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ಭಾನುವಾರ ರಜಾ



POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
UIN: NIAHLGP21282V022021

| | | | |
|-------------------|---|---|---|
| Insured Name | | M/S. THE MALNAD ARECA MARKETING CO-OP. SOCIETY LTD. | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO08200426 | Office Code | : SHIMOGA D.O. UNIT (680100) |
| Address | : P.B.NO.13, A.P.M.C. YARD, SHIMOGA, KARNATAKA, 577204 | Address | : Mallappa Complex, BH Road 577201 |
| Phone No | : 08182250514// | Phone No | : 8182270702 |
| Fax | : 08182250513 | Fax | : |
| E-mail/Fax | : homamcos@gmail.com, / 08182250513 | E-mail/Fax | : nia.680100@newindia.co.in / |
| PAN No | : AAAJN0788P | S Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 29AAAJM0788P1ZD / NA | GSTIN | : 29AAACN4165C2ZM |
| | | SAC | : 997133 (Accident and health insurance services) |

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|---------------------|---|--|--|
| Policy Details | | Business Source Code | |
| Policy Number | : 68010034210500000001 | Dev. Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User | : A.R. NAGARAJA - (DE7821852) |
| Period of insurance | : From:01/09/2021 12:00:01 AM To: 31/08/2022 11:59:59 PM | Agent/Bancassurance/Spe cified Person | : Mr. NAVEENA G (NIAAG00048492) MR.NAVEENA.G (SI00086074) |
| Date of Proposal | : 01/09/2021 | Phone No | : 9986368231 / NA |
| Prev. Policy no. | : NA | E-mail/Fax | : naveengader@gmail.com, / / |
| Client Type | : Corporate | Financier(s) Details | : NA |

| | | | |
|----------|---------|---|------------------------------------|
| Premium | GST | Total | Receipt No. & Date: |
| ₹5105084 | ₹918916 | ₹6024000 (RUPEES SIXTY LAC TWENTY-FOUR THOUSAND ONLY) | 68010081210000011355 06/09/2021 |

| | |
|--|---|
| Details of TPA | |
| Name | : MEDI ASSIST INSURANCE TPA PVT. LTD. |
| Address | : MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE |
| | : IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE |
| No. of persons covered | : 1506 |
| Zone Opted | : III (Rest of India) |
| Maternity Benefits Opted | : NA |
| Normal Delivery Limit ₹ | : NA |
| 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 |

M. Health Insurance

Special Conditions

Adj. -1382
30/9/21



Signature valid

Digitally signed
by Shivadas
Vaidya
Date: 2021.09.06
10:09:06

Policy No. : 68010034210500000001 Document generated by 39100 at 06/09/2021 15:36:17 Hours.
Regd. & Head Office: New India Assurance Bldg., 67 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>.

Consolidated Policy Stamps Paid
by Hubballi Regional Office



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|---------------------|--|
| Special Condition 1 | : 1.INDIVIDUAL S.I-RS 4.00 LAKHS EACH. 2.NO MID TERM ADDITIONS 3.NO ICR LIMIT 4.5% CO-PAY FOR ALL AGE GROUPS EXCEPT FOR CATARACT CLAIMS & 15% CO-PAY FOR ALL CLAIMS FOR THE INSURED PERSONS ABOVE 50 YEARS. |
| Special Condition 2 | : 5.AMBULANCE CHARGES-2500/ |

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 | | ₹ 5105084.00 |
| SGST | 9 | 459458 |
| CGST | 9 | 459458 |
| IGST | 0 | 0 |

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__.

Consolidated Policy Stamps Paid
by Hubballi Regional Office

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/-.

