



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	: ME11352789		
Insured's Details		Issuing Office Details (Notice or Communication to be given in respect of Personal Accident Claims)	
Insured Name	: KETAN ASHOKBHAI TRAPASIYA	Office Code	: DO-IV (230400)
Address	: B-26 DIVYASHAKTI SOC. PUNA GAM SURAT9712570890 SURAT ,GUJARAT, 395010	Address	: 2ND FLOOR, KIRAN CHAMBERS, OPP J K TOWER SUB JAIL CROSSING, RING ROAD,395002
Phone No/Mobile No.	: XXXXXX0890	Phone No	: 2336864 / 2337644
E-mail/Fax	: ramanikapil284@yahoo.com, /	E-mail/Fax	: nia.230400@newindia.co.in / 2313467
PAN No	: ATUPT8494N	S.Tax Regn. No	: AACCN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 24AACN4165C2ZW
		SAC	: 997133 (Accident and health insurance services)

Policy Details			Business Source Code	
Policy Number	: 23040034242700001575	Dev.Off. level/Broker/Direct/IMF/We b Aggregator/CPSC User	:	DIRECT CODE 230400 (1D3937242)
Period of Insurance	: From:30/03/2025 12:00:01 AM To:29/03/2026 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:	KAPIL KANTIBHAI RAMANI (NIAAG00055908)
Prev. Policy no.	: 23040034232700001770	Phone No	:	9979343593 / 2336864
Client Type		E-mail/Fax	:	ramanikapil284@yahoo.com, nia230400@gmail.com, / /

Member Details									
Sl. No.	Name of Insured Person	Date of Birth	Age	Gender	Relation	Total Sum Insured	Date of Inception of Continuous Coverage	ABHA ID(If Any)	Pre-existing Illness/ Disease
1	THIYA TRAPASIYA	16/07/2025	0	F	Daughter	0	04/11/20 25	NA	NA
2	RAHI .	12/12/2020	4	F	Daughter	0	30/03/20 21	NA	NA
3	DIVYABEN	22/10/1998	26	F	Spouse	0	30/03/20 20	NA	NA
4	KETAN ASHOKBHAI TRAPASIYA	07/08/1995	29	M	Self	300000	30/03/20 18	NA	NA

Total Sum Insured	300000
Zone	ZONE-I

Sl. No.	COVERAGE	COMPENSATION
1.a	Accidental Death of	Proposer or Spouse
1.b	Accidental Death of	Proposer and Spouse
2.a	Permanent Total Disablement of	Proposer or Spouse
2.b	Permanent Total Disablement of	Proposer and Spouse
3.a	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of	Proposer or Spouse
3.b	Loss of one limb and one eye or loss of both eyes and/or loss of both limbs of	Proposer and Spouse
4.a	Loss of one limb / sight in one eye of	Proposer or Spouse



4.b	Loss of one limb / sight in one eye of	Proposer and Spouse	100% of Sum Insured
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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, Sonepat, Rewari, Jhajjhar, 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	: HEALTH INSURANCE TPA OF INDIA LIMITED	Telephone	: 18001023600
Address	: A-110, SECTOR-4, 2ND FLOOR,,MAJESTIC OMNIA BUILDING, NOIDA, UTTAR PRADESH-201301,HTTPS://HITPA.CO.IN/OUR-SERVICES/NETWORK-HOSPITALS MAJESTIC OMNIA BUILDING, NOIDA, UTTAR PRADESH-201301 HTTPS://HITPA.CO.IN/OUR-SERVICES/NETWORK-HOSPITALS	Fax Email Toll Free No. Mobile No.	: 01204765799 : : : :

Name of Nominee :	DIVYABEN	Relation :	Spouse
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*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:Revision in Limit of Cataract(For 8 Lakhs and above Sum Insured)		
Critical Care Benefit 10% of the Sum Insured.					For Pre Existing Diseases Waiting period is 36 Months.		
Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.					For specified diseases waiting period is 24 months.		
Hospital Cash up to 1% of Sum Insured.					*Please refer to policy document for detailed terms and conditions.		
Ambulance charges up to 1% of Sum Insured					Cataract claims up to 10% of Sum Insured or ₹50,000 whichever less, for each eye.		
* Ayurveda/ Yoga and Naturopathy/ Unani/Siddha and Homeopathy system of medicines are covered up to 100 % of the Sum Insured.							

"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.

Floater Sum Insured	300000
Break In Insurance - Dynamic	

Optional Cover Table							
Member Wise - Optional Cover - I (Revision in Cataract Limit)							
S. No	Name of the Insured (Opting Optional Cover - I)		Date of Opting Optional Cover - I				

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



KETAN ASHOKBHAI TRAPASIYA	NO	NA	NA	NO	NO	NA	NA	NO
DIVYABEN	NO	NA	NA	NO	NO	NA	NA	NO
RAHI .	NO	NA	NA	NO	NO	NA	NA	NO
THIYA TRAPASIYA	NO	30/03/2025	NA	NO	NO	NA	NA	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	KETAN ASHOKBHAI TRAPASIYA	5936	0	0	0	0	0	0	0	0	0	0	0
2	DIVYABEN	840	0	0	0	0	0	0	0	0	0	0	0
3	RAHI .	600	0	0	0	0	0	0	0	0	0	0	0
4	THIYA TRAPASIYA	600	0	0	0	0	0	0	0	0	0	0	0
											Total Gross Premium(Without GST)	7196	
											CGST	637	
											SGST	637	
Net Premium in Words(RUPEES EIGHT THOUSAND FOUR HUNDRED SEVENTY ONLY)											IGST	0	
											Total GST	1274	
											Net Premium(With GST)	8470	

Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST	0	637
CGST	0	637
IGST	0	0

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

at _____ this _____ day of _____ 20

Date of Issue: 04/11/2025

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
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New India Asha Kiran

**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 120 D OF INCOME TAX (AMENDMENT) ACT
111505**

This is to certify that Mr./Mrs. KETAN ASHOKBHAI TRAPASIYA has paid ₹ RUPEES EIGHT THOUSAND FOUR HUNDRED SEVENTY ONLY (in words) towards premium for New India Asha Kiran for the period 30/03/2025 12:00:01 AM to 29/03/2026 11:59:59 PM

Policy no.	:	23040034242700001575
Receipt no. & date	:	23040081250000012704 04/11/2025

Date of Issue: 04/11/2025

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

QR CODE FOR TERMS AND CONDITIONS



List of PPN Hospitals



In case of requirement of printed copy of terms and
conditions, please contact our business office

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