



## UNITED INDIA INSURANCE COMPANY LIMITED

PLOT NO.3, IIND FLOOR, ABOVE STATE BANK OF INDIA, TRANSPORT NAGAR,JAIPUR,RAJASTHAN Ph No :0141-5113162,5113163  
JAIPUR 302001 RAJASTHAN  
PH: (141) 5113161 FAX: (141) 2643451 EMAIL:

FAMILY MEDICARE POLICY  
UIN. UIIHLIP22070V042122  
POLICY NO.: 1404002823P108141350

PERIOD OF INSURANCE  
FROM 00:00 Hrs on 19/10/2023  
To MIDNIGHT on 18/10/2024

### *Insured*

MR OM PRAKASH SAINI

12,VISHNU NAGAR,BENAD ROAD,NEAR BY PASS BRIDGE, JHOTWARA JAIPUR

302012  
JAIPUR  
RAJASTHAN

**IMPORTANT NOTICE:** KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : RAJENDRA KUMAR JANGID  
Agent Code : AGD0075725  
Mobile/Landline Number/Email : 9828011307  
rajendrajangid64@yahoo.in

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests and Grievances please write to [140400@uiic.co.in](mailto:140400@uiic.co.in)

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>

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## FAMILY MEDICARE POLICY

Policy Number	1404002823P108141350				Previous Policy No.	1404002822P106875539	
Insured Detail	Name/ID	MR OM PRAKASH SAINI / 23018615253					
	Tel.(O)		Tel.(R)		Fax		
	EEmail	durga.industries@rediffmil.com				Mobile	9314653711
	Business/Occupation		Others				
Period Of Insurance	From	00:00hrs of 19/10/2023			To	Midnight on 18/10/2024	
Policy Type	Family Floater Basis		Family Floater SI(₹)		500,000.00		

Coinsurance	UIIC 140400 : 100%
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## Insured Details

Sl no	Insured Name	Age/Gender	ABHA ID	Relation	Occupation	Pre-Existing Disease / Condition declared	Inception Date of first policy	Nominee Name	Nominee Relation	Base Cover Premium(₹)
1	SH.OM PRAKASH SAINI	42/M		Self	Salaried	None	19/10/2012	GUDDI SAINI	Spouse	15,641.00
2	SMT.GUDDI SAINI	40/F		Spouse	Unemployed	None	19/10/2012	SH.OM PRAKASH SAINI	Spouse	
3	ASHOK SAINI	20/M		Son	Unemployed	None	19/10/2012	SH.OM PRAKASH SAINI	Father	
4	VINAY SAINI	18/M		Son	Unemployed	None	19/10/2012	SH.OM PRAKASH SAINI	Father	

## Optional Cover &amp; Premium Details

Hospital Daily Cash Limit (Per Day)(₹)	500.00	Hospital Daily Cash Limit (Per Policy)(₹)	5,000.00
Restore SI Opted	Yes	Pre-Existing Disease/ condition loading	No
Maternity & New Born Baby Cover Opted		No	

Total Basic Premium(₹)	15,641.00
Add Hospital Daily Cash Premium(₹)	400.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	50.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less No Claim Discount(₹)	2,346.15
Less Online Discount(₹)	0.00

Premium:	₹	13,745.00
CGST(9%)	₹	1,237.00
SGST(9%)	₹	1,237.00
Stamp Duty:	₹	1.00
Total:	₹	16,219.00
Receipt Number :	10114040023109321463	
Receipt Date:	11/10/2023	

Agent Name	RAJENDRA KUMAR JANGID	Agent/Broker Code	AGD0075725
Development Officer Name		Development Officer Code	

**POLICY NO.:1404002823P108141350**

**UIN. UIIHLIP22070V042122**

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	08AAACU5552C1ZJ
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	2823I108141350 & 11/10/2023
<b>Amount Subject to Reverse Charges-NIL</b>			

**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.**

**Anti Money Laundering Clause:**-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration: 19/10/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 2 JAIPUR 140400 on this 10th day of October ,2023.

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



Affix  
Policy  
Stamp  
Here

**Authorised Signatory.**

**Underwritten By - RAJJAN00 ( DIRECT AGENT )**

**Details of TPA:**

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals &amp; Claims Settlement.

<b>Name of TPA/ID</b>	HERITAGE HEALTH INSURANCE TPA PVT. LTD. / TPA00014			
<b>Address</b>	NICCO HOUSE, 2 ,HARE STREET, 5TH FLOOR, KOLKATA-700001, Pin Code : 700001, Fax No :			
<b>Toll Free number</b>	18001024547			
<b>Contact Details</b>	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Claim intimation</b>	<b>For Grievances</b>
<b>Telephone Numbers</b>	033-40145100	033-40557600	033-40145200	033-40334141
<b>Email IDs</b>	<a href="mailto:heritage_health@bajoria.in">heritage_health@bajoria.in</a>	<a href="mailto:heritagecashlesskol@gmail.com">heritagecashlesskol@gmail.com</a>	<a href="mailto:heritage_health@bajoria.in">heritage_health@bajoria.in</a>	<a href="mailto:tpa-grievance@bajoria.in">tpa-grievance@bajoria.in</a>



## UNITED INDIA INSURANCE COMPANY LIMITED

**INDIVIDUAL FAMILY MEDICARE POLICY**  
**UIN. UIIHLIP22070V042122**  
**POLICY NO.: 1404002823P108141350**

### Details of Previous Policies

Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	1404002822P106875539	19/10/2022	18/10/2023	500000
UNITED INDIA INSURANCE CO.LTD.	1404002821P107136118	19/10/2021	18/10/2022	300000
UNITED INDIA INSURANCE CO.LTD.	1404002820P108017836	19/10/2020	18/10/2021	300000
UNITED INDIA INSURANCE CO.LTD.	1404002819P109604813	19/10/2019	18/10/2020	250000



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JAIPUR - 302001 RAJASTHAN

PH: (141) 5113161 FAX: (141) 2643451 EMAIL:

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

This is to certify that MR OM PRAKASH SAINI has paid ₹16,219.00 ( Sixteen thousand two hundred nineteen rupees only) towards Premium for FAMILY MEDICARE POLICY for the period from 00:00 hrs On 19/10/2023 To Midnight of 18/10/2024

Policy No: **1404002823P108141350**

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

Place: **DO 2 JAIPUR 140400**  
Date: **11/10/2023 5:12:17 PM**

A handwritten signature in blue ink, appearing to be 'L', is written over a light blue rectangular background.

Authorised Signatory

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](mailto:info@uiic.co.in)

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