



United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No 545
Website: <http://www.uiic.co.in>



16th Apr, 2025

Your INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE

Dear MR BABUBHAI M PATEL

Welcome to United India Insurance Company Limited!

It is with great pleasure that we present this policy to you. We are honoured that you have chosen us for your health insurance needs.

We are confident you have made the right choice and we shall leave no stone unturned to ensure that you are satisfied with the level of service and insurance protection you receive.

Indeed, we are one of the largest Insurers in the country with a history of more than 80 years of untiring service to the nation through our all-India network of 1400+ offices and have brought a smile to crores of customers.

At United India, it is always **U** before **I**.

YOUR POLICY No. 0677002824P105065672

This Policy Schedule along with the attached Policy Wordings define the cover that, You, the Policyholder, and other Insured Persons mentioned in this Schedule, have under this Policy, for the period of insurance as mentioned below.

Hence, please read this Schedule, along with the Wordings carefully so that you understand the terms and conditions of your policy along with the coverage that you have been provided.

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

Individual Health Insurance Policy Schedule
UIN. UIIHLIP24089V052324

IMPORTANT!

The Policy schedule along with the Policy Wordings and any Endorsements, form the basis of contract between you and United India. This contract is based on the statements and declaration provided in the Proposal Form by you.

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 the Schedule shall bear the same meaning wherever it may appear.

If any of the information mentioned in this Schedule is incorrect or if you wish to update your existing information, please contact us immediately.

IMPORTANT NOTICE: Kindly update your AADHAAR no. and PAN/Form 60. Please ignore if already updated.

POLICY ISSUING OFFICE

United India Insurance Company Limited
2ND FLOOR, UNITED INDIA BHAWAN, NR, INCOME TAX
CIRCLE,,ASHRAM ROAD, AHMEDABAD, AHMADABAD-380014
GUJARAT
Phone: (79) 27546652 Fax: (79) 27546653 Email:

For any Information, Service Requests and Grievances please contact the above office.

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**United India Insurance Company Limited**

Registered Office: 24 Whites Road, Chennai, 600 0 14

IRDAI Reg. No 545

Website: <http://www.uiic.co.in>**POLICY NO.:0677002824P105065672**

Scan this QR code to obtain details about your policy.

POLICY DETAILS

Policyholder Name : MR BABUBHAI M PATEL
Policyholder ID : 1294067060
Policy No. : 0677002824P105065672
Previous Policy No. : 0677002823P103671244
Period of Insurance : From 00:00 hrs of 11/07/2024 To Midnight on 10/07/2025

YOUR CONTACT INFORMATION

Address : C-34, VIMALNATH SOCIETY, OPP JAIN TEMPLE, BAPUNAGAR DIST AHMADABAD, GUJARAT
AHMADABAD
GUJARAT-380024
Tel (O/R) :
Mobile : *****6552
Fax :
E-Mail : *****@yahoo.com
Business/Occupation : Others

Coininsurance	UIIC 067700 : 100%
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DETAILS OF INSURED PERSONS

Insured Name	DOB & Age/Gender	ABHA ID	Relation	Occupation	Nominee Name	Nominee Relation	PEDs' declared	Inception Date of first policy
BABUBHAI M PATEL	18/08/1974 & 49/M		Self	Salaried	M.PATEL	Spouse	None	11/07/2006

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured(₹)	Domiciliary Hospitalisation Limit(₹)	Daily Cash Cover
BABUBHAI M PATEL	Platinum	1,000,000.00	50,000.00	Not Opted

PREMIUM BREAK DOWN

Insured Name	Base Cover Premium(₹)	Optional Cover Premium(₹)	Loading for PEDs'(₹)	Family Discount(₹)	Direct Channel Discount(₹)	Total Annual Premium(₹)
BABUBHAI M PATEL	19,510.00	0.00	0.00	0.00	0.00	19,510.00

Individual Health Insurance Policy Schedule**UIN. UIIHLIP24089V052324**

Telephone Numbers	18604250251/080-46267018	18604250251/080-46267018	18604250251/080-46267018	18604250251/080-46267018
Email IDs	help@vidalhealthtpa.com	help@vidalhealthtpa.com	Intimation@vidalhealthtpa.com	greivances@vidalhealthtpa.com



UNITED INDIA INSURANCE COMPANY LIMITED

INDIVIDUAL HEALTH INSURANCE POLICY
UIN. UIIHLIP24089V052324
POLICY NO.: 0677002824P105065672

Details of Previous Policies

Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	0677002823P103671244	11/07/2023	10/07/2024	1000000
UNITED INDIA INSURANCE CO.LTD.	0677002822P103088622	11/07/2022	10/07/2023	1000000
UNITED INDIA INSURANCE CO.LTD.	0606002821P103112564	11/07/2021	10/07/2022	800000
UNITED INDIA INSURANCE CO.LTD.	0606002820P103524801	11/07/2020	10/07/2021	500000

