



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

| | | | |
|---|--|-----------------------------------|---|
| Current Policy No | 23040061252800004410 | Current Policy Period | From:16/08/2025 12:00:01 AM To:15/08/2026 11:59:59 PM |
| Previous Policy No | 23040034242800004820 | Previous Policy Period | 16-AUG-24 to 15-AUG-25 |
| Policyholder's Details | | | |
| Policyholder Name | KISHANBHAI KALUBHAI KANAK | Customer ID | ME17141212 |
| | | PAN Card No | EUFPK3108J |
| Zone | ZONE I - Maharashtra and Gujarat | Mobile No/Phone No | XXXXXX8790 |
| Policyholder's address | 16-ARJUN NAGAR -1 KARGIL CHOWK PUNA GAM SURAT 9510328790 SURAT ,GUJARAT, 395010 | Email id | ramanikapil284@yahoo.com, |
| | | Name of the Nominee | VAISHALIBEN KANAK |
| | | 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 | 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 | MDINDIA HEALTH INSURANCE TPA PVT. LIMITED | | |
| Email-id of the TPA | customercare@mdindia.com | Address of the TPA | S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,, |
| Toll Free / Contact No of the TPA | 18002097800 18002097777 / | | |
| Fax of TPA | 02025300003 | | |

| 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.

| 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 |
| 1 | KISHANBHAI KALUBHAI KANAK(ME17141212) | 16/01/1992(33) | M | SELF | 16/08/2022 | NA |
| 2 | VAISHALIBEN (ME17141222) | 12/11/1992(32) | F | SPOUSE | 16/08/2022 | NA |
| 3 | VANSH K KANAK (ME17141223) | 16/08/2017(8) | M | CHILD | 16/08/2022 | NA |

| | | | |
|---------------------|--------|--------------------------|---|
| Floater Sum Insured | 300000 | Floater Cumulative Bonus | 0 |
|---------------------|--------|--------------------------|---|

| Cumulative Bonus Details | | | |
|--------------------------|-------------|---------------|-----------|
| S. No | Sum Insured | CB percentage | CB Amount |
| 1 | 300000 | 0 | 0 |

| Optional Cover Table | | | |
|---|-----------|---|-----------|
| Policy Level - Optional Cover - I (No Proportionate Deduction) | 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 | KISHANBHAI KALUBHAI KANAK | 5611 | 980 | 0 | 0 | 0 | 660 | 842 | 0 | 6773 |
| 2 | VAISHALIBEN | 5548 | 980 | 0 | 0 | 0 | 653 | 832 | 0 | 6707 |
| 3 | VANSH K KANAK | 2837 | 980 | 0 | 0 | 0 | 382 | 426 | 0 | 3861 |

| Previous Year Policy Details | | | | | | | |
|------------------------------|---------------------|---------------------------|------------|------------|-------------|-----------|-----------------------|
| Sl. No. | Previous Policy No | Name of Insured | From Date | To Date | Sum Insured | CB Amount | Pre-existing Diseases |
| 1 | 2304003424280004820 | VAISHALIBEN | 16/08/2024 | 15/08/2025 | 0 | 0 | N |
| 2 | 2304003423280005496 | VANSH K KANAK | 16/08/2023 | 15/08/2024 | 0 | 0 | N |
| 3 | 2304003424280004820 | VANSH K KANAK | 16/08/2024 | 15/08/2025 | 0 | 0 | N |
| 4 | 2304003423280005496 | KISHANBHAI KALUBHAI KANAK | 16/08/2023 | 15/08/2024 | 300000 | 75000 | N |



| | | | | | | | |
|--|--------------------------|---------------------------------|------------|------------|--------|-------------------------------------|-------|
| 5 | 23040034242800 004820 | KISHANBHAI KALUBHAI KANAK | 16/08/2024 | 15/08/2025 | 300000 | 30000 | N |
| 6 | 23040034232800 005496 | VAISHALIBEN | 16/08/2023 | 15/08/2024 | 0 | 0 | N |
| | | | | | | Total Gross Premium(Without GST) | 17341 |
| | | | | | | CGST(@9%) | 1561 |
| | | | | | | SGST(@9%) | 1561 |
| Net Premium in Words(RUPEES TWENTY THOUSAND FOUR HUNDRED SIXTY-THREE ONLY) | | | | | | IGST | 0 |
| | | | | | | Total GST | 3122 |
| | | | | | | Net Premium(With GST) | 20463 |

*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 16th day of August 2025.

Date of Issue: 08/08/2025

(MR. SANDEEP KUMAR)
[DIV MANAGER]

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



| | |
|---------------------|--|
| 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 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. KISHANBHAI KALUBHAI KANAK has paid ₹ 20463 towards premium for New India Floater Mediclaim for the period 16/08/2025 12:00:01 AM to 15/08/2026 11:59:59 PM

| | |
|--------------------|--------------------------------------|
| Policy no. | : 23040061252800004410 |
| Receipt no. & date | : 10000089250800261702 08/08/2025 |

Date of Issue: 08/08/2025

(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)



| 1. Name of the Proposer: KISHANBHAI KALUBHAI KANAK | | | | | |
|--|---------------------------------------|--------------------|---------------|----------------------------|----------------------|
| 2. Policy Number of the Retail Health Policy: 23040061252800004410 | | | | | |
| 3. Type of Policy (Individual/Floater): Floater | | | | | |
| S. No | Name of the Insured(Member ID) | Date of Birth(Age) | Gender(M/F/T) | Relation with the Proposer | Add on Cover Premium |
| 1 | Kishanbhai Kalubhai Kanak(ME17141212) | 16/01/1992(33) | M | SELF | 842 |
| 2 | Vaishaliben (ME17141222) | 12/11/1992(32) | F | SPOUSE | 832 |
| 3 | Vansh K Kanak (ME17141223) | 16/08/2017(8) | M | CHILD | 426 |
| It is hereby declared that on payment of additional premium for the persons as shown in premium table, Modern Treatment or Procedures as specified under the policy will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 100% of Sum insured subject to the terms and condition of the policy. | | | | | |

Terms and Conditions:

- A. This Rider is not available for persons suffering from or suffered in the past one or more of the following Illnesses/Conditions:
- * Cancer (even if treatment is completed)
 - * Age related macular degeneration
 - * Sickle cell anaemia
 - * Thallasemia Major
- B. The Rider can be purchased along with the Base Policy and cannot be purchased in isolation or as a separate product.
- C. Rider can be purchased only at the time of inception or at renewal of the Base policy and cannot be opted in/out during the course of policy.
- D. Modern treatment procedures are payable only once during a policy period (this is applicable only to surgical procedures i.e. except for Oral Chemotherapy, Intravitreal Injections and Immunotherapy- Monoclonal Antibody to be given as injection)
- E. A deductible of 10% is applicable on the admissible claim amount. Please see the detailed T&Cs.
- F. No pre and post hospitalization expenses are payable for claims under oral chemotherapy.



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 : 23040025P0017212

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| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
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