



**ADDITIONAL ENDORSEMENT DOCUMENT  
NEW INDIA FLOATER MEDICLAIM POLICY POLICY**

<b>Insured Name</b>	: MALAY MANSUKHBHAI DESAI	<b>Insurer Office Code</b>	: DO-IV (230400)
<b>Address</b>	: C 1102 SAANVI HIGHTS NEAR MEGHMALHAR RESI SARTHANA JAKATNAKA SURAT 7874630907 SURAT ,GUJARAT, 395006	<b>Address</b>	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
<b>Telephone</b>	: //XXXXXX0907	<b>Telephone</b>	: 2336864 / 2337644
<b>Fax</b>	:	<b>Fax</b>	: 2313467
<b>Place of Supply</b>	: GUJARAT	<b>State Code</b>	: GJ
<b>Insured Pan Number</b>	: CCSPD0311H		
<b>GSTIN</b>	: NA	<b>GSTIN</b>	: 24AAACN4165C2ZW
<b>UIN</b>	: NA	<b>SAC</b>	: 997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number			:	23040034252800000064
Department	:	Health Insurance	Cover	: STANDARD COVERPolicy
Period of Insurance	:	From 06/04/2025 12:00:01 AM To 05/04/2026 11:59:59 PM	Endorsement No	: 23040034252883000011
			Effective Date	: 21 April 2025
Date Signed	:	21-APR-25	Sum Insured₹	: 300,000.00
Additional Premium ₹	:	1,826.00	Additional GST ₹	: 328
Refund Premium ₹	:	N/A	Refund ST/GST. ₹	: N/A
Policy Duration	:	1 Years		


**Change in Policy Attributes**

Parameter Name	Changed Value	Old Value
Policy Status	06	12
Export of services	NO	
Reason for GST exemption	--SELECT--	
Duplicate Policy Document Generartion fee required	No	
Endorsement Type List	Addition Of Members	
RO Approval No.	none	11111

**Change in Policy Risk Attributes**

Risk Number	Parameter Name	Changed Value	Old Value
3	Name	MAHARSHI DESAI	N/A
3	Sex	Male	N/A
3	DOB of Member	18/01/2025	N/A
3	Relation of Floater Mediclaim	Children	N/A
3	Member Covered in policy?	Yes	N/A
3	Dependent Children	Yes	N/A
3	Dependent type	Normal	N/A
3	Occupation for Mediclaim Member	Students - School and College	N/A
3	If "Any Other"		N/A
3	Is Medical Examination done	No	N/A
3	Enhanced Sum Insured		N/A



Risk Number	Parameter Name	Changed Value	Old Value
3	Total sum insured		N/A
3	Age (Year)	0	N/A
3	Adverse Medical History	No	N/A
3	Cost of Pre Medical Check Up		N/A
3	Adverse Medical History Detail		N/A
3	Staff Discount	No	N/A
3	Employee type	Ex Employees	N/A
3	SR No.	0	N/A
3	Company Name of Staff Member	GIC	N/A
3	Details of Medical Examination		N/A
3	Are You Suffering from any of the following diseases	Yes	N/A
3	Hypertension	No	N/A
3	Diabetes	No	N/A
3	Any Critical illness	No	N/A
3	Are you suffering from Chronic illness	No	N/A
3	Any recurring illness	No	N/A
3	Optional Cover II- Maternity Expenses Benefit	No	N/A
3	Date of inception of Optional Cover II		N/A
3	Optional Cover III- Revision in Cataract Limit	No	N/A
3	Date of inception of Optional Cover III		N/A
3	Dependent		N/A
3	Pre-existing Disease for Mediclaim Member	No	N/A
3	Nature of disease		N/A
3	Other PED Details 1	none	N/A
3	Other PED Details 2		N/A
3	Name and address of medical attendant/surgeon	none	N/A
3	Date first treated	01/01/1900	N/A
3	Whether Fully cured		N/A
3	Whether Insured is admitted for the pre existing disease		N/A
3	Date of Discharge from the Hospital	01/01/1900	N/A
3	Any more Pre- Existing Diseases		N/A
3	Nature of Pre-existing Diseases	Open	N/A
3	Inceptiondate	S	N/A
3	Whether You Had A Health Policy in the Past	No	N/A
3	Company name		N/A
3	Expiring Policy Number	none	N/A
3	Sum Insured	0	N/A
3	Date of inception of first policy	21/04/2025	N/A
3	Expiry Date of last Policy	01/01/1900	N/A
3	Policy Status	06	N/A
3	Previous Policy Details	Open	N/A
3	Height	0	N/A
3	Weight		N/A
3	Waist Line (in Inches)		N/A



Risk Number	Parameter Name	Changed Value	Old Value
3	Do you smoke?		N/A
3	Do you chew tobacco?		N/A
3	Do you Drink Alcohol?		N/A
3	Do you Want to Opt for NIA Modern Treatment Rider?	No	N/A
3	Pre-existing Illness/Condition	No PED	N/A

It is hereby understood and agreed that the endorsement on policy 23040034252800000064 will be in effect from 21 April 2025.

<b>Reason</b>	IT IS HEREBY UNDERSTOOD AND AGREED TO ADD MEMBER AS PER INSUREDS REQUEST" OTHER T&C REMAIN UNALTERED.
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**Premium and GST Details**

	Rate of Tax	Amount
Premium		1,826.00
SGST	9	164
CGST	9	164
IGST	0	0
<b>TOTAL PAYABLE</b>	<b>:</b>	<b>2154</b>

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 : 23040025E0002675

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C