



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

| | | | |
|---|---|-----------------------------------|--|
| Current Policy No | 23040061252800005446 | Current Policy Period | From:14/09/2025 12:00:01 AM To:13/09/2026 11:59:59 PM |
| Previous Policy No | 23040034242800005874 | Previous Policy Period | 14-SEP-24 to 13-SEP-25 |
| Policyholder's Details | | | |
| Policyholder Name | DAKHARA BHAVESHBHAI JERAMBHAI | Customer ID | PO44238680 |
| | | PAN Card No | |
| Zone | ZONE I - Maharashtra and Gujarat | Mobile No/Phone No | XXXXXX9728 |
| Policyholder's address | 25 KAMAL BAG SOC AMBAVADI L.H.ROAD SURAT GJ008 GJ INDIA9825419728 SURAT ,GUJARAT, 395006 | Email id | RAMANIKAPIL284@YAHOO.CO M, |
| | | Name of the Nominee | JYOTIBEN B DAKHARA |
| | | 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 | 24AAACN4165C2ZW |
| 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 |
| 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 |

| | | | |
|---------------------|--------|--------------------------|--------|
| Floater Sum Insured | 200000 | Floater Cumulative Bonus | 100000 |
|---------------------|--------|--------------------------|--------|

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

| Optional Cover Table | |
|---|-----------|
| Member Level - Optional Cover - III (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 |
| DAKHARA BHAVESHBHAI JERAMBHAI | NA | NA | N | NO | NO | N | N | NO |
| JYOTIBEN . | NA | NA | N | NO | NO | N | N | NO |
| VED . | NA | NA | N | NO | NO | N | N | NO |
| VANSH . | NA | NA | N | NO | NO | N | N | NO |

| Premium Details | | | | | | | | | | | | | | |
|--|-------------------------------|---------------|------------------------------|-------------------------------|-------------------------|--|------------------------------------|--|--------------------------------|---------------------------------------|----------------------------------|-------------|--------------------|-----------------|
| Sl. No. | Name of Insured | Basic Premium | Premium for Optional Cover I | Premium for Optional Cover II | MATERNITY RIDER Premium | PRE AND POST HOSPITALISATION RIDER Premium | NON MEDICAL EXPENSES RIDER Premium | NO PROPORTIONATE DEDUCTION RIDER Premium | CRITICAL ILLNESS RIDER Premium | DURABLE MEDICAL DEVICES RIDER Premium | Modern Treatment Rider Premium | CB Discount | Long Term Discount | Other Discounts |
| 1 | DAKHARA BHAVESHBHAI JERAMBHAI | 7621 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | JYOTIBEN . | 6566 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | VED . | 2919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | VANSH . | 3274 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | Total Gross Premium(Without GST) | 17321 | | |
| | | | | | | | | | | | CGST(@9%) | 1559 | | |
| | | | | | | | | | | | SGST(@9%) | 1559 | | |
| Net Premium in Words(RUPEES TWENTY THOUSAND FOUR HUNDRED THIRTY-NINE ONLY) | | | | | | | | | | | IGST | 0 | | |
| | | | | | | | | | | | Total GST | 3118 | | |
| | | | | | | | | | | | Net Premium(With GST) | 20439 | | |



| Previous Year Policy Details | | | | | | | |
|------------------------------|---------------------|--------------------------------|------------|------------|-------------|-----------|-----------------------|
| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | CB Amount | Pre-existing Diseases |
| 1 | 2304003423280006787 | DAKHARA BHAVESHBH AI JERAMBHAI | 14/09/2023 | 13/09/2024 | 200000 | 100000 | N |
| 2 | 2304003424280005874 | DAKHARA BHAVESHBH AI JERAMBHAI | 14/09/2024 | 13/09/2025 | 200000 | 100000 | N |
| 3 | 2304003423280006787 | JYOTIBEN . | 14/09/2023 | 13/09/2024 | 0 | 0 | N |
| 4 | 2304003424280005874 | JYOTIBEN . | 14/09/2024 | 13/09/2025 | 0 | 0 | N |
| 5 | 2304003423280006787 | VED . | 14/09/2023 | 13/09/2024 | 0 | 0 | N |
| 6 | 2304003424280005874 | VED . | 14/09/2024 | 13/09/2025 | 0 | 0 | N |
| 7 | 2304003423280006787 | VANSH . | 14/09/2023 | 13/09/2024 | 0 | 0 | N |
| 8 | 2304003424280005874 | VANSH . | 14/09/2024 | 13/09/2025 | 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 14th day of September 2025.

Date of Issue: 10/09/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

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



| | |
|---------------------|--|
| 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. DAKHARA BHAVESHBHAI JERAMBHAI has paid ₹ 20439 towards premium for New India Floater Mediclaim for the period 14/09/2025 12:00:01 AM to 13/09/2026 11:59:59 PM

| | |
|--------------------|--------------------------------------|
| Policy no. | : 23040061252800005446 |
| Receipt no. & date | : 23040081250000009592 10/09/2025 |

Date of Issue: 10/09/2025

(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)



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 : 23040025E0021265

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|---|
| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
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