



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/UTI/P-H/V.I/228/13-14
POLICY NO.: 0602002817P108429237

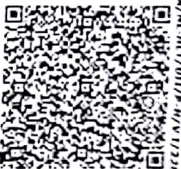
PERIOD OF INSURANCE
FROM 00:00hrs of 18/09/2017
To MIDNIGHT on 17/09/2018

Insured
MR DOSHI VINOD MANSHUKHLAL
12/120, NIDHI APTS., NR SHASTRINAGAR, NARANPURA,
AHMADABAD
GUJARAT-380013

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

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uic.co.in>, Email: info@uic.co.in
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POLICY NO.: 060200281P108429237
 UIC NO.: 1804/PL/11/011P-NY/1228/13-14



INDIVIDUAL HEALTH POLICY

SCHEDULE

Policy Number	060200281P108429237		Previous Policy No.	060200281P10592179
Name/ID	MR DOSHI VINOD MANSUKHLAL / 23027258967		Tel (R)	9460272172
Insured Detail	Tel (O) _____ Email _____ Business Description _____		Mobile	9460272172
Period of Insurance	From	00:00hrs of 18/09/2017	To	17/09/2018
Contribution	UIC 060200 : 100%			

Details of the Persons Covered					
No	Name of Insured Person	Sex	Relation	Occup.	Nominee
1	VINOD	Male	Self	Retired	USHA SEN
2	USHA SEN	Female	Spouse	Housewife	DOSHI VINODRAI
					MANSUKHLAL
					Spouse

Sl No	Name of Insured Person	Age	Policy Type	Sum Insured (₹)	Dom. Hosp. Charge (₹)	Hospital Cash (₹)	Premium (₹)	Inception date of first policy	Last Claimed Date
1	VINOD	64	60d	300000	45000	0	12250	18/09/2001	
2	USHA SEN	64	60d	275000	42500	0	9350	18/09/2001	

Total Basic Premium :	₹ 21600	Family Discount :	1018.75	Premium (GST 19%) :	19,356.00
SAIT Discount :	₹ 0	No Claim Disc. :	1225	SCST (19%) :	1,742.00
Net Premium :	₹ 19,356.00			Stamp duty :	1.00
Assignee's Name :				Total :	22,840.00
				Receipt Number :	10106020017108495980
				Receipt Date :	13/09/2017
				Agent/Broker Code :	AG00011564
				SHAH PRATIMA B	
				Direct Business :	
				Development Officer Code :	

Notice or 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	M/S Med Save Health Care	Address of TPA	F-701A, 1st Floor, Behind Golf Course, New Delhi, Pin Code : 110030, Telephone No. : 011-29521061-66	Toll Free no of TPA	1100111142
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This Schedule and the attached policy shall be read together as one contract and agreement to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

*Terms, conditions and clauses attached as per the respective individual schedule.

CONSOLIDATED INSURANCE STAMP DUTY PAID VIDE
ORDER NO. GHM-2017-15-M-STP-12207-372-H-2
DATED 28.03.2017



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1. Major surgeries include cardiac surgery, brain tumour surgery, liver cancer resection, lung cancer resection, prostate cancer resection, hysterectomy, hip, knee, joint replacement surgery, organ transplant.	13. Radiology	24. Transcatheter aortic valve replacement
2. The above risks specified are applicable per hospitalisation / surgery.	14. Urology	25. Radiation therapy
3. Hospitalisation in respect of each... Actual expenses incurred subject to maximum of 10% of sum insured whichever is less.	15. Infection and drainage of abscess	26. Neurology
4. Expenses on hospitalisation for minimum period of 24 hours are admissible. However, this limit is not applied to specific treatments, such as:	16. Vascular surgery	27. Geriatrics
5. Company's liability for all claims admitted in respect of any/all insured persons during the period of insurance shall not exceed the sum insured stated in the schedule.	17. Wound suturing	28. Plastic surgery
6. Expenses on hospitalisation for minimum period of 24 hours are admissible. However, this limit is not applied to specific treatments, such as:	18. FES	29. Prosthetics
7. Endoscopy	19. Haemodialysis	30. Speech therapy
8. D & C	20. Prostatectomy / hysterectomy	31. Transplantation
9. Excision of Cyst/granuloma / lump	21. Mastectomy	32. Liver resection
10. Eye surgery	22. Hydronephrosis	33. Spinal surgery
11. Fracture/dislocation including	23. Hydrocele	34. Vascular graft placement
12. Fracture/dislocation including		

This condition will also not apply in case of stay in hospital of less than 24 hours provided the treatment is undertaken under General or Local Anesthesia in a hospital/clinic care center in less than 24 hours because of technological advancement and which would have otherwise required a hospitalization of more than 24 hours. Prevalence of such cases is not expected to be an event of conversion as an inpatient in the hospital for more than 24 hours or carried out in Day Care Center.

2.2 Concomitant hospitalisation means medical treatment for a period exceeding three days for such an illness/disease/condition under any of the following circumstances:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- The patient takes treatment at home on account of non-availability of room in a hospital.

Subject however that concomitant hospitalisation benefits shall not cover.

- Expenses incurred for pre and post hospital treatment and
- Expenses incurred for treatment for any of the following illnesses:
 - Acute
 - Bronchitis
 - Chronic Nephritis and Nephritic Syndrome
 - Chronic and all type of Dysenterias including Gastroenteritis
 - Diabetes, Melitus and Insipidus
 - Epilepsy
 - Hypertension
 - Influenza, Cough and Cold
 - All Psychiatric or Psychosomatic Disorders
 - Pyrexia of unknown Origin for less than 10 days
 - Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharyngitis
 - Asthma, Gout and Rheumatism

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