10% of SI or INR 40,000 per eye, whichever is lower d. Treatment related to participation as a non-professional in hazardous or adventure sports – Up to 25% of SI e. Domiciliary Hospitalisation (as Floater) - Up to 20% of SI, subject to maximum of INR 50,000 f. Hospital Cash (per insured person, per day) – INR 300, max. of 5 days (For Basic SI 1-5 Lakhs) INR 500, max of 5 days (For Basic SI 6-10 Lakhs) g. Ambulance - Up to INR 1,000/- per illness & INR 2,500/- in a policy year h. Anti rabies Vaccination (per insured person, in a policy year) - Up to INR 5,000 i. Maternity (including Baby from Birth Cover) (per insured person, in a policy year - Up to 10% of SI subject to INR 30,000 in case of normal delivery and INR 50,000 in case of caesarean section j. Infertility (per insured person, in a policy year) - Up to INR 50,000 k. Modern Treatments – Up to 25% of SI for each treatment | 3.1.1.1 3.1.1.1 3.1.1.2 3.1.1.3 3.1.4 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.15 |

| | <p>i. Notification of claim to be provided as per table below.</p> <table border="1"> <thead> <tr> <th>Notification of claim for Reimbursement</th><th>Company/TPA must be informed:</th></tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td></tr> <tr> <td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Hospital</td></tr> </tbody> </table> <p>ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table border="1"> <thead> <tr> <th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr> </thead> <tbody> <tr> <td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within fifteen days from date of discharge from hospital</td></tr> <tr> <td>Reimbursement of post hospitalisation expenses</td><td>Within fifteen days from completion of post hospitalisation treatment</td></tr> <tr> <td>Reimbursement of domiciliary hospitalisation expenses</td><td>Within fifteen days from issuance of fitness certificate</td></tr> <tr> <td>Reimbursement of anti-rabies vaccination and new born baby vaccination</td><td>Within fifteen days from date of vaccination</td></tr> <tr> <td>Reimbursement of expenses for infertility treatment</td><td>Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year</td></tr> <tr> <td>Reimbursement of health checkup expenses (to be submitted to the office only)</td><td>Within six months of the fourth policy year.</td></tr> </tbody> </table> <p>Procedure for Reimbursement of Claim under Domiciliary Hospitalisation For reimbursement of claims under domiciliary hospitalisation, the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <p>For Out-patient Treatment Claims Documents supporting all out-patient treatments shall be submitted to the TPA/ Company twice during the policy period, within thirty days of completion of six month period.</p> <p>For Critical Illness Claims Documents supporting the diagnosis shall be submitted to the Company within sixty days from the date of diagnosis of the critical illness.</p> <p>Claim Settlement</p> <ul style="list-style-type: none"> i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility – 1 hours from the time last necessary document is received by TPA ii. TAT for cashless final bill authorization – 3 hours from the time discharge bill is received by TPA <p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals</p> <p>Helpline Number: 1800 345 0330</p> <p>Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p> | Notification of claim for Reimbursement | Company/TPA must be informed: | In the event of planned hospitalisation | At least seventy two (72) hours prior to the Insured Person's admission to Hospital | In the event of emergency hospitalisation | Within twenty four (24) hours of the Insured Person's admission to Hospital | Type of claim | Time limit for submission of documents to Company/TPA | Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges | Within fifteen days from date of discharge from hospital | Reimbursement of post hospitalisation expenses | Within fifteen days from completion of post hospitalisation treatment | Reimbursement of domiciliary hospitalisation expenses | Within fifteen days from issuance of fitness certificate | Reimbursement of anti-rabies vaccination and new born baby vaccination | Within fifteen days from date of vaccination | Reimbursement of expenses for infertility treatment | Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year | Reimbursement of health checkup expenses (to be submitted to the office only) | Within six months of the fourth policy year. | 3.4.2 3.4.3 5.3 |
|--|--|---|--------------------------------------|---|---|---|---|----------------------|--|--|--|--|---|---|--|--|--|---|--|---|--|-----------------------|
| Notification of claim for Reimbursement | Company/TPA must be informed: | | | | | | | | | | | | | | | | | | | | | |
| In the event of planned hospitalisation | At least seventy two (72) hours prior to the Insured Person's admission to Hospital | | | | | | | | | | | | | | | | | | | | | |
| In the event of emergency hospitalisation | Within twenty four (24) hours of the Insured Person's admission to Hospital | | | | | | | | | | | | | | | | | | | | | |
| Type of claim | Time limit for submission of documents to Company/TPA | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges | Within fifteen days from date of discharge from hospital | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of post hospitalisation expenses | Within fifteen days from completion of post hospitalisation treatment | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of domiciliary hospitalisation expenses | Within fifteen days from issuance of fitness certificate | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of anti-rabies vaccination and new born baby vaccination | Within fifteen days from date of vaccination | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of expenses for infertility treatment | Within fifteen days of completion of treatment or fifteen days of expiry of policy period, whichever is earlier, once during the policy year | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement of health checkup expenses (to be submitted to the office only) | Within six months of the fourth policy year. | | | | | | | | | | | | | | | | | | | | | |
| 11. | Policy Servicing | Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phn: (033) 6811 0000 Post: National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, New Town, | | | | | | | | | | | | | | | | | | | | |

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|-----|-----------------------|---|---|
| | | Kolkata - 700156 | |
| 12. | Grievances/Complaints | <p>In case of any grievance the insured person may contact the company through</p> <p><u>Website:</u> https://nationalinsurance.nic.co.in/</p> <p>Toll free: 1800 345 0330</p> <p>E-mail: customer.relations@nic.co.in</p> <p>Phone : (033) 6811 0000</p> <p>Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, New Town, Kolkata - 700156</p> <p>Insurance Ombudsman – As per Annexure II attached to Policy.</p> | 6 |
| 13. | Things to Remember | <p>Free Look Period You may cancel the insurance policy if you don't want it, within 30 days from the beginning of the policy.</p> <p>Policy Renewal A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured</p> <p>Migration and Portability:</p> <ul style="list-style-type: none"> The insured person will have the option to migrate the policy to alternative health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 15 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability <p>Change in Basic Sum Insured:</p> <ol style="list-style-type: none"> Basic Sum insured can be enhanced only at the time of renewal. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods. <p>Moratorium Period: After completion of sixty continuous months under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> | 5.13 5.8 5.9 5.10 5.23 5.4 |
| 14. | Your Obligations | <ul style="list-style-type: none"> Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder. | 5.1 |

Legal Disclaimer

The information above must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation