



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         | : POC3825495  |   |   |
| Insured's Details   |   | Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims) |   |
| Insured Name        | : MAHENDRABHAI PRAVINBHAI LUNAGARIYA  | Office Code   | : DO-IV (230400)  |
| Address             | : A-904, SAVAVI HEIGHTS, SIMADA GAM OPPOSITE MEGH MALHAR RESIDENCY, SURAT SURAT , GUJARAT, 395006 | Address   | : 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002 |
| Phone No/Mobile No. | : XXXXXX1384  | Phone No  | : 2336864 / 2337644   |
| E-mail/Fax          | : ramanikapil284@yahoo.com, /   | E-mail/Fax  | : nia.230400@newindia.co.in / 2313467   |
| PAN No              | :   | 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        | : 23040061252700000345                                    | Dev.Off. level/Broker/Direct/IMF/Web Aggregator/CPSC User | : DIRECT CODE 230400 (1D3937242)                     |
| Period of Insurance  | : From: 26/06/2025 12:00:01 AM To: 25/06/2026 11:59:59 PM | Agent/Bancassurance/Specialized Person                    | : KAPIL KANTIBHAI RAMANI (NIAAG00055908)             |
| Prev. Policy no.     | : 2825202843485501000                                     | 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 | Gender | Occupation                    | Relation | Total Sum Insured | Change in Status | Date of inception of Continuous Coverage | Zone Opted | Pre-existing Illness/Disease | Pre-existing disability |
| 1              | JISHA MAHENDRA BHAI LUNAGARIYA      | 05/10/2022    | F      | Students - School and College | Daughter | 0                 | 0                | 25/06/2025                               | ZONE-I     | NA,NA                        | none                    |
| 2              | MAHENDRA BHAI PRAVINBHAI LUNAGARIYA | 10/10/1985    | M      | Business / Traders            | Self     | 500000            | 0                | 26/06/2019                               | ZONE-I     | NA,NA                        | none                    |
| 3              | HETALBEN MAHENDRA BHAI LUNAGARIYA   | 12/05/1989    | F      | Housewife                     | Spouse   | 0                 | 0                | 26/06/2019                               | ZONE-I     | NA,NA                        | none                    |
| 4              | AARYA MAHENDRA BHAI LUNAGARIYA      | 27/04/2017    | F      | Students - School and College | Daughter | 0                 | 0                | 26/06/2019                               | ZONE-I     | NA,NA                        | none                    |

|                   |        |
|-------------------|--------|
| Total Sum Insured | 500000 |
| 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, Rohtak, Sonepat, 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)   |

| <b>Details Of TPA(Notice or communication to be given in respect of claims)</b> |   |   |   |                               |
|---|---|---|---|-------------------------------|
| Name  | : | FAMILY HEALTH PLAN INSURANCE TPA LTD.   | Telephone                                   | : 18001037519                 |
| Address   | : | GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,, NA | Fax<br>Email<br>Toll Free No.<br>Mobile No. | : 914023541400<br>:<br>:<br>: |

|                   |                     |            |        |
|-------------------|---------------------|------------|--------|
| Name of Nominee : | HETALBEN LUNAGARIYA | Relation : | Spouse |
|-------------------|---------------------|------------|--------|

| <b>Premium Working Table</b> |                                    |                     |                |   |
|------------------------------|------------------------------------|---------------------|----------------|---|
| Sl. No.                      | Name of Insured                    | Total Basic Premium | Staff Discount | Net Premium   |
| 1                            | MAHENDRABHAI PRAVINBHAI LUNAGARIYA | 11998               | 0              | 0   |
| 2                            | HETALBEN MAHENDRABHAI LUNAGARIYA   | 1998                | 0              | 0   |
| 3                            | AARYA MAHENDRABHAI LUNAGARIYA      | 857                 | 0              | 0   |
| 4                            | JISHA MAHENDRABHAI LUNAGARIYA      | 857                 | 0              | 0   |
|                              |                                    |                     |                | Gross Premium 14854   |
|                              |                                    |                     |                | GST 2674  |
|                              |                                    |                     |                | Net Premium Amt. 17528  |
|                              |                                    |                     |                | Net Premium Amt.(In words) RUPEES SEVENTEEN THOUSAND FIVE HUNDRED TWENTY-EIGHT ONLY |

\*This Policy is subject to terms and conditions of New India Asha Kiran.

| <b>Previous Policy Details</b> |                    |                 |           |         |             |                       |              |
|--------------------------------|--------------------|-----------------|-----------|---------|-------------|-----------------------|--------------|
| 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                       | Mahendrabhai<br>Pravinbhai<br>Lunagariya(POC38254<br>95) | 10/10/1985<br>(39) | M      | SELF     | 26/06/2019                         | N                    | ZONE 1     | N                       |
| 2                       | Hetalben<br>Mahendrabhai<br>Lunagariya<br>(ME25378360)   | 12/05/1989<br>(36) | F      | Spouse   | 26/06/2019                         | N                    | ZONE 1     | N                       |
| 3                       | Aarya Mahendrabhai<br>Lunagariya<br>(ME25378361)         | 27/04/2017<br>(8)  | F      | Daughter | 26/06/2019                         | N                    | ZONE 1     | N                       |
| 4                       | Jisha Mahendrabhai<br>Lunagariya<br>(ME25378362)         | 05/10/2022<br>(2)  | F      | Daughter | 25/06/2025                         | N                    | ZONE 1     | N                       |

#### Floater Sum Insured

Break In Insurance - Dynamic

| Optional Cover Table  |           |  |           |
|---|-----------|--|-----------|
| Policy Level - Optional Cover I<br>(No Proportionate Deduction) | Not Opted | Member Level - Optional Cover III<br>(Revision in Cataract Limit)    | Not Opted |
| Member Level - Optional Cover II<br>(Maternity Benefit)         | Not Opted | Policy Level - Optional Cover IV<br>(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               | MAHENDRABHAI<br>PRAVINBHAII<br>LUNAGARIYA | 11998         | 0                              | 0                               | 0                                | 0                               | 0                               | 11998         |
| 2               | HETALBEN<br>MAHENDRABHAI<br>LUNAGARIYA    | 1998          | 0                              | 0                               | 0                                | 0                               | 0                               | 1998          |



| 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 |
|------|-------------------------------|---------------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------|
| 3    | AARYA MAHENDRABHAI LUNAGARIYA | 857           | 0                              | 0                               | 0                                | 0                               | 0                               | 429           |
| 4    | JISHA MAHENDRABHAI LUNAGARIYA | 857           | 0                              | 0                               | 0                                | 0                               | 0                               | 429           |

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹14854        |
| SGST    | 9           | 1337          |
| CGST    | 9           | 1337          |
| 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: 25/06/2025

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<br>SUB JAIL CROSSING,<br>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. MAHENDRABHAI PRAVINBHAI LUNAGARIYA has paid ₹ RUPEES SEVENTEEN THOUSAND FIVE HUNDRED TWENTY-EIGHT ONLY (in words) towards premium for New India Asha Kiran for the period 26/06/2025 12:00:01 AM to 25/06/2026 11:59:59 PM

|                    |   |                                    |
|--------------------|---|------------------------------------|
| Policy no.         | : | 23040061252700000345               |
| Receipt no. & date | : | 23040081250000004903<br>25/06/2025 |

Date of Issue: 25/06/2025

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 : 23040025P0010767



IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C