



Yuva Bharat Health Policy

UIN: NIAHLIP25059V032425

Policy Schedule

Policy No	2304006125240000119	Current Policy Period	From:27/05/2025 12:00:01 AM To:26/05/2026 11:59:59 PM
Policy term(Duration)	1	Previous Policy Period	27-MAY-24 to 26-MAY-25
Previous Policy No	23040034242800001606		

Policyholder's Details

Policyholder Name	JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA	Customer ID	ME19184154
		PAN Card No	ARYPD6318D
GSTIN	NA	Mobile No/Phone No	XXXXXX1171
Policyholder's address	B-21 SWAMINARAYAN SOC.-1 KARJAN SURAT 9723111171 SURAT ,GUJARAT, 395010	Email id	RAMANIKAJIL284@YAHOO.COM,
		Name of the Nominee	JAYABEN DHAMELIYA
		Relation with the Policy holder	MOTHER

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/CPSC User	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	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		
Plan Chosen	GOLD	Zone Opted	ZONE I:Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara
Date of Opting the Plan	27/05/2025	Optional Cover for Maternity	NO
Date of Inception of Plan	27/05/2025	Date of Inception of Maternity Optional Cover	
Date of Opting the Plan	27/05/2025	Non-Medical items[Consumables]	JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA()
Date of Opting the Plan	27/05/2025	Modern treatment ridercover	NO

Insured Person's details

Policy No. : 2304006125240000119 Document generated by 38727 at 16/05/2025 11:38:19 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender	Relation	Sum Insured	Cumulative Bonus	Date of Inception of First Policy	Pre-Existing Disease
1	Jagdishkumar Parshotambhai Dhameliya(ME19184154)	10/08/1989(35)	Male	SELF	5 Lakhs		27/05/2019	NA,NA,NA,NA,NA

Premium Details

SL No	Name of the Insured	Basic Premium	Modern Treatment Rider Premium	Non Medical Item Cover Premium	Loading	Discount	CB Discount	Gross Premium
1	Jagdishkumar Parshotambhai Dhameliya	8465	0	0	0	848	0	7617
						Total Gross Premium(Without GST)		7617
						CGST(@9%)		686
						SGST(@9%)		686
						IGST		0
						Total GST		1372
Net Premium in Words (RUPEES EIGHT THOUSAND NINE HUNDRED EIGHTY-NINE ONLY)						Net Premium(With GST)		8989

Previous Year Policy Details

Policy No		23040061252400000119		Policy Period		From:27/05/2025 12:00:01 AM To:26/05/2026 11:59:59 PM		
Compan y	Policy Number	Name of the Insured	Plan Opted	From Date	To Date	Sum Insured	CB Amount	Pre-Existing Disease
NIA	23040034242800001606	JAGDISHKUMAR PARSHOTAMBHAI BHAI DHAMELIYA	NA	27/05/2024	26/05/2025	500000	125000	N

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 _____ day of _____ 20_____.
at _____ this _____ day of _____ 20_____

Date of Issue: 16/05/2025

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

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 and all its addendums.
- 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 Regulations 2024 , IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI 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.

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.

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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.

General Conditions for Installment Premium

1. The premium shall be paid on or before the installment due date as mentioned in the Policy Schedule.
2. Grace Period of 15 days for monthly installment and 30 days for quarterly and half-yearly mode would be given to pay the installment premium due for the Policy. During such Grace Period, Coverage will be available.
3. If installment premium is not paid within the Grace Period, then policy shall cease to exist at midnight of such due date and will be treated as lapsed.
4. In case of a claim, you will be liable to pay the balance premium due under the policy before the claim is intimated.



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

Yuva Bharat, New India Assurance

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA has paid ₹ RUPEES EIGHT THOUSAND NINE HUNDRED EIGHTY-NINE ONLY (in words) towards premium for YUVA BHARAT HEALTH POLICY, New India Assurance for the period 27/05/2025 12:00:01 AM to 26/05/2026 11:59:59 PM

Policy no.	:	23040061252400000119
Receipt no. & date	:	23040081250000002488 16/05/2025

Date of Issue: 16/05/2025

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: JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA

2. Policy Number of the Retail Health Policy: 23040061252400000119

S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Rider Premium
1	Jagdishkumar Parshotambhai Dhameliya(ME19184154)	10/08/1989(35)	Male	SELF	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: JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA

2. Policy Number of the Retail Health Policy: 23040061252400000119

S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Rider Premium
1	Jagdishkumar Parshotambhai Dhameliya(ME19184154)	10/08/1989(35)	Male	SELF	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: JAGDISHKUMAR PARSHOTAMBHAI DHAMELIYA

2. Policy Number of the Retail Health Policy: 23040061252400000119

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	Jagdishkumar Parshotambhai Dhameliya (ME19184154)	10/08/1989 (35)	Male	SELF	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

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 : 23040025E0005793

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IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C