



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	: PO98000786		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: SAVAN PARSHOTTAMBHAI HIHORIYA	Office Code	: DO-IV (230400)
Address	: 1004 G BUILDING AMBA LUXURIA PASODARA PATIYA ROAD KHOLWAD SURAT 7567989800 SURAT, GUJARAT, 395006	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD, 395002
Phone No/Mobile No.	: XXXXXX9800	Phone No	: 2336864 / 2337644
E-mail/Fax	: RAMANIKAPIL284@YAHOO.COM, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	: AHRPH2412D	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	: 23040061252700000318	Dev. Off. level/Broker/Direct/IMF/We b Aggregator/CPSC User	: DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From: 02/07/2025 12:00:01 AM To: 01/07/2026 11:59:59 PM	Agent/Bancassurance/Spe cified Person	: KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034242700000349	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	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	SHREE HIHORIYA	30/03/2022	F	Any Other	Daughter	0		02/07/2022	ZONE-I	NA, NA	NA
2	RUTVIBEN HIHORIYA	08/08/1991	F	Housewife	Spouse	0		02/07/2020	ZONE-I	NA, NA	NA
3	SAVAN PARSHOTTAMBHAI HIHORIYA	13/07/1990	M	Business / Traders	Self	300000		02/07/2020	ZONE-I	NA, NA	NA

Total Sum Insured	300000
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 :	RUTVI S HIHORIYA	Relation :	Spouse
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Premium Working Table				
Sl. No.	Name of Insured	Total Basic Premium	Staff Discount	Net Premium
1	SAVAN PARSHOTTAMBHAI HIHORIYA	6695	0	0
2	RUTVIBEN HIHORIYA	1100	0	0
3	SHREE HIHORIYA	600	0	0
Gross Premium				8095
GST				1458
Net Premium Amt.				9553
Net Premium Amt.(In words)				RUPEES NINE THOUSAND FIVE HUNDRED FIFTY-THREE 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
Personal Personal Accident Cover				Optional Cover I: No Proportionate Deduction			
Critical Care Benefit 10% of the Sum Insured.				Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.			
Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.				Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).			
Hospital Cash up to 1% of Sum Insured.				Optional Cover IV: For Covering Non-Payable Items (For 8 Lakhs & above Sum Insured).			
Ambulance charges up to 1% of Sum Insured				For Pre Existing Diseases Waiting period is 36 Months.			
Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.				For specified diseases waiting period is 24 months.			
* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.				*Please refer to policy document for detailed terms and conditions.			

"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	Savan Parshottambhai Hihoriya(PO98000786)	13/07/1990 (34)	M	SELF	02/07/2020	N	ZONE 1	N
2	Rutviben Hihoriya(ME16749024)	08/08/1991 (33)	F	Spouse	02/07/2020	N	ZONE 1	N
3	Shree Hihoriya(ME16749068)	30/03/2022 (3)	F	Daughter	02/07/2022	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	SAVAN PARSHOTTAMBHAI HIHORIYA	6695	0	0	0	0	0	6695
2	RUTVIBEN HIHORIYA	1100	0	0	0	0	0	1100
3	SHREE HIHORIYA	600	0	0	0	0	0	300

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹8095
SGST	9	729
CGST	9	729
IGST	0	0

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

at this 2nd day of July 2025



Date of Issue: 19/06/2025

(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. SAVAN PARSHOTTAMBHAI HIHORIYA has paid ₹ RUPEES NINE THOUSAND FIVE HUNDRED FIFTY-THREE ONLY (in words) towards premium for New India Asha Kiran for the period 02/07/2025 12:00:01 AM to 01/07/2026 11:59:59 PM

Policy no.	:	23040061252700000318
Receipt no. & date	:	10000089250600649413 19/06/2025

Date of Issue: 19/06/2025

(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 : 23040025E0010015

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

