



## New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

### Policy Schedule

Current Policy No	23040034242800010610	Current Policy Period	From:15/02/2025 12:00:01 AM To:14/02/2026 11:59:59 PM
Previous Policy No	23040034232800012335	Previous Policy Period	15-FEB-24 to 14-FEB-25
<b>Policyholder's Details</b>			
Policyholder Name	PRAFULKUMAR SHANKARBHAI CHAUDHARI	Customer ID	ME11133952
		PAN Card No	AYJPC0214D
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX6884
Policyholder's address	58-RUKSHAMANI PARK SOC. DINDOLI SURAT 9909896884  SURAT ,GUJARAT, 395010	Email id	RAMANIKAPIL284@YAHOO.CO M,
		Name of the Nominee	VAISHALIBEN
		Relation with the Policy holder	Spouse
		GSTIN	NA
<b>Policy Issuing Office and Intermediary Details</b>			
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)
<b>Details Of TPA (Notice or Communication to be given in respect of claim)</b>			
Name of the TPA	HERITAGE HEALTH INSURANCE TPA PVT LTD		
Email-id of the TPA	heritage_health@bajoria.in	Address of the TPA	NICCO HOUSE, 5TH FLR, 2 HARE STREET,KOLKATA- 700001,
Toll Free / Contact No of the TPA	18003453477 18001024547 /		
Fax of TPA			

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	
<b>Important</b>			



\*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	PRAFULKUMAR SHANKARBHAI CHAUDHARI(ME11133952)	02/03/1987(37)	M	SELF	05/02/2020	NA
2	VAISHALIBEN CHAUDHARI (ME11133959)	01/07/1988(36)	F	SPOUSE	05/02/2020	NA
3	MAHI P CHAUDHARI (ME11133960)	21/01/2014(11)	F	CHILD	05/02/2020	NA

Floater Sum Insured	500000	Floater Cumulative Bonus	125000
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Cumulative Bonus Details			
S. No	Sum Insured	CB percentage	CB Amount
1	500000	25	125000

Optional Cover Table			
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	Gross Premium
1	PRAFULK UMAR SHANKAR BHAI CHAUDHARI	7975	0	0	0	0	798	0	7177
2	VAISHALIBEN CHAUDHARI	7558	0	0	0	0	756	0	6802
3	MAHI P CHAUDHARI	3504	0	0	0	0	351	0	3153

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	23040034232800012335	VAISHALIBEN CHAUDHARI	15/02/2024	14/02/2025	0	0	N
2	23040034222800012981	MAHI P CHAUDHARI	10/02/2023	09/02/2024	0	0	N



Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
3	23040034232800 012335	MAHI P CHAUDHARI	15/02/2024	14/02/2025	0	0	N
4	23040034222800 012981	PRAFULKUM AR SHANKARBH AI CHAUDHARI	10/02/2023	09/02/2024	500000	125000	N
5	23040034232800 012335	PRAFULKUM AR SHANKARBH AI CHAUDHARI	15/02/2024	14/02/2025	500000	250000	N
6	23040034222800 012981	VAISHALIBEN CHAUDHARI	10/02/2023	09/02/2024	0	0	N
						<b>Total Gross Premium(Without GST)</b>	17132
						<b>CGST(@9%)</b>	1542
						<b>SGST(@9%)</b>	1542
<b>Net Premium in Words(RUPEES TWENTY THOUSAND TWO HUNDRED SIXTEEN ONLY)</b>						<b>IGST</b>	0
						<b>Total GST</b>	3084
						<b>Net Premium(With GST)</b>	20216

\*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 15th day of February 2025.

Date of Issue: 13/02/2025

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

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