



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

Insured Name		: PARADISE FOOD COURT PRIVATE LIMITED	
Insured's Details		Issuing Office Details	
Customer ID	: PO77286317	Office Code	: KANTINAGAR_320303 (320303)
Address	: 1-7-186 TO 193, PARADISE CIRCLE, S D ROAD, SECUNDERABAD, HYDERABAD, TELANGANA,  SECUNDERABAD ,TELANGANA, 500003	Address	: Kantinagar  ,110051
Phone No	: //	Phone No	: 22097220 / 9871501277
Fax	:	Fax	:
E-mail/Fax	: mohd.kareem@paradisefoodcourt.in, Muralidhar.t@paradisefoodcourt.in /	E-mail/Fax	: nia.320303@newindia.co.in /
PAN No	: AAHCP6142N	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 36AAHCP6142N1ZZ / NA	GSTIN	: 07AAACN4165C1ZT
	:	SAC	: 997133 (Accident and health insurance services)

Policy Details					
			Business Source Code		
Policy Number	:	32030334220400000019	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	:	Phoenix General Insurance Brokers Pvt. Ltd - (BR00000085) Phoenix Ins. Broker_320303 - (SI00263720),
Period of Insurance	:	From:21/01/2023 04:37:24 PM To: 20/01/2024 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:	
Date of Proposal	:	21/01/2023	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:
₹5420000	₹975600	₹6395600 (RUPEES SIXTY-THREE LAC NINETY-FIVE THOUSAND SIX HUNDRED ONLY)	32030381220000001856 30/01/2023

Details of TPA					
Name	:	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	Telephone	:	18002097777
Address	:	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,	Fax	:	02025300003
		NA	Email	:	customercare@mdindia.com,
			Toll Free No	:	18002097800

No. of Employees / Members covered	:	0	No. of persons covered	:	0
Maternity Benefits Opted	Normal Delivery Limit ₹	50000	Zone Opted	:	II (Delhi and Bangalore)
	Caesarian Section Limit ₹	75000			
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	:	0			

Signature Not  
Verified  
Digitally signed  
by JAGAT KAYEE  
PANIGRAHI  
Date: 2023.01.30

Policy No. : 32030334220400000019 Document generated by 32251 at 30/01/2023 17:41:22 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	:	NO
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\* 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		₹ 5420000.00
SGST	0	0
CGST	0	0
IGST	18	975600

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: 30/01/2023	
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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. PARADISE FOOD COURT PRIVATE LIMITED has paid ₹ RUPEES FIFTY-FOUR LAC TWENTY THOUSAND ONLY (in words) towards premium and GST of ₹975600 for New India Flexi Floater Mediclaim for:		
Policy period	:	21/01/2023 04:37:24 PM to 20/01/2024 11:59:59 PM
Policy Certificate no.	:	32030334220400000019
Reciept no. & date	:	32030381220000001856 and 30/01/2023
Date of Issue: 30/01/2023		



**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 : 32030322P0002697

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