



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 | : PO46495225 | | |
| Insured's Details | | Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims) | |
| Insured Name | : NARESHBHAI RANCHODBHAI DAKHARA | Office Code | : DO-IV (230400) |
| Address | : 63, SADHNA SOC, VARACHHA ROAD SURAT SURAT 9825110880 SURAT, GUJARAT, 395006 | Address | : 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002 |
| Phone No/Mobile No. | : XXXXXX0880 | Phone No | : 2336864 / 2337644 |
| E-mail/Fax | : RAMANIKAPIL284@YAHOO.COM, / | E-mail/Fax | : nia.230400@newindia.co.in / 2313467 |
| PAN No | : ABZPD0500G | 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 | : 23040061252700001144 | Dev.Off. level/Broker/Direct/IMF/We b Aggregator/CPSC User | : DIRECT CODE 230400 (1D3937242) |
| Period of Insurance | : From:31/12/2025 12:00:01 AM To:30/12/2026 11:59:59 PM | Agent/Bancassurance/Spe cified Person | : KAPIL KANTIBHAI RAMANI (NIAAG00055908) |
| Prev. Policy no. | : 23040034242700001145 | 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 | Age | Gender | Relation | Total Sum Insured | Date of inception of Continuous Coverage | ABHA ID(If Any) | Pre-existing Illness/Disease | Pre-existing disability |
| 1 | BHAVNABEN | 01/06/1969 | 56 | F | Spouse | 0 | 31/12/2012 | NA | NA | NA |
| 2 | NARESHBHAI RANCHODBHAI DAKHARA | 18/09/1969 | 56 | M | Self | 500000 | 31/12/2012 | NA | NA | NA |
| 3 | MAUSAM | 26/08/1997 | 28 | F | Daughter | 0 | 31/12/2016 | NA | NA | NA |

| | |
|-------------------|--------|
| 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, Rothak, Sonapat, 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) |

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

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

| Previous Policy Details | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|--------------|
| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | Pre-existing Diseases | Claim Amount |
| Personal Personal Accident Cover Critical Care Benefit 10% of the Sum Insured. Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively. Hospital Cash up to 1% of Sum Insured. Ambulance charges up to 1% of Sum Insured * Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured. | | | | Optional Cover I:Revision in Limit of Cataract(For 8 Lakhs and above Sum Insured) For Pre Existing Diseases Waiting period is 36 Months. For specified diseases waiting period is 24 months. *Please refer to policy document for detailed terms and conditions. Cataract claims up to 10% of Sum Insured or ₹50,000 whichever less, for each eye. | | | |

"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.

| | |
|------------------------------|--------|
| Floater Sum Insured | 500000 |
| Break In Insurance - Dynamic | |

| Optional Cover Table | | |
|---------------------------------------------------------------|-----------------------------------------------|-----------------------------------|
| Member Wise - Optional Cover - I (Revision in Cataract Limit) | | |
| S. No | Name of the Insured (Opting Optional Cover I) | Date of Opting Optional Cover - I |

| 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 |
| NARESHBHAI RANCHODBHAI DAKHARA | NO | NA | N | NA | NO | N | N | NO |



| 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 |
|-----------------|-----------------|---------------------------|------------------------------------|----------------------------|----------------------------------|------------------------|-------------------------------|------------------------|
| BHAVNABEN . | NO | NA | N | NA | NO | N | N | NO |
| MAUSAM . | NO | NA | N | NA | NO | N | N | NO |

| Premium Details | | | | | | | | | | | | | |
|------------------------------------------------------------------------|--------------------------------|---------------|------------------------------|-------------------------|--------------------------------------------|------------------------------------|------------------------------------------|--------------------------------|---------------------------------------|----------------------------------|-------------|--------------------|-----------------|
| Sl. No. | Name of Insured | Basic Premium | Premium for Optional Cover I | 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 | NARESHBHAI RANCHODBHAI DAKHARA | 10857 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | BHAVNABEN . | 31321 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | MAUSAM . | 1247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | Total Gross Premium(Without GST) | | 42802 | |
| | | | | | | | | | | CGST | | 0 | |
| | | | | | | | | | | SGST | | 0 | |
| Net Premium in Words(RUPEES FORTY-TWO THOUSAND EIGHT HUNDRED TWO ONLY) | | | | | | | | | | IGST | | 0 | |
| | | | | | | | | | | Total GST | | 0 | |
| | | | | | | | | | | Net Premium(With GST) | | 42802 | |

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹42802 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| 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: 19/12/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

| | |
|--|-----------------------------------------------------------------------------------------|
| | 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 SUB JAIL CROSSING, RING ROAD,395002 |
| Telephone | : | 2336864 / 2337644 |
| Fax | : | 2313467 |

New India Asha Kiran

**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 120 D OF INCOME TAX (AMENDMENT) ACT
111505**

This is to certify that Mr./Mrs. NARESHBHAI RANCHODBHAI DAKHARA has paid ₹ RUPEES FORTY-TWO THOUSAND EIGHT HUNDRED TWO ONLY (in words) towards premium for New India Asha Kiran for the period 31/12/2025 12:00:01 AM to 30/12/2026 11:59:59 PM

| | | |
|--------------------|---|------------------------------------|
| Policy no. | : | 23040061252700001144 |
| Receipt no. & date | : | 23040081250000015130 19/12/2025 |

Date of Issue: 19/12/2025

(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 : 23040025E0034474

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

