

3

POLICY NO.: 0714002822P112841574

PAYMENT DETAILS

Total Basic Premium
Add Ambulance Premium
Daily Cash Premium
Add P&D Loading
Less Family Discount
Less No Claim Discount
Less Online Discount

2,490.00 Premium
0.00 CGST(9%)
0.00 SGST(9%)
0.00 Stamp duty
0.00 Total
0 Receipt Number
0.00 Receipt Date

2,490.00
224.00
224.00
1.00
2,939.00
10107140022114909748
07/03/2023

INTERMEDIARY DETAILS

Agent Name
Agent Code
Mobile/Landline Number/Email
Development Officer Name
Development Officer Code

: PRABHAKARA
: AGD0096311
: 9449205503
: prabhakaraulic@gmail.com

Customer GST/UIN No.:

997133

Office GST No.:

Z9AAACU5557C1Z1

SAC Code:

Invoice No. & Date:

28221112841574 & 07/03/2023

Amount Subject to Reverse Charges-NIL

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.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in/>

Date of Proposal and Declaration: 15/03/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO TUMKUR on this 07th day of March, 2023.

For and On behalf of
United India Insurance Co. Ltd.

Affix
Policy
Stamp
Here

Authorised Signatory

Underwritten By - RAG31271 (DO UW CUM CASHIER)

WHAT TO DO IN THE EVENT OF A CLAIM?

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communication in respect of claim or for any other reason to be given to TPA as per Notification Clause (6.23.A) in the Policy Wordings.

Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA mentioned here.

Anti-Money Laundering Clause: In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 1 lakh, the Insured will comply with the provisions of AML policy of the Company. The AML policy is available in all our operating offices as well as on the Company's website.

Details of TPA

Name of TPA/ID	MEDSAVE HEALTH INSURANCE TPA LIMITED / TPA00001			
Address	F-701A, LADO SARAI, MEHRAULI, NEW DELHI - 110038, Pin Code : 110030, Fax No : 91-11-29521067			
Toll Free number	011-71221234 / 1800120111234			
Contact Details	For General Enquiries	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	011-71221234 / 1800120111234	011-71221234 / 1800120111234	011-71221234 / 1800120111234	011-71221234 / 1800120111234
Email IDs	info@medsave.in	cashless@medsave.in	callcenter@medsave.in	info@medsave.in