



### New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

#### Policy Schedule

Current Policy No	23040061252800009072	Current Policy Period	From:02/01/2026 11:01:12 AM To:01/01/2027 11:59:59 PM
Previous Policy No	23040034242800009200	Previous Policy Period	01-JAN-25 to 31-DEC-25

#### Policyholder's Details

Policyholder Name	LAXMANBHAI. BHIMJIBHAI. KALATHIYA.	Customer ID	PO46570731
		PAN Card No	CROPK7145R
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX4894
Policyholder's address	A-34 RUPAM SOC. N/R-HIRA BAUG VARACHHA, SURAT 9913474894. SURAT ,GUJARAT, 395006	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	MANISHABEN
		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/BDE/BDM/SBDE/S BDM	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	24AACN4165C2ZW
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: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye
* Hospital Cash up to 1% of Sum Insured.	* For Pre Existing Diseases Waiting Period in 36 Months.
* Midterm inclusion of newly married spouse.	* For specified diseases waiting period is 24 months

Please refer to the policy clause for detailed T&Cs



**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	ABHA ID(If Any)	*Date of inception of first policy	Pre Existing Disease
1	LAXMANBHAI. BHIMJIBHAI. KALATHIYA.(PO 46570731)	01/07/1989	36	M	SELF	NA	27/12/2016	NA
2	MANISHABEN. LAXMANBHAI KALATHIYA.(ME 06082908)	15/05/1986	39	F	SPOUSE	NA	27/12/2016	NA
3	NAMRA. LAXMANBHAI KALATHIYA.(ME 06082922)	27/07/2015	10	M	CHILD	NA	27/12/2016	NA
4	HIR. LAXMANBHAI. KALATHIYA.(ME 06082931)	22/03/2013	12	F	CHILD	NA	27/12/2016	NA

Floater Sum Insured	200000	Floater Cumulative Bonus	100000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	200000	50	100000

Any claim arising out of illness contracted or injury sustained or Hospitalization commencing in the break period i.e. from 31-DEC-25 to 02-JAN-26 will not be admissible under this policy..
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Optional Cover Table	
Member Level - Optional Cover - I (Revision in Cataract Limit)	Not Opted

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
LAXMANBHAI. BHIMJIBHAI. KALATHIYA.	NO	NO	N	NO	NO	N	N	NO
MANISHABEN LAXMANBHAI KALATHIYA.	NO	NO	N	NO	NO	N	N	NO
NAMRA. LAXMANBHAI KALATHIYA.	NO	NO	N	NO	NO	N	N	NO
HIR. LAXMANBHAI KALATHIYA.	NO	NO	N	NO	NO	N	N	NO

Premium Details
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Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	MATERIALITY RIDER Premium	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESS RIDER Premium	DURABLE MEDICAL DEVICE RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
1	LAXMANBHAI. BHIMJI BHAI. KALATHIYA.	5684	0	0	0	0	0	0	0	0	0	0	853
2	MANISHABEN . LAXMANBHAI KALATHIYA.	6566	0	0	0	0	0	0	0	0	0	0	985
3	NAMRA . LAXMANBHAI KALATHIYA.	2565	0	0	0	0	0	0	0	0	0	0	385
4	HIR. LAXMANBHAI. KALATHIYA.	2801	0	0	0	0	0	0	0	0	0	0	421

Total Gross Premium(Without GST)	14972
CGST	0
SGST	0
Net Premium in Words(RUPEES FOURTEEN THOUSAND NINE HUNDRED SEVENTY-TWO ONLY)	IGST 0
	Total GST 0
	Net Premium(With GST) 14972

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034232800 010568	HIR. LAXMANBHAI KALATHIYA.	01/01/2024	31/12/2024	0	0	N
2	23040034232800 010568	LAXMANBHAI . BHIMJIBHAI. KALATHIYA.	01/01/2024	31/12/2024	200000	50000	N
3	23040034232800 010568	MANISHABEN . LAXMANBHAI KALATHIYA.	01/01/2024	31/12/2024	0	0	N
4	23040034232800 010568	NAMRA. LAXMANBHAI KALATHIYA.	01/01/2024	31/12/2024	0	0	N
5	23040034242800 009200	HIR. LAXMANBHAI KALATHIYA.	01/01/2025	31/12/2025	0	0	N
6	23040034242800 009200	LAXMANBHAI . BHIMJIBHAI. KALATHIYA.	01/01/2025	31/12/2025	200000	100000	N



7	23040034242800 009200	MANISHABEN LAXMANBHAI KALATHIYA.	01/01/2025	31/12/2025	0	0	N
8	23040034242800 009200	NAMRA. LAXMANBHAI KALATHIYA.	01/01/2025	31/12/2025	0	0	N
9	23040034222800 011172	HIR. LAXMANBHAI KALATHIYA.	29/12/2022	28/12/2023	0	0	N
10	23040034222800 011172	LAXMANBHAI BHIMJIBHAI. KALATHIYA.	29/12/2022	28/12/2023	200000	0	N
11	23040034222800 011172	MANISHABEN LAXMANBHAI KALATHIYA.	29/12/2022	28/12/2023	0	0	N
12	23040034222800 011172	NAMRA. LAXMANBHAI KALATHIYA.	29/12/2022	28/12/2023	0	0	N

\*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 2nd day of January 2026.

Date of Issue: 02/01/2026

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

FOR AND ON BEHALF OF  
THE NEW INDIA ASSURANCE COMPANY LIMITED  
DULY CONSTITUTED ATTORNEY(S)



<b>Insurer Office Code</b>	:	DO-IV (230400)
<b>Address</b>	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
<b>Telephone</b>	:	2336864 / 2337644
<b>Fax</b>	:	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. LAXMANBHAI. BHIMJIBHAI. KALATHIYA. has paid ₹ 14972 towards premium for New India Floater Mediclaim for the period 02/01/2026 11:01:12 AM to 01/01/2027 11:59:59 PM

<b>Policy no.</b>	:	23040061252800009072
<b>Receipt no. &amp; date</b>	:	10000089250100017839 02/01/2026

Date of Issue: 02/01/2026

(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 : 23040025P0036298

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

Policy No. : 23040061252800009072 Document generated by QR\_RENEWAL at 02/01/2026 11:01:14 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

