



### New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

#### Policy Schedule

Current Policy No	23040061252800001043	Current Policy Period	From:06/05/2025 12:00:01 AM To:05/05/2026 11:59:59 PM
Previous Policy No	23040034242800001182	Previous Policy Period	06-MAY-24 to 05-MAY-25

#### Policyholder's Details

Policyholder Name	YOGESHBHAI CHATURBHAI KATHIRIYA	Customer ID	ME09665961
		PAN Card No	
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX1851
Policyholder's address	50-GOKUL NAGAR SOC. N/R-RACHHANA SOC KAPODRA SURAT9374421851 SURAT ,GUJARAT, 395006	Email id	ramanikapil284@yahoo.com,
		Name of the Nominee	RIMPALBEN
		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	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	HEALTH INSURANCE TPA OF INDIA LIMITED		
Email-id of the TPA	customerservice@hitpa.co.in	Address of the TPA	MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA
Toll Free / Contact No of the TPA	18001803600 18001023600 /		
Fax of TPA	01204765799		

#### 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: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	*Optional Cover IV: For Covering Non-Payable items. Available for Sum Insured 8 L & above
* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye	* For Pre Existing Diseases Waiting period is 36 Months.
* For specified diseases waiting period is 24 months	*Please refer to policy clause for detailed T&Cs



**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.

<b>Insured Persons details</b>						
S. No	Name of the insured (Member ID)	Date of birth(Age)	Gender	Relation	*Date of inception of first policy	Pre Existing Disease
1	YOGESHBHAI CHATURBHAI KATHIRIYA(ME09 665961)	21/11/1987(37)	M	SELF	09/04/2019	NA
2	RIMPALBEN (ME09665967)	23/07/1988(36)	F	SPOUSE	09/04/2019	NA
3	DAKSH KATHIRIYA(ME12 812385)	05/09/2020(4)	M	CHILD	18/12/2020	NA
4	PARI (ME09665968)	17/11/2015(9)	F	CHILD	09/04/2019	NA

<b>Floater Sum Insured</b>	200000	<b>Floater Cumulative Bonus</b>	0
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<b>Cumulative Bonus Details</b>			
S. No	Sum Insured	CB percentage	CB Amount
1	200000	0	0

<b>Optional Cover Table</b>			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted	Policy Level - Optional Cover IV (For Non-Medical Items)	Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

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	Discount	Modern Treatment Rider premium	CB Discount	Gross Premium
1	YOGESH BHAI CHATUR BHAI KATHIRIY A	5993	0	0	0	0	899	0	0	5094
2	RIMPALBEN	5684	0	0	0	0	853	0	0	4831
3	DAKSH KATHIRIY A	2378	0	0	0	0	357	0	0	2021
4	PARI	2446	0	0	0	0	367	0	0	2079

<b>Previous Year Policy Details</b>							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034242800 001182	RIMPALBEN	06/05/2024	05/05/2025	0	0	N



Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
2	23040034232800 001361	DAKSH KATHIRIYA	06/05/2023	05/05/2024	0	0	N
3	23040034242800 001182	DAKSH KATHIRIYA	06/05/2024	05/05/2025	0	0	N
4	23040034232800 001361	PARI	06/05/2023	05/05/2024	0	0	N
5	23040034242800 001182	PARI	06/05/2024	05/05/2025	0	0	N
6	23040034232800 001361	YOGESHBHAI CHATURBHAI KATHIRIYA	06/05/2023	05/05/2024	200000	50000	N
7	23040034242800 001182	YOGESHBHAI CHATURBHAI KATHIRIYA	06/05/2024	05/05/2025	200000	10000	N
8	23040034232800 001361	RIMPALBEN	06/05/2023	05/05/2024	0	0	N
					Total Gross Premium(Without GST)	14025	
					CGST(@9%)	1262	
					SGST(@9%)	1262	
Net Premium in Words(RUPEES SIXTEEN THOUSAND FIVE HUNDRED FORTY-NINE ONLY)					IGST	0	
					Total GST	2524	
					Net Premium(With GST)	16549	

\*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 6th day of May 2025.

Date of Issue: 03/05/2025

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

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



<b>Insurer Office Code</b>	:	DO-IV (230400)
<b>Address</b>	:	2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
<b>Telephone</b>	:	2336864 / 2337644
<b>Fax</b>	:	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. YOGESHBHAI CHATURBhai KATHIRIYA has paid ₹ 16549 towards premium for New India Floater Mediclaim for the period 06/05/2025 12:00:01 AM to 05/05/2026 11:59:59 PM

<b>Policy no.</b>	:	23040061252800001043
<b>Receipt no. &amp; date</b>	:	23040081250000001818 03/05/2025

Date of Issue: 03/05/2025

(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)



### CRITICAL ILLNESS RIDER DETAIL

1. Name of the Proposer: YOGESHBHAI CHATURBhai KATHIRIYA
2. Policy Number of the Retail Health Policy: 23040061252800001043

S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Rider Premium
1	Yogeshbhai Chaturbhai Kathiriya(ME09665961)	21/11/1987(37)	M	SELF	0
2	Rimpalben (ME09665967)	23/07/1988(36)	F	SPOUSE	0
3	Daksh Kathiriya(ME12812385)	05/09/2020(4)	M	CHILD	0
4	Pari (ME09665968)	17/11/2015(9)	F	CHILD	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: YOGESHBHAI CHATURBhai KATHIRIYA
2. Policy Number of the Retail Health Policy: 23040061252800001043

S. No	Name of the Insured(Member ID)	Date of Birth(Age)	Gender(M/F/T)	Relation with the Proposer	Rider Premium
1	Yogeshbhai Chaturbhai Kathiriya(ME09665961)	21/11/1987(37)	M	SELF	0
2	Rimpalben (ME09665967)	23/07/1988(36)	F	SPOUSE	0
3	Daksh Kathiriya(ME12812385)	05/09/2020(4)	M	CHILD	0
4	Pari (ME09665968)	17/11/2015(9)	F	CHILD	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: YOGESHBHAI CHATURBHAI KATHIRIYA
2. Policy Number of the Retail Health Policy: 23040061252800001043
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	Yogeshbhai Chaturbhai Kathiriya(ME09665961)	21/11/1987(37)	M	SELF	0
2	Rimpalben (ME09665967)	23/07/1988(36)	F	SPOUSE	0
3	Daksh Kathiriya(ME12812385)	05/09/2020(4)	M	CHILD	0
4	Pari (ME09665968)	17/11/2015(9)	F	CHILD	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



## 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 : 23040025E0004152

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