INDIVIDUAL HEALTH INSURANCE POLICY
CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

• This document provides key information about your Individual Health Insurance Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

SI No	Title	Description		Policy Clause No
1	Name of Insurance Policy	Individual Health Insurance Policy		-
2	Policy Number	0677002824P105065672		-
3	Type of Insurance Policy	Indemnity Policy		
4	Sum Insured Basis Sum Insured	Individual Sum Insured Basis		II.B.16
		Name	SI(Rs.)	
		BABUBHAI M PATEL	1000000	
5	Policy Coverage (What the Policy Covers?)	Base Covers		
		1. In-Patient Hospitalisation Expenses		III.A.1
		i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses.		
		ii. All Day Care Treatments are covered		
		iii. Covers hospitalization expenses for an Organ Donor's treatment for the harvesting of Organ which is donated to the Insured		
		2. Pre-Hospitalisation and Post-Hospitalisation Expenses		III.A.2
		Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined. (this sub-limit is only for Gold & Senior Citizen plans).		
		3. Domiciliary Treatment		III.A.3
		Covers expenses incurred for availing treatment at home which would otherwise require hospitalization		
		5. Road Ambulance		III.A.4
Covers expenses incurred incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency upto Rs. 2,500 per policy period				
6. Modern Treatment Methods & Advancement in Technologies		III.A.5		
Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.				
7. Cost of Health Check-Up		III.A.6		
Insured Person is entitled to a health check-up for a block of every three claim-free years				
OPTIONAL COVERS				
1. Daily Cash Allowance on Hospitalization		III.B.1		
A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.				
6	Exclusions (What the hospital does not cover)	The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions 1. Admission primarily for investigation & evaluation (Code - Excl04) 2. Admission primarily for rest cure, rehabilitation, and respite care (Code -		IV.B.4 IV.B.4

