



POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
UIN:NIAHLGP21282V022021

Insured Name : NATIONAL INSURANCE COMPANY LIMITED.

Insured's Details		Issuing Office Details	
Customer ID	: PO14493957	Office Code	: C.D.U (130400)
Address	: 3, MIDDLE TON STREET, KOLKATA, WEST BENGAL. KOLKATA, WEST BENGAL, 700071	Address	: C.D.U. COMMERCE CENTRE, 1ST FLOOR, TARDEO ROAD, MUMBAI 400034 .400034
Phone No	: 03322831705/03322831706/	Phone No	: NA
Fax	: 03322831712	Fax	:
E-mail/Fax	: website.administrator@nic.co.in, / 03322831712	E-mail/Fax	: nia.130400@newindia.co.in /
PAN No	: AAACN9967E	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 19AAACN9967E1Z0 / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details		Business Source Code	
Policy Number	: 13040034210500000001	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (DM2451526)
Period of Insurance	: From:01/04/2021 12:00:01 AM To: 31/03/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 01/04/2021	Phone No	: NA / NA
Prev. Policy no.	: NA	E-mail/Fax	: / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹847457627	₹152542373	₹1000000000 (RUPEES ONE BILLION ONLY)	13040081210000000008 01/04/2021

Details of TPA			
Name	: HEALTH INSURANCE TPA OF INDIA LIMITED	Telephone	: 18001023600
Address	: MAJESTIC OMNIA BUILDING,2ND FLOOR,,A-110, SECTOR - 4, NOIDA,NOIDA	Fax	: 01204765799
	A-110, SECTOR - 4, NOIDA	Email	: customerservice@hitpa.co.in,
	NOIDA	Toll Free No	: 18001803600

Co-Insurance Details				
Incoming/Outgoing	Company	Office Code	% Share	Premium Share (₹)
OUT	NEW INDIA ASSURANCE CO. LTD.	C.D.U	34	288135594
OUT	THE ORIENTAL INSURANCE CO. LTD.	411500 DO 5 CHENNAI	33	279661017
OUT	UNITED INDIA INSURANCE CO. LTD.	021000 DO 10 MUMBAI	33	279661017
No. of persons covered	: 2	Zone Opted	: I (Mumbai)	
Maternity Benefits Opted	Normal Delivery Limit ₹	: 50000		
	Caesarian Section Limit ₹	: 100000		
Deletion of 9 months waiting period	: YES			
Pre-existing cover Opted	: YES			
Deletion of 30 days waiting period	: YES			
Deletion of 2/4 year exclusion	: YES			

Signature valid

Digitally signed
by
Vandana
Date: 2021.04.01

Policy No. : 13040034210500000001 Document generated by 38448 at 01/04/2021 16:00:59 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

मंडल कार्यालय : 130400 : कॉमर्स सेंटर, पहली मंजिल, ताडदेव, मुंबई - 400 034.
Divisional Office : 130400 : Commerce Centre, 1st Floor, Tardeo, Mumbai - 400 034. Page 1 of 3

दुरभाष / Tel.: 2351 0386, 2351 5133, 2351 5176

वेबसाइट / Website : www.newindia.co.in • ई-मेल / E-mail : nia.130400@newindia.co.in

GSTIN : 27AAACN4165C3ZP / IRDA Registration No.: 190 / CIN No.: L66000MH1919 GOI 000526



Limit of additional ambulance charges per person	:	5000	
Additional cover Opted	:	YES	
SL.No	Name of Cover	Limit per family	Overall Policy Limit
OUT	NEW INDIA ASSURANCE CO. LTD.	C.D.U	34
OUT	THE ORIENTAL INSURANCE CO. LTD.	411500 DO 5 CHENNAI	33
OUT	UNITED INDIA INSURANCE CO. LTD.	021000 DO 10 MUMBAI	33

Special Conditions

Special Condition 1	:	As per GIPSA Guidelines.
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This Policy is subject to NEW INDIA FLEXI GROUP MEDICLAIM POLICY Clause as attached. In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the assignee declared in the proposal (incorporated herein as the Schedule) and the assignee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 847457627.00
SGST	0	0
CGST	0	0
IGST	18	152542373

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 _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company
Limited

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.





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 : 13040021P0000013

IRDA Registration Number: 190

Policy No. : 1304003421050000001 Document generated by 38448 at 01/04/2021 16:00:59 Hours.

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ADJUSTMENT VOUCHER

Issuing Office : C.D.U (130400)
Address : C.D.U. COMMERCE CENTRE, 1ST FLOOR, TARDEO ROAD, MUMBAI 400034
400034
MUMBAI
Phone :
Email : nia.130400@newindia.co.in
Fax :
Collection Number : 13040081210000000008
Collection Date : 01/04/2021
Business Source Code : DM2451526
PAN No of Payer : AACN9967E

Received with thanks from NATIONAL INSURANCE COMPANY LIMITED.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
13040034210500000001	Cash Deposit Account-130400	320000000.0 0	5076.130400	CD0000148858
13040034210500000001	Cash Deposit Account-130400	680000000.0 0	5076.130400	CD0000148858

Total = ₹ 1000000000.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	320000000.0 0	N.A.	N.A.	N.A.	N.A.	1304002110000628	82808288.00
Advance Premium Deposit	680000000.0 0	N.A.	N.A.	N.A.	N.A.	1304002110000628	82808288.00

Total = ₹ 1000000000.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
847457627.00	152542373.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	NA	34

For The New India Assurance Company Limited

Date of Issue: 01/04/2021

Cashier's Initial

Authorized Signatory

Note -

- 1.Please note the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 13040021P0000013

IRDA Registration Number: 190

Signature valid

Digitally signed
by: Anvita
Date: 2021.04.01
16:01:01 IST

Policy No. : 13040034210500000001 Document generated by 38448 at 01/04/2021 16:00:59 Hours.

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