



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

Customer ID	: H3217647
-------------	------------

New India Mediclaim POLICY
SCHEDULE

Insureds Details		Issuing Office Details	
Insured Name	: MRS. RAJASHREE SHRIRAM KULKARNI	Office Code	: DO-153600 (153600)
Address	: FLAT NO-403, SONCHAFA BLDG., SIDDHIVINAYAK MANAS, DHAYARI PHATA, SINHGAD ROAD, PUNE DIST. : PUNE, MA PUNE, MAHARASHTRA, 411041	Address	: OM SHREE BUILDING, NEAR NAL STOP, KARVE ROAD, PUNE, 411004
Phone No/Mobile No.	: 9421011701	Phone No	: 02025436261 / 02025458052
E-mail/Fax	: kul.shree@yahoo.com, /	E-mail/Fax	: nia.153600@newindia.co.in / 02025439203
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UITN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
		Business Source Code	
Policy Number	: 15360034189500002841	Dev.Off level./Broker/Direct	: ANAND K AGASHE (1D7806335)
Period of Insurance	: From: 29/11/2018 12:00:01 AM To: 28/11/2019 11:59:59 PM	Agent/Bancassurance	: Mr. IMRAN ISMAIL KHAN (AG00067399)
Prev. Policy no.	: 15350034179500000883	Phone No	: 8983272387 / NA
Client Type	: Non-Corporate	E-mail/Fax	: mrnkhan338@gmail.com / / /

Insured Person Details								
Sl. No.	Name of Insured Person	Date of Birth	Sex	Occupation	Relation	Pre-Existing Disease	Sum Insured	Cumulative Bonus Buffer
1	MRS. RAJASHREE SHRIRAM KULKARNI	03/07/1969	F	Business /Trader s	Proposer	NA	300000	50010
2	SHRIRAM S. KULKARNI	14/08/1965	M	Housewiv es	Spouse	NA	300000	50010
3	RAJAS S. KULKARNI	10/11/1999	M	Students	Children	NA	100000	25000

Details Of TPA for New India Mediclaim Policy (Notice or Communication to be given in respect of claim)			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR, IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE	Fax Email Toll Free No. Mobile No.	: 18004259559 : : : 8049698000

Name of Nominee :	MR SHRIRAM KULKARNI HUSBAND	Relation :	SPOUSE
-------------------	-----------------------------	------------	--------

Optional Cover Table					
Sl. No.	Name of the person	Optional Cover I - No Proportionate Deduction	Optional Cover II- Maternity Expenses Benefit (Sum Insured):	Optional Cover III- Revision in Cataract Limit	Optional Cover IV- Voluntary Co-pay



1	MRS. RAJASHREE SHRIRAM KULKARNI	Not Opted	Not Opted	NA	Not Opted	NA	Not Opted
2	SHRIRAM S. KULKARNI	Not Opted	Not Opted	NA	Not Opted	NA	Not Opted
3	RAJAS S. KULKARNI	Not Opted	Not Opted	NA	Not Opted	NA	Not Opted

Previous Policy Details						
Sl. No.	Name of Insured	Previous Policy No.	Previous Sum Insured details	Cumulative bonus buffer	Effective Date	Pre-existing Disease
1	SHRIRAM S. KULKARNI	15350034179500000883	300000	50010	19/11/2008	NA
2	MRS. RAJASHREE SHRIRAM KULKARNI	15350034179500000883	300000	50010	19/11/2008	NA
3	RAJAS S. KULKARNI	15350034179500000883	100000	25000	19/11/2008	NA

Sl. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III	Discount for Optional Cover IV	Total Premium
1	MRS. RAJASHREE SHRIRAM KULKARNI	7136	0	0	0	0	7136
2	SHRIRAM S. KULKARNI	10808	0	0	0	0	10808
3	RAJAS S. KULKARNI	2708	0	0	0	0	2708
Total Premium							20652
GST							3718
Total Amount							24370
Net Premium Amt.(In words)					RUPEES TWENTY-FOUR THOUSAND THREE HUNDRED SEVENTY ONLY		

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

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹20652
SGST	9	1859
CGST	9	1859
IGST	0	0

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

at _____ this _____ day of _____ 20



Date of Issue: 28/11/2018

(Mr. Manohar Vishnu Phirange)
[Sr. DM]

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



Insurer Office Code	:	DO-153600 (153600)
Address	:	OM SHREE BUILDING, NEAR NAL STOP, KARVE ROAD, PUNE, 411004
Telephone	:	02025436261 / 02025458052
Fax	:	02025439203

New India 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. MRS. RAJASHREE SHRIRAM KULKARNI has paid ₹ RUPEES TWENTY-FOUR THOUSAND THREE HUNDRED SEVENTY ONLY (in words) towards premium for New India Mediclaim for the period 29/11/2018 12:00:01 AM to 28/11/2019 11:59:59 PM

Policy no.	:	15360034189500002841
Receipt no. & date	:	15360081180000016013 28/11/2018

Date of Issue: 28/11/2018

(Mr. Manohar Vishnu Phirange)
[Sr. DM]

**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 : 15360018E0004085

IRDA Registration Number: 190