



New India Mediclaim Policy

UIN : NIAHLIP21277V042021

Policy Schedule

Current Policy No	21220034229500000160	Current Policy Period	From:30/05/2022 12:00:01 AM To:29/05/2023 11:59:59 PM
Previous Policy No	21220034219500000183	Previous Policy Period	30-MAY-21 to 29-MAY-22
Policyholder's Details			
Policyholder Name	PATALIA ARUNABEN HITESH	Customer ID	ME04346331
		PAN Card No	
		Mobile No/Phone No	XXXXXX9906
Policyholder's address	17 DIGVIJAY PLOT 202 SHALIBHADRA PARK,JAMNAGAR	Email id	
	JAMNAGAR ,GUJARAT, 361005		
		Name of the Nominee	HITESH PRAVINBHAI PATALIYA
		Relation with the Policy holder	SPOUSE
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	JAMNAGAR (212200)	Office Contact No	2676721 / 2674921
Office Email Id	nia.212200@newindia.co.in	Development Officer	J N BHAGORA_803 (1D6341229)
		Name of the Agent/Intermediary	UMANG SHAH (NIAAG00035956)
Office Address	303, MANEK CENTRE, P.N.MARG, JAMNAGAR	Contact No. of Agent/Intermediary	02882754328, 9879508757 / 09898708214
	,361008		
		E-mail id of Intermediary	milapshah2008@yahoo.com jayesh.bhagora@newindia.co.in, jayeshbhagora@yahoo.co.in
Regional Office	AHMEDABAD R.O. (210000)	GSTIN	24AAACN4165C2ZW
Regional Contact No	07926585247/07926585872	SAC	997133 (Accident and health insurance services)

Details Of TPA (Notice or Communication to be given in respect of claim)

Name of the TPA	HEALTHINDIA INSURANCE TPA SERVICES PRIVATE LIMITED		
Email-id of the TPA	frd@healthindiatpa.com	Address of the TPA	NEELKANTH CORPORATE PARK, GALA NO : 406 TO 412 , 4TH FLOOR, KIROL ROAD / VILLAGE, VIDYAVIHAR SOCIETY,VIDYAVIHAR WEST, MUMBAI,MUMBAI
Toll Free / Contact No of the TPA	02266867575 /		
Fax of TPA	02242471911		

Highlights of New India Mediclaim Policy*

* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/-.	* Hospital Cash up to 1% of Sum Insured.
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.



* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* 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 (Cumulative Bonus is applicable for more than 1 L Sum Insured persons.)

S. No	Name of the insured (Member ID)	Date of birth(Age)	Sex	Relation	Sum insured	Cumulative Bonus	*Date of inception of first policy	Pre Existing Disease
1	Patalia Arunaben Hitesh(ME04346331)	02/04/1976(46)	F	Proposer	500000	250000	30/05/2015	NA

Cumulative Bonus Details

S. No	Member ID	Sum Insured	CB percentage	CB Amount
1	ME04346331	200000	50	100000
1	ME04346331	300000	50	150000

Optional Cover Table

Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted

Premium Details

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	Discount	Total Premium
1	PATALIA ARUNABEN HITESH	10009	1348	0	0	0	0	11357
							Total Gross Premium(Without GST)	11357
							CGST(@9%)	1022
							SGST(@9%)	1022
Net Premium in Words(RUPEES THIRTEEN THOUSAND FOUR HUNDRED ONE ONLY)							IGST	0
							Total GST	2044
							Net Premium(With GST)	13401

Previous Year Policy Details

Sl. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount
1	21220034192800000134	PATALIA ARUNABEN HITESH	30/05/2019	29/05/2020	0	N	0
2	21220034209500000210	PATALIA ARUNABEN HITESH	30/05/2020	29/05/2021	500000	NA	0
3	21220034219500000183	PATALIA ARUNABEN HITESH	30/05/2021	29/05/2022	500000	N	0



*This Policy is subject to terms and conditions of New India 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 30th day of May 2022.

Date of Issue: 20/05/2022

(Mr. Bholanath Rindani)
[Divisional Incharge]

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



Insurer Office Code	:	JAMNAGAR (212200)
Address	:	303, MANEK CENTRE, P.N.MARG, JAMNAGAR ,361008
Telephone	:	2676721 / 2674921
Fax	:	2671655

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. PATALIA ARUNABEN HITESH has paid ₹ 13401 towards premium for New India Mediclaim for the period 30/05/2022 12:00:01 AM to 29/05/2023 11:59:59 PM

Policy no.	:	21220034229500000160
Receipt no. & date	:	21220081220000001200 20/05/2022

Date of Issue: 20/05/2022

(Mr. Bholanath Rindani)
[Divisional Incharge]

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

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

Tax Invoice No : 21220022E0002317

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C