



**ArogyaSanjeevani, New India Assurance**

UIN : NIAHLIP20165V011920

**Policy Schedule**

Current Policy No	31090434229300000002	Current Policy Period	From:27/08/2022 06:53:36 PM To:26/08/2023 11:59:59 PM
Previous Policy No		Previous Policy Period	
<b>Policyholder's Details</b>			
Policyholder Name	Minakshi Kshirsagar	Customer ID	ME17216107
		PAN Card No	
		Mobile No/Phone No	XXXXXX7611
Policyholder's address	Malvasti, At/Post - Peth, Tal - Ambegaon, Dist - Pune  PUNE ,MAHARASHTRA, 410512	Email id	kshirsagarprashant28@yahoo.com,
		Name of the Nominee	Prashant Kshirsagar
		Relation with the Policy holder	OTHER
<b>Policy Issuing Office and Intermediary Details</b>			
Office Name and Code	VANDANA BUILDING (310904)	Office Contact No	01123316225
Office Email Id	nia.310904@newindia.co.in	Development Officer	GIRNAR INSURANCE BROKERS PVT LTD (BR00000302) GIRNAR INSURANCE BROKERS PVT LTD_323700 (SI00124758)
		Name of the Agent/Intermediary/CPSC User	GIRNAR INSURANCE BROKERS PVT LTD (BR00000302)
Office Address	Vandana Bldg., 11, Tolstoy Marg, New Delhi ,110001	Contact No. of Agent/Intermediary	7551196989 / NA
		E-mail id of Intermediary	support@insurancedekho.com, insurance.backoffice@insurancedekho.com
Regional Office	DELHI RO1 (310000)	GSTIN	07AAACN4165C1ZT
Regional Contact No	01128754297/01123312889	SAC	997133 (Accident and health insurance services)
<b>Details Of TPA (Notice or Communication to be given in respect of claim)</b>			
Name of the TPA	HEALTH INSURANCE TPA OF INDIA LIMITED		
Email-id of the TPA	customerservice@hitpa.co.in	Address of the TPA	MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR – 4, NOIDA,NOIDA
Toll Free / Contact No of the TPA	18001803600 18001023600 /		
Fax of TPA	01204765799		

**CHANNEL PARTNER CONTACT DETAILS**

Channel Partner Name	Email Address(s)	Contact Number(s)
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**Insured Persons details**

S. No	Name of the insured (Member ID)	Date of birth(Age)	Sex	Relation	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease
1	Minakshi Kshirsagar(ME17216107)	13/08/1988(34)	Female	SELF	500000		NA	NA



Co-Payment	5%
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Premium Details

S No	Member ID	Basic Premium	Regional Discount	Loading for Diabetes	Loading for Hypertension	Loading for BMI(>32)	Floater Discount	Digital Discount	Total
1	ME17216107	6665	0	0	0	0	0	0	6665
							Total Gross Premium(Without GST)		6665
							CGST(@9%)		0
							SGST(@9%)		0
Net Premium in Words(RUPEES SEVEN THOUSAND EIGHT HUNDRED SIXTY-FIVE ONLY)							IGST		1200
							Total GST		1200
							Net Premium(With GST)		7865

\*This Policy is subject to terms and conditions of ArogyaSanjeevani, New India Assurance.

IMPORTANT
<p>1.This policy is subject to the terms and conditions contained in the policy document (Clauses).</p> <p>2.This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016 and all its addendums.</p> <p>3.This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.</p> <p>4.This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.</p> <p>5.Health Insurance Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.</p> <p>6.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.</p> <p>*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.</p> <p>2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3</p> <p>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.</p> <p>"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.</p>

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 27th day of August 2022.

at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Date of Issue: 27/08/2022

( ANJALI R CHOPRA )  
[SBM]

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



Insurer Office Code	:	VANDANA BUILDING (310904)
Address	:	Vandana Bldg., 11, Tolstoy Marg, New Delhi ,110001
Telephone	:	01123316225
Fax	:	

**ArogyaSanjeevani, New India Assurance**

**PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986**

This is to certify that Mr./Mrs. Minakshi Kshirsagar has paid ₹ RUPEES SEVEN THOUSAND EIGHT HUNDRED SIXTY-FIVE ONLY (in words) towards premium for ArogyaSanjeevani, New India Assurance for the period 27/08/2022 06:53:36 PM to 26/08/2023 11:59:59 PM

Policy no.	:	31090434229300000002
Receipt no. & date	:	31090481220000010076 27/08/2022

Date of Issue: 27/08/2022

( ANJALI R CHOPRA )  
[SBM]

**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)

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 : 31090422P0011823

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