



Yuva Bharat Health Policy
UIN: NIAHLIP25059V032425

Policy Schedule

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|---|--|---|--|
| Policy No | 23040061252400000119 | 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 | RAMANIKAPIL284@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 | 24AAACN4165C2ZW |
| 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 | | | |



| 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,NA |

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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 | |
|-----------|----------------------|---------------------------------------|------------|------------|---------------|-------------|--|----------------------|
| Company | Policy Number | Name of the Insured | Plan Opted | From Date | To Date | Sum Insured | CB Amount | Pre-Existing Disease |
| NIA | 23040034242800001606 | JAGDISHKUMAR PARSHOTAM 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 |
|--|
| <p>1. This policy is subject to the terms and conditions contained in the policy document (Clauses).</p> <p>2. 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.</p> <p>3. This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 AND Master Circular on Health Insurance Business 2024 by IRDAI.</p> <p>4. This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.</p> <p>5. 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.</p> <p>6. 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.</p> |
| <p>IMPORTANT</p> <p>*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.</p> <p>2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3</p> <p>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.</p> |



"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.



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| 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:

- This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
- 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.
- These Benefits are admissible only if the expenses are incurred in a Hospital as inpatient in India.
- 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).
- This optional cover is available for Insureds holding our(NIACL) Base Policy for minimum period of 3 years.
- This Rider is available for Base Policy having Sum Insured of ₹5 lakhs and above.

Coverage

- Pre Hospitalisation upto 90 days(including The Pre hospitalisation limit under base policy)
- 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:

- This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
- 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.
- These Benefits are admissible only if the expenses are incurred in Hospital as inpatients in India.
- Insured should not be suffering from PED of Critical / Chronic/Recurring illness except diabetes and hypertension.
- 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.
- Cover For Durable Medical Devices as listed below will be paid upto 10% of Sum Insured subject to maximum of ₹ 1 Lakh .
- 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. CPAD
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



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C