



New India Floater Mediclaim Policy

UIN : NIAHLIP20105V031920

Policy Schedule

Current Policy No	21040034202800003350	Current Policy Period	From:23/08/2020 08:28:30 PM To:22/08/2021 11:59:59 PM
Previous Policy No		Previous Policy Period	
Policyholder's Details			
Policyholder Name	VIRAL MOTILAL TANNA	Customer ID	ME12154396
		PAN Card No	ACDPT9921E
		Mobile No/Phone No	8980022111
Policyholder's address	B/58,SHIV DARSHAN BUNGLOWS,IOC ROAD, CHANDKHEDA,GANDHINAGAR .GUJARAT AREA ,GUJARAT, 382424	Email id	Viral.tanna2004@gmail.com,
		Name of the Nominee	PRARTHANA
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	CDU-4 AHMEDABAD (210400)	Office Contact No	07927470831 / 7927470135
Office Email Id	nia.210400@newindia.co.in	Development Officer	DIRECT BUSINESS (1D6341883)
		Name of the Agent/Intermediary	MR.NURALI B. AVADIYA (NIA1D6334538)
Office Address	321, 3RD FLOOR, BINALI COMPLEX, IN FRONT OF AEC ZONAL OFFICE, SOLA ROAD, NARANPURA PIN CODE: 380013 ,380013	Contact No. of Agent/Intermediary	NA / 07925501631,
		E-mail id of Intermediary	/
Regional Office	AHMEDABAD R.O. (210000)	GSTIN	24AAACN4165C2ZW
Regional Contact No	07926585247/07926585872	SAC	997139 (Other non-life insurance services excl RI)
Details Of TPA (Notice or Communication to be given in respect of claim)			
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		

Highlights of New India Floater Mediclaim Policy*

* Day one baby cover.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
	* Please refer to policy document for detailed terms and conditions.



Important

- *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.
- 2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
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.
- * Please visit <https://www.newindia.co.in> 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.

Insured Persons details						
S. No	Name of the Insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	VIRAL MOTILAL TANNA(ME12154396)	10/11/1976(43)	M	SELF	23/08/2020	N
2	PRARTHANA (ME12154405)	08/03/1977(43)	F	SPOUSE	23/08/2020	N
3	HITAARTH (ME12154406)	05/07/2008(12)	M	CHILD	23/08/2020	N
4	RUDRA (ME12154407)	21/11/2014(5)	M	CHILD	23/08/2020	N

Floater Sum Insured	800000	Floater Cumulative Bonus	0
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Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
1	VIRAL MOTILAL TANNA	6404	0	0	0	961	5443
2	PRARTHANA	6404	0	0	0	961	5443
3	HITAARTH	2558	0	0	0	384	2174
4	RUDRA	2558	0	0	0	384	2174

	Total Gross Premium(Without GST)	15234
	CGST(@9%)	1371
	SGST(@9%)	1371
Net Premium in Words(RUPEES SEVENTEEN THOUSAND NINE HUNDRED SEVENTY-SIX ONLY)	IGST	0
	Total GST	2742
	Net Premium(With GST)	17976

*This Policy is subject to terms and conditions of New India Floater Mediclaim.

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 23rd day of August 2020.



Date of Issue: 23/08/2020

(Mr. Indravadan Khandav)
[Divisional Manager]

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



Insurer Office Code	:	CDU-4 AHMEDABAD (210400)
Address	:	321, 3RD FLOOR, BINALI COMPLEX, IN FRONT OF AEC ZONAL OFFICE, SOLA ROAD, NARANPURA PIN CODE: 380013 ,380013
Telephone	:	07927470831 / 7927470135
Fax	:	07927470045

New India Floater Mediclaim

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

This is to certify that Mr./Mrs. VIRAL MOTILAL TANNA has paid ₹ 17976 towards premium for New India Floater Mediclaim for the period 23/08/2020 08:28:30 PM to 22/08/2021 11:59:59 PM

Policy no.	:	21040034202800003350
Receipt no. & date	:	10000089200800390510 23/08/2020

Date of Issue: 23/08/2020

(Mr. Indravadan Khandav)
[Divisional Manager]
**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)



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 Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Tax Invoice No : 21040020P0018163

IRDA Registration Number: 190