



New India Floater Mediclaim Policy

UIN: NIAHLIP21278V042021

Policy Schedule

Current Policy No	6208003	34212800000045	Current Policy Period		From:01/06/2021 12:00:01 AM To:31/05/2022 11:59:59 PM	
Previous Policy No	6208003	34202800000038	Previous Policy Period		01-JUN-20 to 31-MAY-21	
		Policyhold	lder's Details			
Policyholder Name	JASTI VENKAT	A SREEDHAR	Customer ID	PO424	423290	
			PAN Card No	AGKPJ6637Q		
			Mobile No/Phone No	9293	116684	
Policyholder's address			Email id	sreed	dharjasti256@gmail.com,	
	PRADESH,	521101				
			Name of the Nominee		IADEVI	
			Relation with the Policy holder	Spouse		
			GSTIN	NA		
		Policy Issuing Office a	nd Intermediary Details			
Office Name and Code	and Code VIJAYAWADA D.O.II 620800 (620800)		Office Contact No	08662547358 / 08662543980		
Office Email Id	nia.620800@ne	ewindia.co.in	Development Officer	V.BAS	SIVI REDDY (2D5602816)	
			Name of the Agent/Intermediary	Mr. B	VINAY KUMAR (NIA2D5597630)	
Office Address	COMPLEX	FLOOR.DHOOM GAR BANK COLONY,NH-	Contact No. of Agent/Intermediary	93926	66369 / 9849210995	
			E-mail id of Intermediary			
Regional Office	VIZAG R.O. (62	20000)	GSTIN	37AAACN4165C2ZP		
Regional Contact No	08912751411		SAC	99713 service	33 (Accident and health insurance ces)	
D	etails Of TPA	(Notice or Communi	cation to be given in res	pect o	of claim)	
Name of the TPA	•					
customercare@mdindia.com 3RD		3RD F	. 46/1, E-SPACE, A-2 BUILDING, LOOR, PUNE-NAGAR ROAD, AONSHERI, PUNE-411014,,			
Toll Free / Contact No of the TPA	18002097800 18002097777 /					
Fax of TPA	02025300003					

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.				

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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 insued (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease		
1	JASTI VENKATA SREEDHAR(PO4 2423290)	25/07/1979(41)	М	SELF	01/06/2012	NA		
2	J.RAMA DEVI(ME052963 59)	15/07/1980(40)	F	SPOUSE	01/06/2012	NA		
3	J.SATYANARAYA NA .(ME05296379)	18/08/1953(67)	М	PARENTS	01/06/2012	NA		
4	J.ARUNA .(ME05296413)	02/07/1959(61)	F	PARENTS	01/06/2012	NA		
5	J.NEEHARI KA(ME05296444)	04/08/2006(14)	F	CHILD	01/06/2012	NA		
6	J.CHERRISH SAI(ME0529671 2)	02/11/2009(11)	М	CHILD	01/06/2012	NA		

Floater Sum Insured 200000 Floater Cumulative Bonus 50000

Cumulative Bonus Details						
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount		
1	200000	28-MAY-21	25	50000		

	Optional Cover Table					
Policy Level - Optional Cover - 1 (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	JASTI VENKATA SREEDHAR	3345	0	0	0	502	2843
2	J.RAMA DEVI	3345	0	0	0	502	2843
3	J.SATYANARA YANA .	13793	0	0	0	2069	11724
4	J.ARUNA .	13137	0	0	0	1971	11166
5	J.NEEHARI KA	1380	0	0	0	207	1173
6	J.CHERRISH SAI	1380	0	0	0	207	1173



Previous Year Policy Details									
SI. No.	Name of Insured	Company	Previous Policy No	From Date	To Date	SI	PED in Previous Policy	Claim No	Claim Amount
1	JASTI VENKATA SREEDHAR	NIA	6208003414 0400000001	01/06/201 4	31/05/201 5	300000		NA	0
2	JASTI VENKATA SREEDHAR	NIA	6208003414 0400000001	01/06/201 4	31/05/201 5	300000		NA	0
3	JASTI VENKATA SREEDHAR	NIA	6208003415 0400000001	01/06/201	31/05/201 6	300000		NA	0
4	JASTI VENKATA SREEDHAR	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
5	J.RAMA DEVI	NIA	6208003415 0400000001	01/06/201	31/05/201 6	300000		NA	0
6	J.RAMA DEVI	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
7	J.SATYANAR AYANA .	NIA	6208003415 0400000001	01/06/201	31/05/201 6	300000		NA	0
8	J.SATYANAR AYANA .	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
9	J.ARUNA .	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
10	J.ARUNA .	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000	-	NA	0
11	J.NEEHARI KA	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
12	J.NEEHARI KA	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
13	J.CHERRISH SAI	NIA	6208003415 0400000001	01/06/201	31/05/201 6	300000		NA	0
14	J.CHERRISH SAI	NIA	6208003415 0400000001	01/06/201 5	31/05/201 6	300000		NA	0
15	J.RAMA DEVI	NIA	6208003420 2800000038	01/06/202	31/05/202 1	0	N	NA	0
16	J.SATYANAR AYANA .	NIA	6208003420 2800000038	01/06/202 0	31/05/202 1	0	N	NA	0
17	J.ARUNA .	NIA	6208003420 2800000038	01/06/202	31/05/202 1	0	N	NA	0
18	J.NEEHARI KA	NIA	6208003420 2800000038	01/06/202	31/05/202 1	0	N	NA	0
19	J.CHERRISH SAI	NIA	6208003420 2800000038	01/06/202 0	31/05/202 1	0	N	NA	0

	Total Gross Premium(Without GST)	30922
	CGST(@9%)	2783
	SGST(@9%)	2783
Net Premium in Words(RUPEES THIRTY-SIX THOUSAND FOUR HUNDRED EIGHTY-EIGHT ONLY)	IGST	0
	Total GST	5566
	Net Premium(With GST)	36488

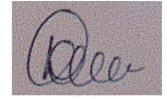
 $^{{}^*\}operatorname{This}$ Policy is subject to terms and conditions of New India Floater Mediclaim.

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



n WITNESS nis/her(thei	WHEREOF, the un r) hand(s) on this	dersigned being duly a 1st day of June 2021.	uthorized by the In	nsurers and on behalf of t	the Insurers has(have) hereunder set
at	this	day of	20		

Date of Issue: 28/05/2021



(MR. NARENDRA PHANI D.) [Admin. Officer]

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



Insurer Office Code		VIJAYAWADA D.O.II 620800 (620800)
Address		#54-15-5.2ND FLOOR.DHOOM COMPLEX SRINIVASANAGAR BANK COLONY,NH-5 ,520008
Telephone		08662547358 / 08662543980
Fax	:	08662544185

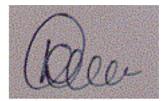
New India Floater Mediclaim

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

This is to certify that Mr./Mrs. JASTI VENKATA SREEDHAR has paid ₹ 36488 towards premium for New India Floater Mediclaim for the period 01/06/2021~12:00:01 AM to 31/05/2022~11:59:59 PM

Policy no.	:	62080034212800000045
Receipt no. & date		10000089210500604683 28/05/2021

Date of Issue: 28/05/2021



(MR. NARENDRA PHANI D.) [Admin. Officer]

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)

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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). <u>If not attached, please ask for the same</u>.

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

Tax Invoice No: 62080021E0001673

IRDA Registration Number: 190