



INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE

Policy Number	0708002819P108801859	Previous Policy No.	0708002818P108905238
Insured Detail	Name/ID	MR HITEN S VASANI / 1322924294	
	Tel.(O)	Tel.(R)	Fax
	EMail	Mobile	9880379669
	Business/Occupation	None	
Period Of Insurance	From 00:00hrs of 10/10/2019		To Midnight on 09/10/2020

Coinurance	UIIC 070800 : 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	HITEN S VASANI	Male	Self	Salaried	NEPA H VASANI	Spouse	
2	NEEPA H VASANI	Female	Spouse	Unemployed	HITEN S VASANI	Spouse	
3	PARTH H VASANI	Male	Son	Unemployed	HITEN S VASANI	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	HITEN S VASANI	47	Gold	300000	45000	0	0	7516	09/10/1997	
2	NEEPA H VASANI	46	Gold	200000	35000	0	0	5858	09/10/1997	
3	PARTH H VASANI	21	Platinum	200000	35000	0	0	2891	08/10/2010	

Total Basic Premium :	₹16265	Family Discount :	₹ 813.25	Premium	₹15,452.00
PAN Number :		No Claim Disc :	₹ 0	CGST(9%)	1,391.00
Staff Discount :	₹0			SGST(9%)	1,391.00
Net Premium :	₹15,452.00			Stamp duty	1.00
Assignee's Name:				Total	18,234.00
				Receipt Number	10107080019109343715
				Receipt Date	03/10/2019
				Agent/Broker Code:	AGD0049481
				KASHINATH PUTHRAN	
				Direct Business:	
				Development Officer Code:	

Notice or communication in respect of claim or for any others reason to be given to TPA as per Notification Clause in the policy.
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