



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

Customer ID	: 8H2964034
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NEW INDIA FLOATER MEDICLAIM
SCHEDULE

Insureds Details		Issuing Office Details	
Insured Name	: MR. SUNIL JANARDHAN DESHMANE	Office Code	: WARJE MICRO OFFICE (150202)
Address	: MB-4/5 FLAT 202, AJMERA COMPLEX, MASULKR COL. PIMPRI, PUNE Dist. : PUNE, Maharashtra PUNE, MAHARASHTRA, 411018	Address	: CANAL ROAD, WARJE NAKA, Pune Bangalore Highway, Warje, Pune ,411058
Phone No/Mobile No.	: 9822174069, 7506314069	Phone No	: 9881143024
E-mail/Fax	: /	E-mail/Fax	: nia.150202@newindia.co.in /
PAN No	: AIGPD7330J	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	: 15020234192800000085	Dev.Off level./Broker/Direct/Web Aggregator	: DI_WARJE MICRO OFFICE DI_WARJE MICRO OFFICE (DI150202)
Period of Insurance	: From:14/11/2019 12:00:01 AM To:13/11/2020 11:59:59 PM	Agent/Bancassurance/Specialized Person	: Mr. SANTOSH BABANRAO GAIKWAD (NIAAG00047932)
Prev. Policy no.	: 15020034182800000493	Phone No	: 9975014536 / 9881143024,
Client Type	: Non-Corporate	E-mail/Fax	: gsantosh781@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	SUNIL JANARDHAN DESHMANE	31/07/1964	M	Professional / Administrative / Managerial	Self	14/11/2017	Not Applicable
2	MRS. ASHWINI	31/07/1967	F	Housewife	Spouse	14/11/2017	Not Applicable
3	AKASH AKASH	31/07/2001	M	Students - School and College	Children	14/11/2017	Not Applicable

Total Sum Insured	500000
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Details Of TPA (Notice or communication to be given in respect of claims)			
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	:	18004259559
			Email	:	
			Toll Free No.	:	
			Mobile No.	:	8049698000

Name of Nominee :	ASHWINI DESHMANE	Relation :	Others
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Premium Working Table

Sl. No.	Name of Insured	Total Basic Premium	Family Discount	Gross Premium
1	SUNIL JANARDHAN DESHMANE	14514	1452	13062
2	MRS. ASHWINI	14514	1452	13062
3	AKASH AKASH	4052	406	3646
Total Gross Premium				29770

		GST	5358
		Net Premium Amt.	35128
Net Premium Amt.(In words)		RUPEES THIRTY-FIVE THOUSAND ONE HUNDRED TWENTY-EIGHT ONLY	

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

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹29770
SGST	9	2679
CGST	9	2679
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: 30/10/2019

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



Insurer Office Code	:	WARJE MICRO OFFICE (150202)
Address	:	CANAL ROAD, WARJE NAKA, Pune Bangalore Highway, Warje,Pune ,411058
Telephone	:	9881143024
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. MR. SUNIL JANARDHAN DESHMANE has paid ₹ RUPEES THIRTY-FIVE THOUSAND ONE HUNDRED TWENTY-EIGHT ONLY (in words) towards premium for New India Floater Mediclaim for the period 14/11/2019 12:00:01 AM to 13/11/2020 11:59:59 PM

Policy no.	:	15020234192800000085
Receipt no. & date	:	10000089191000425492 30/10/2019

Date of Issue: 30/10/2019

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 : 15020219P0001526

IRDA Registration Number: 190