



**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	: 73040034220400000032	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:01/11/2022 12:00:01 AM To: 31/10/2023 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 01/11/2022	Phone No	: +91 2653598095 , (022)22855855, 9558205455 / NA
Prev. Policy no.	: NA	E-mail/Fax	: jignesh.patel@kmdastur.com, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹95738	₹17233	₹112971 (RUPEES ONE LAC TWELVE THOUSAND NINE HUNDRED SEVENTY-ONE ONLY)	73040081220000010880 16/11/2022

Details of TPA			
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
	IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,	Email	: info@mediassistindia.com,
	BANGALORE	Toll Free No	: 18004259449

No. of Employees / Members covered	: 0	No. of persons covered	: 0
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA	Zone Opted	: I (Mumbai)
	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

Signature Not Verified
Digitally signed by JAGAT RAJEE PANIGRAHI
Date: 2022.11.16

Policy No. : 73040034220400000032 Document generated by 35864 at 16/11/2022 17:34:26 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	: - UNITED FORUM OF BANK RETIREES-RETIREES POLICY 13 FAMILIES 26 LIVES- TOPUP POLICY
Special Condition 2	: AS PER NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY CLAUSE AND TERMS AND CONDITIONS UPOADED INTO THE POLICY-TOPUP POLICY

* 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		₹ 95738.00
SGST	0	0
CGST	0	0
IGST	18	17233

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: 16/11/2022	
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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 NINETY-FIVE THOUSAND SEVEN HUNDRED THIRTY-EIGHT ONLY (in words) towards premium and GST of ₹17233 for New India Flexi Floater Mediclaim for:		
Policy period	:	01/11/2022 12:00:01 AM to 31/10/2023 11:59:59 PM
Policy Certificate no.	:	73040034220400000032
Receipt no. & date	:	73040081220000010880 and 16/11/2022
Date of Issue: 16/11/2022		



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.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 73040022P0011952

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C