



**UNITED INDIA INSURANCE COMPANY LIMITED**

HANDLOOM HOUSE, ASHRAM ROAD, CP TRUST BUILDING AHMEDABAD, AHMEDABAD, GUJARAT, AHMADABAD-380009 GUJARAT

PH: (079) 26589154 FAX: EMAIL:

**INDIVIDUAL HEALTH POLICY**

UIN NO. IRDA/NL-HLT/UII/P-H/V.I/228/13-14

POLICY NO.: 0602002817P108431284

**PERIOD OF INSURANCE**

FROM 00:00hrs of 18/09/2017

To MIDNIGHT on 17/09/2018

*Insured*

**MR. HIMANSHU V DOSHI**

12/120, NIDHI APTS., NR. SHASTRINAGAR, NARANPURA, AHMEDABAD DIST. : AHMADABAD, GUJARAT

AHMADABAD

GUJARAT-380001

Agent Name : SHAH PRATIMA B  
Agent Code : AGD0011564  
Mobile/Landline Number/Email : 9825273620

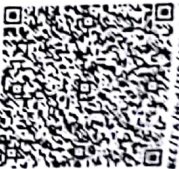
REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Website: <http://www.uiic.co.in>, Email - [info@uiic.co.in](mailto:info@uiic.co.in)

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POLICY NO.: 0602002817P108431284  
UW NO. JND/PL/UL/011/P/NEW/1728/18-14



## INDIVIDUAL HEALTH POLICY SCHEDULE

Policy Number	0602002817P108431284			Previous Policy No.	19121912191219121912
Name/ID	MR HIMANSHU V DOSHI / 1286554464			Age	36
Tel (C)	9420221172			Tel (R)	9420221172
Insured Detail	Gender	Male	Marital Status	Married	
Period Of Insurance	From	00-00hrs of 18/09/2017	To	Midnight on 17/09/2018	
Coinurance	UIC 060210 : 100%				

Details of the Persons Covered					
No	Name Of Insured Person	Sex	Relation	Occupation	Pre-Existing Illnesses/diseases declared
1	HIMANSHU V DOSHI	Male	Self	DIETITIAN	
2	DIMPLE	Female	Spouse	HOUSEWIFE	

No	Name of Insured Person	Age	Policy Sub Type	Sum Insured (₹)	Ann. Hosp Charge (₹)	Premium (₹)	Inception date of first policy	Last Claimed Date
1	HIMANSHU V DOSHI	36	Platinum	400000	50000	5137	18/09/2007	
2	DIMPLE	30	Platinum	400000	50000	4682	18/09/2015	

Total Basic Premium :	₹ 9219	Family Discount :	422.42	Premium (₹)	8,026.04
Staff Discount :	₹ 0	No Claim Div. :	770.55	AGST (19%)	722.00
Net Premium :	₹ 8,026.00			Stamp duty	1.00
Assignee's Name:				Total	9,470.04
				Receipt Number	10106020012108409572
				Receipt Date	13/09/2017
				Agent/Receiver Code:	AG00011566
				SI/MI PRATIMA B	
				Development Officer Code:	

Notice of communication in respect of claim or for any other reason to be given to TPA within 24 hrs from the date of admission and documents to be submitted to TPA within 15 days from the date of discharge

Name of TPA	MS Med Save Health Care	Address of TPA	F-701A, Lado Sarai, Behind Golf Course, New Delhi, Pin Code : 110030, Telephone No : 011-29521061-66	Toll Free no of TPA	18001111142
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This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of this Schedule shall bear the same meaning wherever it may appear.  
\*Terms, conditions and clauses attached as per the respective individual schemes.

Customer GST No.:		Office GST No.:		Product Code/ST No.	
SAC Code:	9911	Insurance No. B Scheme		AGST/108431284 B	
Amount Subject to Reversion Charge (₹)					

**Anti Money Laundering Clause:** In the event of a claim under the policy amounting to ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of Anti Money Laundering Act, 2005 and its amendments in all our operating offices as well as Company's web site.

Date of Proposal and Underwriting: 18/09/2017

IN WITNESS WHEREOF, the undersigned having duly authorized has hereunto set hand and seal.

DO 2 AMHEDABAD on this 13th day of September, 2017

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

Authorized Signatory.

Underwritten By - SEC13064 ( DO UW CUM

ORDER NO. CHM-2017-15-14-51P-122017-312-H-1

DATED 28.03.2017

