



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

| | | | |
|--------------------|----------------------|------------------------|--|
| Current Policy No | 23040061252800001200 | Current Policy Period | From:12/05/2025 12:00:01 AM To:11/05/2026 11:59:59 PM |
| Previous Policy No | 23040034242800001404 | Previous Policy Period | 12-MAY-24 to 11-MAY-25 |

Policyholder's Details

| | | | |
|------------------------|---|---------------------------------|-------------------------|
| Policyholder Name | VASOYA MANOJBHAI BHAGVANBHAI | Customer ID | PO41639614 |
| | | PAN Card No | AEZPV1787N |
| Zone | ZONE I - Maharashtra and Gujarat | Mobile No/Phone No | XXXXXX3008 |
| Policyholder's address | F-405 VASANT VIHAR TOWNSHIP N/R-ALTHAN NAHER UDHNA MAGDALLA ROAD SURAT 9825413008 SURAT ,GUJARAT, 395017 | Email id | prayosha1975@gmail.com, |
| | | Name of the Nominee | TEJALBEN |
| | | 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 | 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 | HEALTH INSURANCE TPA OF INDIA LIMITED | | |
| Email-id of the TPA | customerservice@hitpa.co.in | Address of the TPA | MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA |
| Toll Free / Contact No of the TPA | 18001803600 18001023600 / | | |
| Fax of TPA | 01204765799 | | |

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: No Proportionate Deduction. |
| * Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively. | * Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above. |
| * Hospital Cash up to 1% of Sum Insured. | * Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured). |
| * Midterm inclusion of newly married spouse. | *Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above |
| * Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye | * For Pre Existing Diseases Waiting period is 36 Months. |



| | |
|---|--|
| * For specified diseases waiting period is 24 months | *Please refer to 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 | *Date of inception of first policy | Pre Existing Disease |
| 1 | VASOYA MANOJBHAI BHAGVANBHAIP O41639614) | 29/03/1980(45) | M | SELF | 12/05/2016 | NA |
| 2 | TEJALBEN . (ME05190944) | 10/06/1984(40) | F | SPOUSE | 12/05/2016 | NA |
| 3 | NAITEE . (ME05190983) | 11/11/2007(17) | F | CHILD | 12/05/2016 | NA |
| 4 | NAMAN . (ME05190990) | 07/11/2010(14) | M | CHILD | 12/05/2016 | NA |

| | | | |
|---------------------|--------|--------------------------|--------|
| Floater Sum Insured | 500000 | Floater Cumulative Bonus | 250000 |
|---------------------|--------|--------------------------|--------|

| Cumulative Bonus Details | | | |
|--------------------------|-------------|---------------|-----------|
| S. No | Sum Insured | CB percentage | CB Amount |
| 1 | 500000 | 50 | 250000 |

| Optional Cover Table | | | |
|---|-----------|---|-----------|
| Policy Level - Optional Cover - I (No Proportionate Deduction) | Not Opted | Policy Level - Optional Cover IV (For Non-Medical Items) | Not Opted |
| Member Level - Optional Cover - II (Maternity Benefit) | Not Opted | Member Level - Optional Cover - III (Revision in Cataract Limit) | Not Opted |

| 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 | Discount | Modern Treatment Rider premium | CB Discount | Gross Premium |
|------|--|---------------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|----------|--------------------------------|-------------|---------------|
| 1 | VASOYA MANOJB HAI BHAGVA NBHAI | 11525 | 0 | 0 | 0 | 0 | 1729 | 0 | 0 | 9796 |
| 2 | TEJALBE N . | 9105 | 0 | 0 | 0 | 0 | 1366 | 0 | 0 | 7739 |
| 3 | NAITEE . | 4462 | 0 | 0 | 0 | 0 | 670 | 0 | 0 | 3792 |
| 4 | NAMAN . | 3983 | 0 | 0 | 0 | 0 | 598 | 0 | 0 | 3385 |

| Previous Year Policy Details | | | | | | | |
|------------------------------|--------------------------|-----------------|------------|------------|-------------|-----------|-----------------------|
| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | CB Amount | Pre-existing Diseases |
| 1 | 23040034242800 001404 | TEJALBEN . | 12/05/2024 | 11/05/2025 | 0 | 0 | N |
| 2 | 23040034242800 001404 | NAITEE . | 12/05/2024 | 11/05/2025 | 0 | 0 | N |

