



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	62080034212800000045	Current Policy Period	From:01/06/2021 12:00:01 AM To:31/05/2022 11:59:59 PM
Previous Policy No	62080034202800000038	Previous Policy Period	01-JUN-20 to 31-MAY-21
Policyholder's Details			
Policyholder Name	JASTI VENKATA SREEDHAR	Customer ID	PO42423290
		PAN Card No	AGKPJ6637Q
		Mobile No/Phone No	9293116684
Policyholder's address	D.NO.16-108,MARLAPALEM, GANNAVARAM, GANNAVARAM ,ANDHRA PRADESH, 521101	Email id	sreedharjasti256@gmail.com,
		Name of the Nominee	J.RAMADEVI
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	VIJAYAWADA D.O.II 620800 (620800)	Office Contact No	08662547358 / 08662543980
Office Email Id	nia.620800@newindia.co.in	Development Officer	V.BASIVI REDDY (2D5602816)
		Name of the Agent/Intermediary	Mr. B VINAY KUMAR (NIA2D5597630)
Office Address	#54-15-5.2ND FLOOR.DHOOM COMPLEX SRINIVASANAGAR BANK COLONY,NH- 5 ,520008	Contact No. of Agent/Intermediary	9392666369 / 9849210995
		E-mail id of Intermediary	
Regional Office	VIZAG R.O. (620000)	GSTIN	37AAACN4165C2ZP
Regional Contact No	08912751411	SAC	997133 (Accident and health insurance services)
Details Of TPA (Notice or Communication to be given in respect of claim)			
Name of the TPA	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	customercare@mdindia.com	Address of the TPA	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,
Toll Free / Contact No of the TPA	18002097800 18002097777 /		
Fax of TPA	02025300003		

Highlights of New India Floater Mediclaim Policy*	
* Day one baby cover.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).
* Midterm inclusion of newly married spouse.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
	* Please refer to policy document for detailed terms and conditions.



Important
*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

Insured Persons details						
S. No	Name of the Insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	JASTI VENKATA SREEDHAR(PO4 2423290)	25/07/1979(41)	M	SELF	01/06/2012	NA
2	J.RAMA DEVI(ME05296359)	15/07/1980(40)	F	SPOUSE	01/06/2012	NA
3	J.SATYANARAYANA (ME05296379)	18/08/1953(67)	M	PARENTS	01/06/2012	NA
4	J.ARUNA (ME05296413)	02/07/1959(61)	F	PARENTS	01/06/2012	NA
5	J.NEEHARIKA(ME05296444)	04/08/2006(14)	F	CHILD	01/06/2012	NA
6	J.CHERRISH SAI(ME05296712)	02/11/2009(11)	M	CHILD	01/06/2012	NA

Floater Sum Insured	200000	Floater Cumulative Bonus	50000
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Cumulative Bonus Details				
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	200000	28-MAY-21	25	50000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
1	JASTI VENKATA SREEDHAR	3345	0	0	0	502	2843
2	J.RAMA DEVI	3345	0	0	0	502	2843
3	J.SATYANARAYANA .	13793	0	0	0	2069	11724
4	J.ARUNA .	13137	0	0	0	1971	11166
5	J.NEEHARIKA	1380	0	0	0	207	1173
6	J.CHERRISH SAI	1380	0	0	0	207	1173



Previous Year Policy Details									
Sl. No.	Name of Insured	Company	Previous Policy No	From Date	To Date	SI	PED in Previous Policy	Claim No	Claim Amount
1	JASTI VENKATA SREEDHAR	NIA	62080034140400000001	01/06/2014	31/05/2015	300000	.	NA	0
2	JASTI VENKATA SREEDHAR	NIA	62080034140400000001	01/06/2014	31/05/2015	300000	.	NA	0
3	JASTI VENKATA SREEDHAR	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
4	JASTI VENKATA SREEDHAR	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
5	J.RAMA DEVI	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
6	J.RAMA DEVI	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
7	J.SATYANAR AYANA .	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
8	J.SATYANAR AYANA .	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
9	J.ARUNA .	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
10	J.ARUNA .	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
11	J.NEEHARI KA	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
12	J.NEEHARI KA	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
13	J.CHERRISH SAI	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
14	J.CHERRISH SAI	NIA	62080034150400000001	01/06/2015	31/05/2016	300000	.	NA	0
15	J.RAMA DEVI	NIA	620800342028000000038	01/06/2020	31/05/2021	0	N	NA	0
16	J.SATYANAR AYANA .	NIA	620800342028000000038	01/06/2020	31/05/2021	0	N	NA	0
17	J.ARUNA .	NIA	620800342028000000038	01/06/2020	31/05/2021	0	N	NA	0
18	J.NEEHARI KA	NIA	620800342028000000038	01/06/2020	31/05/2021	0	N	NA	0
19	J.CHERRISH SAI	NIA	620800342028000000038	01/06/2020	31/05/2021	0	N	NA	0

	Total Gross Premium(Without GST)	30922
	CGST(@9%)	2783
	SGST(@9%)	2783
Net Premium in Words(RUPEES THIRTY-SIX THOUSAND FOUR HUNDRED EIGHTY-EIGHT ONLY)	IGST	0
	Total GST	5566
	Net Premium(With GST)	36488

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



In WITNESS WHEREOF, the undersigned being duly authorized by the Insurers and on behalf of the Insurers has(have) hereunder set his/her(their) hand(s) on this 1st day of June 2021.

at _____ this _____ day of _____ 20

Date of Issue: 28/05/2021

(MR. NARENDRA PHANI D.)
[Admin. Officer]

**FOR AND ON BEHALF OF
THE NEW INDIA ASSURANCE COMPANY LIMITED
DULY CONSTITUTED ATTORNEY(S)**



Insurer Office Code	: VIJAYAWADA D.O.II 620800 (620800)
Address	: #54-15-5.2ND FLOOR.DHOOM COMPLEX SRINIVASANAGAR BANK COLONY,NH-5 ,520008
Telephone	: 08662547358 / 08662543980
Fax	: 08662544185

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. JASTI VENKATA SREEDHAR has paid ₹ 36488 towards premium for New India Floater Mediclaim for the period 01/06/2021 12:00:01 AM to 31/05/2022 11:59:59 PM

Policy no.	: 62080034212800000045
Receipt no. & date	: 10000089210500604683 28/05/2021

Date of Issue: 28/05/2021

(MR. NARENDRA PHANI D.)
[Admin. Officer]

**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 : 62080021E0001673

IRDA Registration Number: 190