



### New India Cancer Guard Policy

UIN: NIAHLIP25037V022425

#### Schedule

Current Policy No	23040061253700000092	Current Policy Period	From:05/03/2026 12:00:01 AM To:04/03/2027 11:59:59 PM
Previous Policy No	23040034243700000087	Previous Policy Period	05-MAR-25 to 04-MAR-26

#### Policyholder's Details

Policyholder Name	MUKESHBHAI CHHAGANBHAI GODHANI	Customer ID	PO78532674
		PAN Card No	
		Mobile No/Phone No	XXXXXX6276
Policyholder's address	A-701 SAHAJAND HEIGHTS YOGI CHOWK PUNA GAM SURAT 9727766276 SURAT ,GUJARAT, 395010	Email id	RAMANIKAPIL284@YAHOO.COM,
		Name of the Nominee	MANISHABEN
		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
Regional Office	SURAT RO (230000)	GSTIN	24AACN4165C2ZW
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		

#### 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 and all its addendums.
- 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 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.
- 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

#### Highlights of New India Cancer Guard Policy\*

* Cancer Care Benefit on diagnosis of stage IV Cancer for the first time:50% of the Sum Insured would be paid as Benefit. This would be in addition to the Sum Insured.	* Medical Expenses incurred for the Reconstruction of affected body part.
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UIN : NIAHLIP25037V022425 Policy No. : 23040061253700000092 Document generated by AG\_KAPIL08 at 26/02/2026 11:40:24 Hours.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.



* Cumulative Bonus: Sum Insured under Policy shall be increased by 10% at each renewal in respect of each claim free year of insurance subject to maximum of 50% of the sum insured	* Second Opinion for Surgery expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable up to ₹ 5,000 for 5, 10 & 15 L and ₹ 10,000 for 25 & 50L.
* Post Treatment Follow Up shall be payable up to ₹ 10,000 once in a Period of Insurance.	* Ambulance Charges will be payable up to ₹ 3,000 per hospitalization. Medical Expenses for organ transplant.
	* Medical Expenses for organ transplant.
* Room Rent, boarding and nursing expenses For Sum Insured for 5, 10 and 15 Lakhs - Single AC room and for Sum Insured for 25 and 50 Lakhs - Deluxe room.	* 58 Day Care Procedures are covered in the policy.
	* Please refer to policy document for detailed terms and conditions.

### 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
* Please visit <a href="https://www.newindia.co.in">https://www.newindia.co.in</a> 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	Sum insured	Cumulative Bonus	Date of inception of first policy	Non-smoker /Aggregate	Pre Existing Disease
1	MUKESHBHAI CHHAGANBHAI GODHANI(PO7 8532674)	08/05/1988(37 )	Male	Self	100000 0	400000	05/03/20 20	Aggregate	NO
2	MANISHABEN M GODHANI (ME11255755)	18/12/1989(36 )	Female	Spouse	100000 0	400000	05/03/20 20	Non-Smoker/N on-Tobacco	NO

Riders Table	
Name of Insured	NON MEDICAL EXPENSES RIDER
MUKESHBHAI CHHAGANBHAI GODHANI	NO
MANISHABEN M GODHANI	NO

Premium Details						
S No	Name of the Insured	Basic Premium	Rider Premium	Loading(10%)	Discount,if any	Gross Premium
1	MUKESHBHAI CHHAGANBHAI GODHANI	1216	0	0	0	1216
2	MANISHABEN M GODHANI	1762	0	0	0	1762
			Total Gross Premium(Without GST)	2978		
			CGST	0		
			SGST	0		
Net Premium in Words(RUPEES TWO THOUSAND NINE HUNDRED SEVENTY-EIGHT ONLY)			IGST	0		
			Total GST	0		
			Net Premium(With GST)	2978		

Previous Year Policy Details							
Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	CB Amount	Pre-existing Diseases
1	230400342337 00000074	MANISHABEN M GODHANI	05/03/2024	04/03/2025	2000000	200000	NA
2	230400342337 00000074	MUKESHBHAI CHHAGANBHAI GODHANI	05/03/2024	04/03/2025	2000000	200000	NA
3	230400342437 00000087	MANISHABEN M GODHANI	05/03/2025	04/03/2026	2000000	250000	NA

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THE NEW INDIA ASSURANCE CO. LTD.  
(Government of India Undertaking)



4	230400342437 00000087	MUKESHBHAI CHHAGANBHAI GODHANI	05/03/2025	04/03/2026	2000000	250000	NA
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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 5th day of March 2026.

Date of Issue: 26/02/2026

(MR. SANDEEP KUMAR)  
[DIV MANAGER]

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

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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

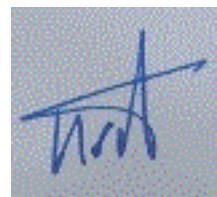
#### NEW INDIA CANCER GUARD POLICY

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 95 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. MUKESHBHAI CHHAGANBHAI GODHANI has paid ₹ RUPEES TWO THOUSAND NINE HUNDRED SEVENTY-EIGHT ONLY (in words) towards premium for New India Cancer Guard Policy for the period 05/03/2026 12:00:01 AM to 04/03/2027 11:59:59 PM

Policy no.	:	23040061253700000092
Receipt no. & date	:	23040081250000019502 26/02/2026

Date of Issue: 26/02/2026



(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)

#### NEW INDIA CANCER GUARD POLICY

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

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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 : 23040025E0044253

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

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