



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	: ME12997655		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: JAYANT LAKSHMANBHAI VARTAK	Office Code	: DO-IV (230400)
Address	: A/42 SANT GYANESHWAR SOC. PALANPUR CHECH POST NAVYUG COLLEGE ADAJAN SURAT 7069526677 SURAT, GUJARAT, 395009	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002
Phone No/Mobile No.	: XXXXXX6677	Phone No	: 2336864 / 2337644
E-mail/Fax	: ramanikapil284@yahoo.com, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	: AEMPV7502A	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	: 23040034242700001287	Dev.Off. level/Broker/Direct/IMF/Web Aggregator/CPSC User	: DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From:25/01/2025 12:00:01 AM To:24/01/2026 11:59:59 PM	Agent/Bancassurance/Specified Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034232700001419	Phone No	: 9979343593 / 2336864
Client Type	:	E-mail/Fax	: ramanikapil284@yahoo.com, nia230400@gmail.com, / /

Member Details											
Sl. No.	Name of Insured Person	Date of Birth	Gender	Occupation	Relation	Total Sum Insured	Change in Status	Date of inception of Continuous Coverage	Zone Opted	Pre-existing Illness/Disease	Pre-existing disability
1	SALONI	20/05/2009	F	Students - School and College	Daughter	0		25/01/2021	ZONE-I	(NA),NA	NA
2	SWATI VARTAK	06/03/1980	F	Housewife	Spouse	0		25/01/2021	ZONE-I	(NA),NA	NA
3	JAYANT LAKSHMANBHAI VARTAK	24/09/1977	M	Business / Traders	Self	500000		25/01/2021	ZONE-I	(NA),NA	NA
4	SAUMYAA	26/06/2016	F	Students - School and College	Daughter	0		25/01/2021	ZONE-I	(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 Cl),Thane(M Corp), Navi Mumbai(M Corp), Kalyan-Dombivli(M Corp), Ulhasnagar(M Corp), Ambarnath(M Cl), Badlapur(M Cl)) 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	:	HEALTH INSURANCE TPA OF INDIA LIMITED	Telephone	:	18001023600
Address	:	MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA A-110, SECTOR – 4, NOIDA NOIDA	Fax Email Toll Free No. Mobile No.	:	01204765799

Name of Nominee :	SWATI	Relation :	Spouse
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Premium Working Table

Sl. No.	Name of Insured	Total Basic Premium	Staff Discount	Net Premium
1	JAYANT LAKSHMANBHAI VARTAK	17027	0	0
2	SWATI VARTAK	3199	0	0
3	SALONI	857	0	0
4	SAUMYAA	857	0	0
Gross Premium				21084
GST				3796
Net Premium Amt.				24880
Net Premium Amt.(In words)				RUPEES TWENTY-FOUR THOUSAND EIGHT HUNDRED EIGHTY ONLY

*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
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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 Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye. * Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.	Optional Cover I: No Proportionate Deduction Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above. Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured). Optional Cover IV: For Covering Non-Payable Items (For 8 Lakhs & 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.
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"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	Zone Opted	Pre-Existing Disability
1	Jayant Lakshmanbhai Vartak(ME12997655)	24/09/1977 (47)	M	SELF	25/01/2021	N	ZONE 1	N
2	Swati Vartak (ME12997661)	06/03/1980 (44)	F	Spouse	25/01/2021	N	ZONE 1	N
3	Saloni (ME12997662)	20/05/2009 (15)	F	Daughter	25/01/2021	N	ZONE 1	N
4	Saumyaa (ME12997663)	26/06/2016 (8)	F	Daughter	25/01/2021	N	ZONE 1	N

Floater Sum Insured

Break In Insurance - Dynamic

Optional Cover Table			
Policy Level - Optional Cover 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover III (Revision in Cataract Limit)	Not Opted
Member Level - Optional Cover II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover IV (For Covering Non-Payable Items)	Not Opted

Member Wise - Optional Cover II (Maternity Benefit)		
S. No	Name of the Insured (Opting Optional Cover II)	Date of Opting Optional Cover - II

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

Premium Details								
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	#Modern Treatment Rider Premium	Gross Premium
1	JAYANT LAKSHMANBHAI VARTAK	17027	0	0	0	0	0	17027
2	SWATI VARTAK	3199	0	0	0	0	0	3199
3	SALONI	857	0	0	0	0	0	429
4	SAUMYAA	857	0	0	0	0	0	429



Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹21084
SGST	9	1898
CGST	9	1898
IGST	0	0

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand

at this 25th day of January 2025

Date of Issue: 22/01/2025

(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 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. JAYANT LAKSHMANBHAI VARTAK has paid ₹ RUPEES TWENTY-FOUR THOUSAND EIGHT HUNDRED EIGHTY ONLY (in words) towards premium for New India Asha Kiran for the period 25/01/2025 12:00:01 AM to 24/01/2026 11:59:59 PM

Policy no.	:	23040034242700001287
Receipt no. & date	:	10000089240100751211 22/01/2025

Date of Issue: 22/01/2025

(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 : 23040024P0037870



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C