



POLICY SCHEDULE
JANATA MEDICLAIM POLICY (Hospitalisation Benefit Policy)
UIN: NIAHLIP25046V042425

Insured's Name	: YAGNESH JIVANBHAI BARVALIA
Insured's Details	
Customer ID	: ME06507788
Address	: 85- PUSHPAK SOC N/R. TRANPAN NA VAD A. K. ROAD. SURAT 9429585412 A. K. ROAD. SURAT. SURAT ,GUJARAT, 395004
Telephone	:
Fax	:
E-mail	: ramanikapil284@yahoo.com
PAN No	: CKAPB2564A
GSTIN/UIN	: NA / NA
Issuing Office Details	
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
E-mail	: nia.230400@newindia.co.in
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 24AAACN4165C2ZW
SAC	: 997133 (Accident and health insurance services)

Policy Details			
Policy Number		Business Source Name & Code	
: 23040034250600000003		Dev.Off. level/Broker / Direct/Corp. Agent/IMF/Web Aggregator/CPSC User	
: From :08/04/2025 12:00:01 AM To :07/04/2026 11:59:59 PM		Agent/Bancassurance/Spe cified Person	
: 08/04/2025		: 9737208018	
: 23040034240600000006		: ramanikapil284@yahoo.com, nia230400@gmail.com, / /	
: Non-Corporate		: NA	

Premium	GST	Total	Receipt No. & Date:
₹3596	₹ 648	₹ 4,244 (RUPEES FOUR THOUSAND TWO HUNDRED FORTY-FOUR ONLY)	23040081250000000114 02/04/2025

Details of TPA			
Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD.	Telephone	: 18001037519
Address	: GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,	Fax	: 914023541400
	NA	Email	: seniorcitizensdesk@fhpl.net,
		Toll Free No	: 18001024273

Details of the Insured and/or other Family members covered under the policy									
Sl. No	Name of insured	Date of Birth	Gender	Occupation	Relation	Date of Issuance of First policy	Sum Insured (in ₹)	Details of pre-existing Diseases	Details of pre-existing Diseases at the Renewal
1	YAGNESH JI VANBHAI B ARVALIA	18/03/1998	Male	Business / Trade rs	Self	31/03/2017	75000	NA	NA
2	HIMALIBEN YAGNESH B I BARVAL IA	25/07/1998	Female	Housewif e	Spouse	08/04/2022	75000	NA	NA



3	JANKI YAG NESH BARVA LIA	19/08/2024	Female	Students - Schoo l and Co llege	Infant (Less tha n 5 yrs)	08/04/2025	NA	NA	NA
---	-----------------------------------	------------	--------	--	-------------------------------	------------	----	----	----

Premium Schedule									
Total Basic Premium (in ₹)	Loading for Pre Existing Conditions		Gross Total Premium	Family Discount		Good Health Discount	Loyalty Discount		Net Premium (in ₹)
	Hypertension	Diabetes		%	Amount	%	Amount	%	Amount
1213	0	0	1213		0		0		1213
1213	0	0	1213		0		0		1213
1299	0	0	1299		129.9		0		1170
Staff Discount		: ₹0							
Nominee's Name			:	HIMALIBEN YAGNESH BHAI BARVALIA		Relation		:	Spouse

CB Details of Member's					
Member Sl. No.	Event Date	Applicable Sum Insured	Applicable CB Percentage	CB Amount	Pre-Existing Disease
1	08/04/2022	75000	15	11250	NA
2	08/04/2022	75000	15	11250	NA

* This Policy is subject to Janata Mediclaim Policy (2007) Clause as attached

In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 3,596
SGST	9	324
CGST	9	324
IGST	0	0

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/04/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]



Duly Constituted Attorney(s)

Mudrank _____ Dt _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.

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

Janata Mediclaim Policy

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. YAGNESH JIVANBHAI BARVALIA has paid ₹ RUPEES FOUR THOUSAND TWO HUNDRED FORTY-FOUR ONLY (in words) towards premium for Janata Mediclaim Policy for the period 08/04/2025 12:00:01 AM to 07/04/2026 11:59:59 PM

Policy no.	:	23040034250600000003
Receipt no. & date	:	23040081250000000114

For and on behalf of
The New India Assurance Company Limited

Authorized Signatory

(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 : 23040025E0000192



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C