



UNITED INDIA INSURANCE COMPANY LIMITED

16, RALLIS BUILDING, HARE STREET, BBD BAGH KOLKATA, KOLKATA, WEST BENGAL, KOLKATA-700001 WEST BENGAL
PH: (033) 22488989 Fax: EMAIL:

INDIVIDUAL HEALTH INSURANCE POLICY
UIN NO. IRDA/NL-HLT/UII/P-H/V.I/228/13-14
POLICY NO.: 0303002817P102643670

PERIOD OF INSURANCE
FROM 00:00hrs of 21/05/2017
To MIDNIGHT on 20/05/2018

Insured

MR MR. BIKRAM CHOUDHURY

141, DUM DUM PARK DIST. : KOLKATA, WEST BENGAL

NORTH TWENTY FOUR PARGANAS
WEST BENGAL-700055

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

Agent Name : ARUNAVA SAHA
Agent Code : AGD0103796
Mobile/Landline Number/Email : 9163126197
: arunavasaha07@gmail.com

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

For any Information, Service Requests and Grievances please write to 030300@uiic.co.in

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

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

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INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE

Policy Number	0303002817P102643670	Previous Policy No.	0303002816P102251286
Insured Detail	Name/ID MR MR. BIKRAM CHOUDHURY /1165664313		
	Tel.(O)	Tel.(R)	Fax
	Email 153bikramjit@gmail.com	Mobile	9903033214
	Business/Occupation	Service	
Period Of Insurance	From 00:00hrs of 21/05/2017		To Midnight on 20/05/2018

Coinsurance	UIIC 030300 : 100%
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Details of the Persons Covered

SI No	Name Of Insured Person	Gender	Relation	Occupn.	Nominee	Nominee Relationship	Pre-Existing illnesses/diseases declared *
1	MR. BIKRAM CHOUDHURY	Male	Self	Salaried	K CHOUDHURY	Spouse	
2	KAJAL CHOUDHURY	Female	Spouse	Unemployed	B CHOUDHURY	Spouse	
3	RISHAV CHOUDHURY	Male	Son - Studying	Unemployed	DO	Father	

SI No	Name of insured person	Age	Plan	Sum Insured (₹)	Dom.Hosp Limit(₹)	Amb Charge(₹)	Hospital Daily Cash(₹)	Premium(₹)	Inception date of first policy	Last Claimed Date
1	MR. BIKRAM CHOUDHURY	57	Gold	250000	40000	0	0	8050	21/05/2004	
2	KAJAL CHOUDHURY	47	Gold	200000	35000	0	0	5000	21/05/2004	
3	RISHAV CHOUDHURY	23	Platinum	150000	27250	0	0	1800	21/05/2004	

Total Basic Premium :	₹14850	Family Discount :	₹ 674.5	Premium	₹12,816.00
PAN Number :	ABUPC2941D	No Claim Disc :	₹ 1360	Service Tax	₹1,794.00
Staff Discount :	₹0			Swachh Bharat Cess	₹64.00
Net Premium :	₹12,816.00			Krishi Kalyan Cess	₹64.00
Assignee's Name:				Stamp duty	₹1.00
				Total	₹14,738.00
				Receipt Number	10103030017102495918
				Receipt Date	17/05/2017
				STax Regn. No	AAACU5552CST001
				Agent/Broker Code:	: AGD0103796
				ARUNAVA SAHA	
				Direct Business:	:
				Development Officer Code:	:

Notice or communication in respect of claim or for any others 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.

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.

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

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: 21/05/2017

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at
DO 3 KOLKATA on this 17th day of May ,2017.

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



Affix
Policy
Stamp
Here

Authorised Signatory.

Underwritten By - DUD25522 (DO UNDERWRITER)

Details of TPA:

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

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



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KOLKATA - 700001 WEST BENGAL

PH: (033) 22488989 FAX: 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. BIKRAM CHOUDHURY has paid ₹12,816.00 (Twelve thousand eight hundred sixteen rupees only) towards Premium for INDIVIDUAL HEALTH POLICY for the period from 00:00 hrs On 21/05/2017 To Midnight of 20/05/2018

Policy No: 0303002817P102643670

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

Place: DO 3 KOLKATA 030300

Date: 12/05/2023 1:13:45 PM

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

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