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | CB Amount | Pre-existing Diseases |
|--|--------------------------|--|------------|------------|-------------|-----------|--|
| 3 | 23040034242800 001404 | NAMAN . | 12/05/2024 | 11/05/2025 | 0 | 0 | N |
| 4 | 23040034242800 001404 | VASOYA MANOJBHAI BHAGVANBH AI | 12/05/2024 | 11/05/2025 | 500000 | 250000 | N |
| | | | | | | | Total Gross Premium(Without GST) 24712 |
| | | | | | | | CGST(@9%) 2224 |
| | | | | | | | SGST(@9%) 2224 |
| Net Premium in Words(RUPEES TWENTY-NINE THOUSAND ONE HUNDRED SIXTY ONLY) | | | | | | | IGST 0 |
| | | | | | | | Total GST 4448 |
| | | | | | | | Net Premium(With GST) 29160 |

*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 12th day of May 2025.

Date of Issue: 09/05/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

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

Policy No. : 23040061252800001200 Document generated by QR_RENEWAL at 09/05/2025 21:50:11 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>.



| | | |
|----------------------------|---|--|
| 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 |

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. VASOYA MANOJBHAI BHAGVANBHAI has paid ₹ 29160 towards premium for New India Floater Mediclaim for the period 12/05/2025 12:00:01 AM to 11/05/2026 11:59:59 PM

| | | |
|-------------------------------|---|------------------------------------|
| Policy no. | : | 23040061252800001200 |
| Receipt no. & date | : | 10000089250500294689 09/05/2025 |

Date of Issue: 09/05/2025

(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)



CRITICAL ILLNESS RIDER DETAIL

1. Name of the Proposer: VASOYA MANOJBHAI BHAGVANBHAI
2. Policy Number of the Retail Health Policy: 23040061252800001200

| S. No | Name of the Insured(Member ID) | Date of Birth(Age) | Gender(M/F/T) | Relation with the Proposer | Rider Premium |
|-------|--|--------------------|---------------|----------------------------|---------------|
| 1 | Vasoya Manojbhai Bhagvanbhai(PO41639614) | 29/03/1980(45) | M | SELF | 0 |
| 2 | Tejalben .(ME05190944) | 10/06/1984(40) | F | SPOUSE | 0 |
| 3 | Naitee .(ME05190983) | 11/11/2007(17) | F | CHILD | 0 |
| 4 | Naman .(ME05190990) | 07/11/2010(14) | M | CHILD | 0 |

It is hereby declared that on payment of additional premium for the above persons, 25 Listed Critical Illness covered upto 25% of Base Sum Insured.

Terms and Conditions:

- i. This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
- ii. This Rider can be opted by the Insured persons who are covered under the Base Policy.
- iii. The benefit under this rider will trigger only if the diagnosis of the critical illness is as defined under the Rider.
- iv. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy.
- v. Admissible claim under this Rider will be paid out on a benefit basis.
- vi. Upon payment of a claim for any one of the Critical Illnesses listed above, This Rider will cease to exist.
- vii. Rider attached to policies issued on floater basis, claim paid out to any of the members covered will cease this Rider.
- viii. This Rider is available for Base policy having Sum Insured of ₹5 lakhs and above.

Waiting Period:

90 days from the date of opting this Rider for first time.

Coverage:

We will pay the lump sum amount equal to 25% of the Sum Insured of the Base Policy, provided the covered Critical Illness is diagnosed during the policy period as first incidence subject to the completion of waiting period of 90 days.



