



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021

Insured Name	: EVERESTIMS TECHNOLOGIES PRIVATE LIMITED
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Insured's Details		Issuing Office Details	
Customer ID	: PO96319914	Office Code	: CUTTACK BO (550401)
Address	: NO 45, B N RAO PLAZA, 1ST AND 2ND FLOOR JP NAGAR 7TH PHASE, BANGLORE RURAL, KARNATAKA BANGALORE ,KARNATAKA, 560078	Address	: LINK ROAD, OPP. ARUNODAYA MARKET ,CUTTACK ,753012
Phone No	: //	Phone No	: 6712310225 / 6712335042
Fax	:	Fax	: 6712332070
E-mail/Fax	: abc@gmail.com, /	E-mail/Fax	: nia.550401@newindia.co.in / 6712332070
PAN No	: AAEECE6095N	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 29AAEECE6095N1ZW / NA	GSTIN	: 21AAACN4165C2Z2
	:	SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 55040134230400000001	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: Phoenix General Insurance Brokers Pvt. Ltd - (BR00000085) Phoenix 550401 - (SI00254927),
Period of Insurance	: From:07/04/2023 12:00:01 AM To: 06/04/2024 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 07/04/2023	Phone No	: 02025431134, 9422025115 / NA
Prev. Policy no.	: NA	E-mail/Fax	: phoenixgeneralinsurance@gmail.com, / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹1891892	₹ 340,541	₹ 22,32,433 (RUPEES TWENTY-TWO LAC THIRTY-TWO THOUSAND FOUR HUNDRED THIRTY-THREE ONLY)	55040181230000000348 10/04/2023

Details of TPA			
Name	: East West Assist Pvt. Ltd.	Telephone	: 9811273302
Address	: EAST WEST ASSIST TPA PVT LTD,38 GOLF LINKS,NEW DELHI	Fax	: NA
	38 GOLF LINKS	Email	: tpacc_newindia@eastwestassist.com, tpacc_newindia@eastwestassist.com
	NEW DELHI	Toll Free No	: NA

No. of Employees / Members covered	: 132	No. of persons covered	: 484
Maternity Benefits Opted	Normal Delivery Limit ₹ : 40000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period	: YES		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 2000		

Policy No. : 55040134230400000001 Document generated by 35633 at 10/04/2023 16:37:12 Hours.

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

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>.



Additional cover Opted		:	YES
SL.No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

Special Conditions

Special Condition 1	:	FAMILY SUM INSURED-₹5.00 LAKHS. PARENTAL SUM INSURED-₹2.00 LAKHS. CO-PAY-10% FOR EACH AND EVERY CLAIM, NOT APPLICABLE FOR CAPPED AILMENTS.
Special Condition 2	:	DETAILED COVERAGE/TERMS/CONDITIONS/EXCLUSIONS AS PER ANNEXURE ATTACHED.

* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 18,91,892
SGST	0	0
CGST	0	0
IGST	18	340541

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 10/04/2023

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986		
This is to certify that Mr./Mrs. EVERESTIMS TECHNOLOGIES PRIVATE LIMITED has paid ₹ RUPEES EIGHTEEN LAC NINETY-ONE THOUSAND EIGHT HUNDRED NINETY-TWO ONLY (in words) towards premium and GST of ₹340541 for New India Flexi Floater Medclaim for:		
Policy period	:	07/04/2023 12:00:01 AM to 06/04/2024 11:59:59 PM
Policy Certificate no.	:	55040134230400000001
Receipt no. & date	:	55040181230000000348 and 10/04/2023
Date of Issue: 10/04/2023		



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 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.

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 : 55040123P0000289

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C