



New India Floater Mediclaim Policy

UIN : NIAHLIP25039V082425

Policy Schedule

Current Policy No	23040061252800010669	Current Policy Period	From:20/02/2026 12:00:01 AM To:19/02/2027 11:59:59 PM
Previous Policy No	23040034242400001218	Previous Policy Period	20-FEB-25 to 19-FEB-26
Policyholder's Details			
Policyholder Name	CHIMANKUMAR DIPAKBHAI SUKHADIYA	Customer ID	POA3384895
		PAN Card No	EWFPS8480H
Zone	ZONE I - Maharashtra and Gujarat	Mobile No/Phone No	XXXXXX1564
Policyholder's address	PL-78, BHAGVAT GREEN VAV, KAMREJ, SURAT VAV KATHODRa ,GUJARAT, 394326	Email id	RAMANIKAPIL284@YAHOO.CO M,
		Name of the Nominee	AKANSHA PRIYA
		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/BDE/BDM/SBDE/S BDM	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	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		

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: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Cataract claims, up to 10% of Sum Insured or ` 50,000 whichever less, for each eye
* Hospital Cash up to 1% of Sum Insured.	* For Pre Existing Diseases Waiting Period in 36 Months.
* Midterm inclusion of newly married spouse.	* For specified diseases waiting period is 24 months
Please refer to the 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	ABHA ID(If Any)	*Date of inception of first policy	Pre Existing Disease
1	CHIMANKUMAR DIPAKBHAI SUKHADIYA(PO A3384895)	03/12/1989	36	M	SELF	NA	20/02/2023	NA
2	AKANSHA PRIYA(ME21689603)	15/06/1990	35	F	SPOUSE	NA	20/02/2024	NA
3	NIDHISRI CHIMANKUMAR SUKHADIYA(ME 26876474)	04/08/2025	0	F	CHILD	NA	20/02/2026	NA

Floater Sum Insured	500000	Floater Cumulative Bonus	0
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Optional Cover Table	
Member Level - Optional Cover - I (Revision in Cataract Limit)	Not Opted

Riders Table								
Name of Insured	MATERNITY RIDER	D.O.I for MATERNITY RIDER	PRE AND POST HOSPITALISATION RIDER	NON MEDICAL EXPENSES RIDER	NO PROPORTIONATE DEDUCTION RIDER	CRITICAL ILLNESS RIDER	DURABLE MEDICAL DEVICES RIDER	Modern Treatment Rider
CHIMANKUMAR DIPAKBHAI SUKHADIYA	NO	NO	NO	NO	NO	NO	NO	NO
AKANSHA PRIYA	NO	NO	NO	NO	NO	NO	NO	NO
NIDHISRI CHIMANKUMAR SUKHADIYA	NO	NO	NO	NO	NO	NO	NO	NO

Premium Details													
Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	MATERNITY RIDER Premium	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESS RIDER Premium	DURABLE MEDICAL DEVICES RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
1	CHIMANKUMAR DIPAKBHAI SUKHADIYA	7558	0	0	0	0	0	0	0	0	0	0	756
2	AKANSHA PRIYA	7141	0	0	0	0	0	0	0	0	0	0	715



Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	MATERNITY RIDER Premium	PRE AND POST HOSPITALISATION RIDER Premium	NON MEDICAL EXPENSES RIDER Premium	NO PROPORTIONATE DEDUCTION RIDER Premium	CRITICAL ILLNESSES RIDER Premium	DURABLE MEDICAL DEVICES RIDER Premium	Modern Treatment Rider Premium	CB Discount	Long Term Discount	Other Discounts
3	NIDHISHRI CHIMANKUMAR SUKHADIYA	3026	0	0	0	0	0	0	0	0	0	0	303

	Total Gross Premium(Without GST)	15951
	CGST	0
	SGST	0
Net Premium in Words(RUPEES FIFTEEN THOUSAND NINE HUNDRED FIFTY-ONE ONLY)	IGST	0
	Total GST	0
	Net Premium(With GST)	15951

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	2304003423240000517	AKANSHA PRIYA	20/02/2024	19/02/2025	1000000	0	N
2	2304003423240000517	CHIMANKUMAR DIPAKBHAI SUKHADIYA	20/02/2024	19/02/2025	1000000	50000	N
3	23040034242400001218	AKANSHA PRIYA	20/02/2025	19/02/2026	500000	25000	N
4	23040034242400001218	CHIMANKUMAR DIPAKBHAI SUKHADIYA	20/02/2025	19/02/2026	500000	25000	N

*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 20th day of February 2026.

at _____ this _____ day of _____ 20

Date of Issue: 18/02/2026

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. CHIMANKUMAR DIPAKBHAI SUKHADIYA has paid ₹ 15951 towards premium for New India Floater Mediclaim for the period 20/02/2026 12:00:01 AM to 19/02/2027 11:59:59 PM

Policy no.	: 23040061252800010669
Receipt no. & date	: 23040081250000018908 18/02/2026

Date of Issue: 18/02/2026

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 : 23040025E0043030

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C