



**POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021**

Insured Name	: UNITED FORUM OF BANK RETIREES
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Insured's Details		Issuing Office Details	
Customer ID	: PO92622707	Office Code	: VIRUDHUNAGAR D.O. (730400)
Address	: SWAGAT CHINAR, B BLOCK CHINAR PARK, KOLKATA 700157, W.BENGAL KOLKATA ,WEST BENGAL, 700157	Address	: 105/1, IST FLOOR, MADURAI ROAD, VIRUDHUNAGAR 626001, 626001
Phone No	: //XXXXXX2284	Phone No	: 04562244600 / 04562266700
Fax	:	Fax	:
E-mail/Fax	: indrajitsanyal60@gmail.com, /	E-mail/Fax	: nia.730400@newindia.co.in /
PAN No	: AAIAA4386Q	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 73040034210400000055	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: K.M. DASTUR REINSURANCE BROKERS PVT. LTD. - (DM2615660) K M DASTUR REINSURANCE BROKERS P LTD_420501 (SI00211400)
Period of Insurance	: From:01/11/2021 12:00:01 AM To: 31/10/2022 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 01/11/2021	Phone No	: 2324592, (022)22855855, / NA
Prev. Policy no.	: NA	E-mail/Fax	: ronak.gadhia@kmdastur.com, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹688069	₹123852	₹811921 (RUPEES EIGHT LAC ELEVEN THOUSAND NINE HUNDRED TWENTY-ONE ONLY)	73040081210000010580 12/11/2021

Details of TPA			
Name	: RAKSHA HEALTH INSURANCE TPA PVT. LTD.	Telephone	: 01294289999
Address	: MR. PAWAN BHALLA CHIEF EXECUTIVE OFFICER C/O ESCORTS CORPORATE CENTRE, 15/5, MATHURA ROAD, FARIDABAD, HARYANA	Fax	: 01166173411
	15/5, MATHURA ROAD, FARIDABAD	Email	:
	HARYANA	Toll Free No	: 18001801444

No. of Employees / Members covered	: 0	No. of persons covered	: 0
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA	Zone Opted	: III (Rest of India)
	Caesarian Section Limit ₹ : NA		
Deletion of 9 months waiting period	: NO		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		
Additional cover Opted	: NO		

Special Conditions

Policy No. : 73040034210400000055 Document generated by 25268 at 12/11/2021 16:10:39 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>.



Special Condition 1	: BASE POLICY
Special Condition 2	: BASE POLICY CONDITIONS UPLOADED

* This Policy is subject to NEW INDIA FLEXI FLOATER 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 Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee 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		₹ 688069.00
SGST	0	0
CGST	0	0
IGST	18	123852

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

Date of Issue: 12/11/2021	
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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/-.

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986		
This is to certify that Mr./Mrs. UNITED FORUM OF BANK RETIREES has paid ₹ RUPEES SIX LAC EIGHTY-EIGHT THOUSAND SIXTY-NINE ONLY (in words) towards premium and GST of ₹123852 for New India Flexi Floater Mediclaim for:		
Policy period	:	01/11/2021 12:00:01 AM to 31/10/2022 11:59:59 PM
Policy Certificate no.	:	73040034210400000055
Receipt no. & date	:	73040081210000010580 and 12/11/2021
Date of Issue: 12/11/2021		



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 : 73040021P0011733

IRDA Registration Number: 190