



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

GOOD HEALTH POLICY CERTIFICATE

Certificate No. 712500/GH/FEB2019/6657				Period of Insurance		From To	01/02/2019 31/01/2020		
VIJAY J SOGODEKAR				Card Number		:	5291XXXXXXXXX7943		
103 Signia Oceans 1st Floor,Adj to D Mart SECTOR-10A AIROLI				Master Policy No.		:	71250034182100000021		
NAVI MUMBAI 400708				Clause attached		:	GH 2013-OCT		
Mobile No:9322292943		Email Id:sogodekar@hotmail.com		Service Tax Registration		:	AAACN4165CST178		
GSTIN/UIN		:	NA / NA		GSTIN		:	NA	
		:			SAC		:	0	
		Personal Accident Section		Mediclaim Section		Hospital Cash Benefit		Nomination Particulars for PA Coverage	
Name of the Insured Person		Sum Insured (₹In Lakhs)	Premium + GST (₹)	Sum Insured (₹In Lakhs)	Premium + GST (₹)	Limit per day (₹)	Max. no. of days	Name	Relation
AMEY V SOGODEKAR				5	5629				
MEDHA SOGODEKAR				5	5629				
MRUNAL V SOGODEKAR				5	7451				
VIJAY J SOGODEKAR				5	13244				
Total Premium including GST		0			31953				

Nomination for Certificate Holder for Mediclaim	Name: AMEY V SOGODEKAR	Relation: SON
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Name of the Insured Person	DOB	Customer code	Cumulative Bonus for Mediclaim			Pre-existing diseases/Disabilities excluded - refer Clause No.4.1(for Mediclaim)
			%	Applicable S.I.	Effective date	
AMEY V SOGODEKAR	11/02/1999	20060235574	50	400000		Not Applicable
MEDHA SOGODEKAR	27/06/2003	20060235573	50	400000		Not Applicable
MRUNAL V SOGODEKAR	31/12/1973	20060235572	50	400000		Not Applicable
VIJAY J SOGODEKAR	30/11/1971	20060235571	50	400000		Not Applicable

Terms & Conditions forming part of this Policy No. 71250034182100000021 may be downloaded from our website, newindia.co.in/citibank.

Notice or communication to be given in respect of claims to TPA			
Name and Address of TPA	MD INDIA HEALTHCARE SERVICES(TPA) PVT.LTD. GUNA COMPLEX, NEW DOOR NO.443&445, OLD DOOR NO.304 & 305, ANNA SALAI, TEYNAMPET, CHENNAI-600018.	Contact Details	TOLL FREE: 1800-233-1166 FAX TOLL FREE: 1860-233-4449 PAN UAN: 1860-233-4446, 1860-233-4448
Email Id	citibank_chennai@mdindia.com		Website www.mdindiaonline.com



This certificate is issued based on the application made by the Citibank Card Members / Account Holders in writing / over internet / Phone in respect of self and/or family members and/or domestic employees such application shall be the basis of this Contract of Insurance Coverage.
The benefits in respect of the within mentioned insured persons are subject to definitions, terms, conditions and exclusions under the respective policies.

This policy is subject to Good Health Policy Clause GH 2013-OCT.

Address of the Policy issuing Office	Divisional Office : 712500 II Floor, Mount Casa Blanca Building, No.260, Anna Salai, Chennai-600006	In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 01st day of February 2019.
Phone Numbers Fax Email Id Website	044-23456824 / 826 / 827 044-23456825 nia.gh712500@newindia.co.in newindia.co.in/citibank	

For The New India Assurance Company
Limited

M.V. CHANDRASEKAR
Senior Divisional Manager



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

MEDICLAIM PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF
INCOME TAX (AMENDMENT) ACT 1986
(in respect of self / spouse / dependent children / dependent parents only)

Insurer Office Code	:	CITIBANK DO (712500)
Address	:	II FLOOR, MOUNT CASA BLANCA BUILDING, NO. 260, ANNA SALAI, CHENNAI 600006 TAMIL NADU
Telephone	:	044-23456824 / 826 / 827
Fax	:	044-23456825
Policy Number	:	71250034182100000021

This is to certify that Mr./Mrs. VIJAY J SOGODEKAR has paid ₹ 31953 (Rupees Thirty-One Thousand Nine Hundred Fifty-Three Only) towards premium for Mediclaim Insurance GH FEB2019 6657 for the period 01/02/2019 to 31/01/2020.

(You are not eligible to claim Income Tax Deduction in the event of Cancellation of this Certificate).

For The New India Assurance Company
Limited

M.V. CHANDRASEKAR
Senior Divisional Manager



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.