PRE AND POST HOSPITALISATION RIDER DETAILS

1. Name of the Proposer: VASOYA MANOJBHAI BHAGVANBHAI
2. Policy Number of the Retail Health Policy: 23040061252800001200

| S. No | Name of the Insured(Member ID) | Date of Birth(Age) | Gender(M/F/T) | Relation with the Proposer | Rider Premium |
|-------|--|--------------------|---------------|----------------------------|---------------|
| 1 | Vasoya Manojbhai Bhagvanbhai(PO41639614) | 29/03/1980(45) | M | SELF | 0 |
| 2 | Tejalben .(ME05190944) | 10/06/1984(40) | F | SPOUSE | 0 |
| 3 | Naitee .(ME05190983) | 11/11/2007(17) | F | CHILD | 0 |
| 4 | Naman .(ME05190990) | 07/11/2010(14) | M | CHILD | 0 |

It is hereby declared that on payment of additional premium for the above persons, Pre and Post hospitalization expenses shall stand covered for 90 and 180 days (Including coverage under base policy) Respectively

Terms and Conditions:

- i. This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
- ii. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, Definitions, exclusions and applicable endorsements of the Base Policy.
- iii. These Benefits are admissible only if the expenses are incurred in a Hospital as inpatient in India.
- iv. Persons proposing for this Rider should not have been diagnosed/is diagnosed for any of the Critical/Chronic and Recurring illnesses(except Hypertension and Diabetes).
- v. This optional cover is available for Insureds holding our(NIACL) Base Policy for minimum period of 3 years.
- vi. This Rider is available for Base Policy having Sum Insured of ₹5 lakhs and above.

Coverage

- a) Pre Hospitalisation upto 90 days(including The Pre hospitalisation limit under base policy)
- b) Post Hospitalisation upto 180 days(including The Post hospitalisation limit under base policy)



DURABLE MEDICAL DEVICES RIDER DETAILS

1. Name of the Proposer: VASOYA MANOJBHAI BHAGVANBHAI
2. Policy Number of the Retail Health Policy: 23040061252800001200
3. Type of Policy (Individual/Floater): Individual

| S. No | Name of the Insured(Member ID) | Date of Birth(Age) | Gender(M/F/T) | Relation with the Proposer | Rider Premium |
|-------|--|--------------------|---------------|----------------------------|---------------|
| 1 | Vasoya Manojbhai Bhagvanbhai(PO41639614) | 29/03/1980(45) | M | SELF | 0 |
| 2 | Tejalben .(ME05190944) | 10/06/1984(40) | F | SPOUSE | 0 |
| 3 | Naitee .(ME05190983) | 11/11/2007(17) | F | CHILD | 0 |
| 4 | Naman .(ME05190990) | 07/11/2010(14) | M | CHILD | 0 |

It is hereby declared that on payment of additional premium for the above persons, The cover as per terms and conditions for Medical Durable Devices shall stand attached.

Terms and Conditions:

- i. This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
- ii. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy.
- iii. These Benefits are admissible only if the expenses are incurred in Hospital as inpatients in India.
- iv. Insured should not be suffering from PED of Critical / Chronic/Recurring illness except diabetes and hypertension.
- v. The need for a Durable Medical Equipment has been prescribed by an authorized Medical Practitioner during Hospitalization or within 30 days post discharge of the Insured Person from the Hospital. The purchase should have been made within 30 days of the medical recommendation.
- vi. Cover For Durable Medical Devices as listed below will be paid upto 10% of Sum Insured subject to maximum of ₹ 1 Lakh .
- vii. This Rider is available for Base Policy having Sum Insured of ₹5 lakhs and above.

List of Medical Durable Devices.

1. Stockings/leggings in case of varicose veins and CABG.
2. Oxygen concentrator
3. Suction machine
4. Ventilator
5. CPAP
6. Infusion pump
7. airbed/waterbed
8. Spirometer
9. Pneumatic compression device



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 : 23040025P0004976

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

