

THE NEW INDIA ASSURANCE CO. LTD. REGISTERED & HEAD OFFICE:87,MAHATMA GANDHI ROAD,MUMBAI 400001.

GOOD HEALTH POLICY CERTIFICATE

Certificate No. 712500/GH/APR2017/2748				Period of Insurance			From To	01/04/2020 31/03/2021		
RAJESH PABBISETTY				Card Number			4386XXXXXXXX	5718		
23 LOCHAN NILAYA GROUND FLOOR, 103, FIFTH CROSS, VR LAYOUT, BENGALURU				Master Policy No.			18	71250034172100	000001	
BENGALURU 560036					Claus	se attached			GH 2013-OCT	
Mobile No:7075365551	No:7075365551 Email Id:RAJESHP.CSE@GMAIL.COM		Servi	Service Tax Registration			AAACN4165CST	178		
		nal Accident ection	Medicl	aim Section	on Hospital Cash Benefit		Nomination Particulars for PA Coverage			
Name of the Insured Person	Sum Insured (₹In Lakhs)	Premium + Service Tax (₹)		Premiu Service (₹)	m + Tax	Limit per day (₹)	Max. no. of days		Name	Relation
P LAKSHMI			5	1134	44					
P C KRISHNAIAH			5	139	53					
Total Premium including Service Tax		0		2529	97			22		<i>3</i> .

	Name: P C KRISHNAIAH	Relation: FATHER
Holder for Mediclaim		

		Cumulative Bonus for Mediclaim					
Name of the Insured Person	DOB	Customer code	%	Applicable S.I.	Effective date	Pre-existing diseases/Disabilities excluded - refer Clause No.4.1(for Mediclaim)	
P LAKSHMI	10/04/1963	20160411545	5	500000		4 (5):35. Calling 24 (40.00 abo)	
P C KRISHNAIAH	04/10/1954	20160411546	5	500000		3	

Terms & Conditions forming part of this Policy No. 71250034172100000001 may be downloaded from our website, newindia.co.in/citibank.

Notice or communication to be given in respect of claims to TPA						
TPA	MD INDIA HEALTHCARE SERVICES(TPA) PVT.LTD. MOUNT CASA BLANCA BUILDING,3RD FLOOR, NO.260,ANNA SALAI,CHENNAI-600006.	Contact Details	TOLL FREE: 1800-233-1166 FAX TOLL FREE: 1860-233-4449 PAN UAN: 1860-233-4446, 1860-233-4448			
Email Id	citibank_chennai@mdindia.com	Website	www.mdindiaonline.com			