



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	: POB0389659	Office Code	: Chennai LCO 970000 (970000)
Address	: SWAGAT CHINAR, B BLOCK CHINAR PARK, KOLKATA 700157, WEST BENGAL KOLKATA ,WEST BENGAL, 700157	Address	: Tarapore Towers 3rd Floor, 826. Anna Salai Chennai ,600002
Phone No	: //	Phone No	: 23456784/23456785 / 23456842/23456884
Fax	:	Fax	:
E-mail/Fax	: /	E-mail/Fax	: lccchnro@newindia.co.in /
PAN No	: AAIAA4386Q	S.Tax Regn. No	: AACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 97000034230400000129	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: K.M. Dastur Reinsurance Brokers Pvt. Ltd. - (DM2615660) Km Dastur Reinsurance Brokers Pvt Ltd - (SI00146237),
Period of Insurance	: From:01/11/2023 12:00:01 AM To: 31/10/2024 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 01/11/2023	Phone No	: 022 66179850, (022)22855855, 9769660727 / NA
Prev. Policy no.	: NA	E-mail/Fax	: jignesh.patel@kmdastur.com, sameer.mahyavanshi@kmdastur.com / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹4316551	₹ 776,979	₹ 50,93,530 (RUPEES FIFTY LAC NINETY-THREE THOUSAND FIVE HUNDRED THIRTY ONLY)	97000081230000004430 13/12/2023

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

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			

Signature valid

Digitally signed
by ANAGAYEE
PANIPATI
Date: 2023.12.13
16:22:13

Policy No. : 97000034230400000129 Document generated by 25924 at 13/12/2023 16:12:20 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>.



Limit of additional ambulance charges per person	:	0
Additional cover Opted	:	NO

Special Conditions

Special Condition 1	:	AS PER AGREED TERMS AND CONDITIONS
Special Condition 2	:	AS PER AGREED TERMS AND CONDITIONS

* 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		₹ 43,16,551
SGST	0	0
CGST	0	0
IGST	18	776979

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: 13/12/2023		
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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 FORTY-THREE LAC SIXTEEN THOUSAND FIVE HUNDRED FIFTY-ONE ONLY (in words) towards premium and GST of ₹776979 for New India Flexi Floater Mediclaim for:		
Policy period	:	01/11/2023 12:00:01 AM to 31/10/2024 11:59:59 PM
Policy Certificate no.	:	97000034230400000129
Receipt no. & date	:	97000081230000004430 and 13/12/2023
Date of Issue: 13/12/2023		



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 : 97000023P0005172

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C