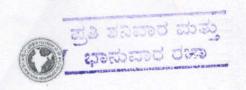
THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





स्थित कर् Divisional Office Shimoga

POLICY SCHEDULE NEW INDIA FLEXI GROUP MEDICLAIM POLICY UIN:NIAHLGP21282V022021

nsured Name : [M/S.THE MALINAD ARESAMMENT		Issuing Office Details				
		red's Details	Office Code		SHIMOGA D.O. UNIT (680100)	
Customer ID		PO08200426			Mallappa Complex, BH Road	
Address	:	P.B.NO.13, A.P.M.C.YARD,	Address		,577201	
		SHIMOGA ,KARNATAKA, 577204	n. No.		8182270702	
Phone No	. :	08182250514//	Phone No	1		
		08182250513	Fax		nia.680100@newindia.co.in /	
Fax		homamcos@gmail.com, /	E-mail/Fax	1	: Inia.660100@newindia.co	
E-mail/Fax		08182250513	S.Tax Regn. No		AAACN4165CST178	
PAN No		AAAJN0788P			29AAACN4165C2ZM	
GSTIN/UIN		29AAAJM0788P1ZD / NA	GSTIN	- :	997133 (Accident and health insurance	
			SAC		services)	

		Poli	cy Details	la a	as Source Code	
			Bus	Business Source Code		
Policy Number	:	68010034210500000001	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	:	A.R. NAGARAJA - (DE7821852)	
			Agent/Bancassurance/Spe	:	Mr. NAVEENA G (NIAAG00048492	
Period of insurance	:	From:01/09/2021 12:00:01 AM To: 31/08/2022 11:59:59 PM	cified Person	-	MR.NAVEENA.G (\$100086074)	
			Phone No	:	9986368231 / NA	
Date of Proposal	1	01/09/2021			naveengader@gmail.com, //	
Prev. Policy no.		NA	E-mail/Fax	_		
Client Type	1.	Corporate	Financier(s) Details	13	NA	

		Total	Receipt No. & Date:		
Premium	GST		68010081210000011355		
₹5105084	₹918916	₹6024000 (RUPEES SIXTY LAC TWENTY-FOUR THOUSAND ONLY)			
,		THOUSAND ONETY			

	_			Details of TP	Α	-		
					Telephone	:	18002089449	
Name	:	MEDI ASSIST INSURANCE TPA PVT. LTD.			Fax		18004259559	
Address :		MEDI ASSIST INDIA TPA PVT. LTD., TOWER D., FOURTH FLOOR, IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE			rax			
	T	IBC KNOWLEDGE PA	RK	, 4/1, BANNERGHATTA	Email	:	info@mediassistindia.com,	
		ROAD,		Toll Free No	:	18004259449		
	BANGALORE			: III (Rest of India)				
No. of persons covered : 1506				Zone Opted	1: III (Nest of	1110107		
Maternity Benefits N Opted C		Normal Delivery Limit ₹	:	NA				
		Caesarian Section	:	NA				
Deletion of 9 months waiting period		:	NO					
			1	YES				
Pre-existing cover Opted				YES				
Deletion of 30 days waiting period		+	YES					
Deletion of 2/4 year exclusion		-						
Limit of additional ambulance charges perperson			-	: 0		Λ	4. Haolth Insurance	
Additional cover Opted			1:	NO		-		

Special Conditions

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Policy No.: 68010034210500000001 Document generated by 39100 at 06/09/2021 15:38:17 Hours.

Regd. & Head Office: New India Assurance Bidg., 67 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 203 1415.

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Regd. & Head Office: New India Assurance Bidg., 67 M.G. Road, Fort, Mumbai - 4

Consolidated Policy Stamps Paid by Hubballi Regional Office

Signature

Divisional Office Shimog

The NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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% (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 (incoporated 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
		Rate of Tax	₹ 5105084.00
Premium			459458
SGST		9	459458
CGST		9	453430
IGST		0	0
		by the Insurers and	on behalf of the Insurers has (have) hereunder
In witness whereof the und	dersigned being duly authorised hisday of	20	on behalf of the Insurers has (have) hereunder
Sec ins (chen) handley on			For and on behalf of
		The second secon	The New India Assurance Company Limited
	Consolidated Policy S by Hubballi Region	tamos Paid	Limited
	h. D. bhalli Danian	al Offica	hm
	i by Hubbain Region	at office 1	Dul Constituted Attorney(s)
			ज विकार
		5 111 5 5 Ord	er Number vide receipt
MudrankDt	consolidated Stamp Fe	es Paid by Pay Ord	er Number
numberdt			(Shime nai)
Stamp Duty under the Po	licy is ₹1/		(00a o
Stamp Duty under the Po			TOTRANCE CO.