



## UNITED INDIA INSURANCE COMPANY LIMITED

133, JEHANGIR BUILDING 1 ST FLOOR, MG ROAD Fort, Mumbai  
GREATER MUMBAI 400001 MAHARASHTRA  
PH: (022) 22626425,(022) 22626421 FAX: (22) 22622143 EMAIL:

**FAMILY MEDICARE POLICY 2014**  
**UIN NO. IRDA/NL-HLT/UII/P-H/V.II/231/13-14**  
**POLICY NO.: 0212002815P116060397**

**PERIOD OF INSURANCE**  
**FROM 00:00 Hrs on 22/03/2016**  
**To MIDNIGHT on 21/03/2017**

### *Insured*

**MR MR. JAIPRAKASH G. VARMA**

58, GOA STREET, R.NO-5, 1ST FLR, DR. SUNDER LAL, BHAL PATH, FORT,MUMBAI DIST. : RAIGARH, MAHARASHTRA

400001  
GREATER MUMBAI  
MAHARASHTRA

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

Agent Name : REKHA JATIN DESAI  
Agent Code : AGD0063667  
Mobile/Landline Number/Email : 9892249469

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 [021200@uiic.co.in](mailto:021200@uiic.co.in)

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

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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 2014**

Policy Number	0212002815P116060397	Previous Policy No	0212002814P111690136
Name/ID Of Insured	<b>MR MR. JAIPRAKASH G. VARMA /1156688729</b>		
Tel. (O)		Tel(R)	
Business/Occupation	Executive - Senior Level	Mobile	9820908875
Period Of Insurance	From 00:00 Hrs of 22/03/2016	Email	jaiprakashvarma8@gmail.com
		To Midnight of 21/03/2017	

<b>Coinsurance</b>	UIIC 021200 : 100%
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**Insured Details**

Sl no	Insured Name	Age(In Years)	Sex	Relation	Occupation	Nominee Name	Nominee Relation
1	MR. JAIPRAKASH G. VARMA	40	Male	Self	Salaried	MRS. USHA	Spouse
2	MRS. USHA	41	Female	Spouse	Unemployed	MR. JAIPRAKASH	Spouse
3	MRS. ROSHNI	13	Female	Daughter - Unmarried	Unemployed	MRS. ROSHNI	Other
4	MS. RASHMI	11	Female	Daughter - Unmarried	Unemployed	MR. JAIPRAKASH	Father
5	MST.SIDDHARTH J.	4	Male	Son	Unemployed	MR. JAIPRAKASH	Father

Sl no	Insured Name	Pre-Existing Disease / illness declared	Last Claimed Date	Inception Date of first policy
1	MR. JAIPRAKASH G. VARMA			22/03/2005
2	MRS. USHA			22/03/2005
3	MRS. ROSHNI			22/03/2005
4	MS. RASHMI			22/03/2005
5	MST.SIDDHARTH J.			22/03/2012

Optional Covers :	
Sum Insured Opted	₹500,000.00
Premium	14,060.00
Staff Discount :	₹0
6. Claim Discount :	₹0
7. Period of Insurance : From : <b>22/03/2016</b> To : <b>21/03/2017</b>	
Notice or communication to be given in respect of a claim or for any other reason to TPA/Insurer	
Agent:REKHA JATIN DESAI	Premium :
Agent Contact No:9892249469	Service Tax
	Swachh Bharat Cess
	Krishi Kalyan Cess
	Stamp duty :
	Total :
	Receipt Number :
	Receipt Date :
	STax Regn No.
	Agent/Broker Code:
	Dev. Officer Code :

**Free Medical Second Opinion for listed illnesses**

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.

**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: 22/03/2016

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 12 MUMBAI 021200 on this 25th day of March ,2016.

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



Affix  
Policy  
Stamp  
Here

**Authorised Signatory.**

**Underwritten By - SAP19016 ( DO UW CUM CASHIER )**

**Details of TPA:**

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

<b>Name of TPA/ID</b>	MDIndia Health Insurance TPA Pvt Ltd / TPA00012			
<b>Address</b>	S. NO. 46/1, E Space, A-2 Building, 3rd Floor, Pune nagar Road, Vadgaonsheri, Pune - 411014, Pune Nagar Road, Wadgaon -Sheri, Pin Code : 411014, Fax No :			
<b>Toll Free number</b>	1800 209 7777 (Reimbursement) ; 1800 209 7800 (Cashless)			
<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>	18002097777	18002097800	18002097777	18002097777
<b>Email IDs</b>	<a href="mailto:customercare@mdindia.com">customercare@mdindia.com</a>	<a href="mailto:authorisation@mdindia.com">authorisation@mdindia.com</a>	<a href="mailto:customercare@mdindia.com">customercare@mdindia.com</a>	<a href="mailto:grievance@mdindia.com">grievance@mdindia.com</a>



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GREATER MUMBAI - 400001 MAHARASHTRA

PH: (022) 22626425,(022) 22626421 FAX: (22) 22622143 EMAIL:

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

This is to certify that MR MR. JAIPRAKASH G. VARMA has paid ₹14,060.00 ( Fourteen thousand sixty rupees only) towards Premium for FAMILY MEDICARE POLICY for the period from 00:00 hrs On 22/03/2016 To Midnight of 21/03/2017

Policy No: **0212002815P116060397**

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

Authorised Signatory

Place: **DO 12 MUMBAI 021200**  
Date: **06/04/2023 3:04:32 PM**

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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