		Excl05) 3. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries. (Code - Excl15) 4. Any expenses incurred on Out-patient treatment (OPD treatment) 5. Congenital External Diseases or Defects or anomalies 6. Cost of hearing aids; including optometric therapy 7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation 8. Intentional self-inflicted Injury or attempted suicide 9. Routine eye-examination expenses, cost of spectacles, contact lenses 10. Vaccination or inoculation of any kind unless it is post animal bite.	IV.B.15 IV.C.3 IV.C.8 IV.C.9 IV.C.11 IV.C.12 IV.C.13 IV.C.18																						
7	Waiting Period	Initial Waiting Period: 30 days for all illness (not applicable on renewal or for accidents) Specific Waiting Periods 1.24 months for certain specified diseases/procedures/treatments 2. 48 months for certain specified diseases/procedures/treatments Pre-Existing Diseases: Covered after forty-eight (48) months of continuous coverage (Note: the above waiting periods are applicable only for Gold & Senior Citizen plans)	IV.A.3 IV.A.2 Table A IV.A.2 Table B IV.A.1																						
8	Financial Limits of Coverage: i.Sub-Limits	The policy will pay only you to the limits specified hereunder for the following diseases/procedures: 1.Cataract (only for Gold & Senior Citizen Plan): 25% of Sum Insured subject to a maximum of Rs. 40,000 per eye 2. Hernia &Hysterectomy (only for Gold & Senior Citizen Plan): 25% of Sum Insured subject to a maximum of Rs. 1,00,000 per surgery/hospitalization 3. Major Surgeries (only for Gold & Senior Citizen Plan): up to 70% of the Sum Insured for surgeries including Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant. 4. Pre-Post Hospitalization Expenses combined(only for Gold & Senior Citizen Plan): 10% of S.I 5. Domiciliary Hospitalization: <table><tr><th>Sum Insured (in Rs.)</th><th>Annual Limit (in Rs.)</th></tr><tr><td>50,000</td><td>10,000</td></tr><tr><td>75,000</td><td>15,000</td></tr><tr><td>100,000</td><td>20,000</td></tr><tr><td>125,000</td><td>23,750</td></tr><tr><td>150,000</td><td>27,250</td></tr><tr><td>175,000</td><td>31,250</td></tr><tr><td>200,000</td><td>35,000</td></tr><tr><td>225,000</td><td>37,500</td></tr><tr><td>250,000</td><td>40,000</td></tr><tr><td>275,000</td><td>42,500</td></tr></table>	Sum Insured (in Rs.)	Annual Limit (in Rs.)	50,000	10,000	75,000	15,000	100,000	20,000	125,000	23,750	150,000	27,250	175,000	31,250	200,000	35,000	225,000	37,500	250,000	40,000	275,000	42,500	IV.A.1.2 IV.A.1.2 IV.A.1.2 III.A.2 Annexure-3
Sum Insured (in Rs.)	Annual Limit (in Rs.)																								
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		<table><tr><td>300,000</td><td>45,000</td></tr><tr><td>325,000</td><td>47,500</td></tr><tr><td>350,000 - 1,000,000</td><td>50,000</td></tr><tr><td>1,500,000</td><td>75,000</td></tr><tr><td>2,000,000</td><td>100,000</td></tr></table>	300,000	45,000	325,000	47,500	350,000 - 1,000,000	50,000	1,500,000	75,000	2,000,000	100,000	
300,000	45,000												
325,000	47,500												
350,000 - 1,000,000	50,000												
1,500,000	75,000												
2,000,000	100,000												
ii.Co-payment iii.Deductible iv.Any Other Limit	6. Road Ambulance: Rs. 2,500 per person per policy period	III.A.5											
	7. Health Check: upto 1% of Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per policy period.	III.A.7											
	ii. No co-payment	III.A.1.i											
	iii.Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization	III.A.1.ii											
	iv. In-Patient Hospitalisation expenses												
	<table><tr><td>Room Rent</td><td>1% of Sum Insured per day</td></tr><tr><td>ICU/ICCU charges</td><td>2% of Sum Insured per day</td></tr></table>	Room Rent	1% of Sum Insured per day	ICU/ICCU charges	2% of Sum Insured per day								
Room Rent	1% of Sum Insured per day												
ICU/ICCU charges	2% of Sum Insured per day												
	Proportionate Payment Clause: In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.	III.A.1.1.i.1											
9	Claims Procedure Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility 2 hours ii. TAT for cashless final bill authorization 3 hours Link for below: i. Network Hospitals details: https://uiic.co.in/en/tpa-ppn-networkhospitals ii.Helpline number: https://uiic.co.in/en/tpa-ppn-networkhospitals iii. Excluded Providers: https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf Downloading claim form: https://uiic.co.in/en/claims/claim-forms	V.B.5.ii V.B.5.ii IV.B.11											
10	Policy Servicing Call service number of insurer: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule. Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	V.A.14											
11	Grievance/Complaint In case of any grievance, you may contact UIIC through: a.Website: www.uiic.co.in b.Toll Free Number: 1800 425 333 33 c.E-Mail: customercare@uiic.co.in d.You may also approach the grievance cell at any of our branches with details of the grievance Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure - 3 in the Policy Wordings.												
12	Things to remember Free Look cancellation : You are allowed a period of 15 days from date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This is not applicable on renewals. If the Insured has not made any claim during the free look period, the Insured shall be entitled to: If the Insured has not made any claim during the free look period, the Insured shall be entitled to:	V.A.7											

		<p>i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or</p> <p>ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period</p> <p>Policy renewal : Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration : Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date.</p> <p>Portability: Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p>	<p>V.A.7.i</p> <p>V.A.7.ii</p> <p>V.A.7.iii</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p>
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s. Policyholder is required to disclose all material information such as, but not limited to, preexisting diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure, misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC.</p> <p>Nomination: Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder.</p>	V.A.5

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

Legal Disclaimer Note:The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.



UNITED INDIA INSURANCE COMPANY LIMITED

2ND FLOOR, UNITED INDIA BHAWAN, NR, INCOME TAX CIRCLE,, ASHRAM ROAD, AHMEDABAD ,
AHMADABAD - 380014 GUJARAT

PH: (79) 27546652 FAX: (79) 27546653 EMAIL:

Premium Certificate for the purpose of deduction under Section 80-D of Income Tax (Amendment) Act, 1986.

This is to certify that MR BABUBHAI M PATEL has paid ₹23,022.00 (Twenty-three thousand twenty-two rupees only) towards Premium for INDIVIDUAL HEALTH POLICY for the period from 00:00 hrs On 11/07/2024 To Midnight of 10/07/2025

Policy No: 0677002824P105065672

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

Authorised Signatory

Place: DO 7 AHMEDABAD 067700
Date:16/04/2025 11:21:46 AM

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.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>, Email - info@uiic.co.in

Individual Health Insurance Policy Schedule
UIN. UIIHLIP24089V052324

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(ARCHIVED POLICY)