



THE NEW INDIA ASSURANCE CO. LTD.
REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI
400001

Customer ID	: PO56378177
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NEW INDIA FLOATER MEDICLAIM
SCHEDULE

Insureds Details		Issuing Office Details	
Insured Name	: JAYSUKHBHAI M SAVALIYA	Office Code	: EMCA HOUSE (131500)
Address	: R. NO. 5, OLD MISONTU CHAWL-1, MISONTIA NAGAR NR. PERADIASE V. M. ROAD, DAHISAR EAST MUMBAI MUMBAI ,MAHARASHTRA, 400068	Address	: EMCA HOUSE, 1ST FLOOR, 289, S. B. SINGH ROAD, FORT, 400001
Phone No/Mobile No.	: 9619205257	Phone No	: NA
E-mail/Fax	: /	E-mail/Fax	: nia.131500@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
		Business Source Code	
Policy Number	: 13150034182800004256	Dev.Off level./Broker/Direct	: SANJAY S. KELUSKAR (1D13699426)
Period of Insurance	: From:09/01/2019 12:00:01 AM To:08/01/2020 11:59:59 PM	Agent/Bancassurance	: Mr. ARVIND K RAKHOLIA (AG00045062)
Prev. Policy no.	: 13150034172800004000	Phone No	: 9821199110 / NA
Client Type	: Non-Corporate	E-mail/Fax	: akrlic1979@gmail.com / / /

Member Details							
Sl. No.	Name of Insured Person	Date of Birth	Sex	Occupation	Relation	Date of inception of Continuous Coverage	Pre-Existing Disease
1	JAYSUKHBHAI M SAVALIYA	12/07/1976	M	Professional / Administrative / Managerial	Self	09/01/2018	NA
2	SHOBHANA J. SAVALIYA	01/06/1978	F	Housewife	Spouse	09/01/2018	NA
3	HARSH J SAVALIYA	26/12/1999	M	Students - School and College	Children	09/01/2018	NA
4	RUTVI J SAVALIYA	16/10/2004	F	Students - School and College	Children	09/01/2018	NA
Total Sum Insured				300000			

Details Of TPA(Notice or communication to be given in respect of claims)			
Name	: RAKSHA HEALTH INSURANCE TPA PVT. LTD.	Telephone	: 01294289999



Address	:	MR. PAWAN BHALLA CHIEF EXECUTIVE OFFICER C/O ESCORTS CORPORATE CENTRE 15/5, MATHURA ROAD, FARIDABAD HARYANA	Fax Email Toll Free No. Mobile No.	:	01166173411
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Name of Nominee :	NM	Relation :	Self
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Premium Working Table

Sl. No.	Name of Insured	Total Basic Premium	Family Discount	Gross Premium
1	JAYSUKHBHAI M SAVALIYA	4052	608	3444
2	SHOBHANA J. SAVALIYA	4052	608	3444
3	HARSH J SAVALIYA	3186	478	2708
4	RUTVI J SAVALIYA	1649	248	1401
Total Gross Premium				10997

GST	1980
Net Premium Amt.	12977
Net Premium Amt.(In words)	RUPEES TWELVE THOUSAND NINE HUNDRED SEVENTY- SEVEN ONLY

*This Policy is subject to terms and conditions of New India Floater Mediciam.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹10997
SGST	9	990
CGST	9	990
IGST	0	0

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand

at MUMBAI this 9th day of January 2019

Date of Issue: 07/01/2019

(Mr. Jitendra Jayantilal Chawhan)
[Sr. Div. Manager]

**Authorized Signatory For and on behalf of
The New India Assurance Company
Limited**



Insurer Office Code	:	EMCA HOUSE (131500)
Address	:	EMCA HOUSE, 1ST FLOOR, 289, S. B. SINGH ROAD, FORT, ,400001
Telephone	:	NA
Fax	:	

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. JAYSUKHBHAI M SAVALIYA has paid ₹ RUPEES TWELVE THOUSAND NINE HUNDRED SEVENTY-SEVEN ONLY (in words) towards premium for New India Floater Mediclaim for the period 09/01/2019 12:00:01 AM to 08/01/2020 11:59:59 PM

Policy no.	:	13150034182800004256
Receipt no. & date	:	10000089180100061621 07/01/2019

Date of Issue: 07/01/2019

(Mr. Jitendra Jayantilal Chawhan)
[Sr. Div. Manager]

**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)



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). If not attached, please ask for the same.

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

Tax Invoice No : 13150018E0009598

IRDA Registration Number: 190