



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

<b>Insured Name</b>	: Y.R.GAITONDE MED. EDU.&RES.FOUNDATION(Y.R.G.CARE)
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Insured's Details		Issuing Office Details	
<b>Customer ID</b>	: PO11685912	<b>Office Code</b>	: VELACHERY D.O. (712700)
<b>Address</b>	: YR GAITONDE MEDICAL EDUCATION AND RESEARCH FOUNDATION ALSA CRESENT, OLD NO.72 NEW NO.58, ALSA GARDENS, GILCHRIST AVENUE, HARINTON ROAD CHETPUT CHENNAI ,TAMIL NADU, 600031	<b>Address</b>	: C.M. COMPLEX, II FLOOR, NO.1, 7TH MAIN ROAD, TANSI NAGAR, VELACHERY-TARAMANI LINK ROAD, VELACHERY ,600042
<b>Phone No</b>	: //	<b>Phone No</b>	: 22430864 / 22430865
<b>Fax</b>	:	<b>Fax</b>	: 22430845
<b>E-mail/Fax</b>	: ramesh@yrgcare.org, /	<b>E-mail/Fax</b>	: nia.712700@newindia.co.in / 22430845
<b>PAN No</b>	: AAATY0313N	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 33AAATY0313N1ZJ / NA	<b>GSTIN</b>	: 33AAACN4165C4ZV
		<b>SAC</b>	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
<b>Policy Number</b>	: 71270034220400000006	<b>Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User</b>	: MR.P.CHINNA THAMBI - (AM3902609)
<b>Period of Insurance</b>	: From:20/05/2022 12:00:01 AM To: 19/05/2023 11:59:59 PM	<b>Agent/Bancassurance/Specialized Person</b>	: Mr. GOVINDAN K (NIA2D3901961) AGENT_SITE_71288 (2D3904342)
<b>Date of Proposal</b>	: 20/05/2022	<b>Phone No</b>	: 9381016513 / 8056277774
<b>Prev. Policy no.</b>	: NA	<b>E-mail/Fax</b>	: c.perumal@newindia.co.in, p.chinnathambi@yahoo.co.in / /
<b>Client Type</b>	: Non-Corporate	<b>Financier(s) Details</b>	: NA

Premium	GST	Total	Receipt No. & Date:
₹4130000	₹743400	₹4873400 (RUPEES FORTY-EIGHT LAC SEVENTY-THREE THOUSAND FOUR HUNDRED ONLY)	71270081220000001725 20/05/2022

Details of TPA			
<b>Name</b>	: VIDAL HEALTH INSURANCE TPA PVT. LTD	<b>Telephone</b>	: 08046267018
<b>Address</b>	: 1ST FLOOR, TOWER 2, SJR I PARK,PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD,BANGALORE	<b>Fax</b>	: 18004252626
	PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD	<b>Email</b>	: help@vidalhealthtpa.com, help@vidalhealthtpa.com
	BANGALORE	<b>Toll Free No</b>	: 18604250251

<b>No. of Employees / Members covered</b>	: 1460	<b>No. of persons covered</b>	: 1671
<b>Maternity Benefits Opted</b>	<b>Normal Delivery Limit ₹</b> : 50000	<b>Zone Opted</b>	: III (Rest of India)
	<b>Caesarian Section Limit ₹</b> : 50000		
<b>Deletion of 9 months waiting period</b>	: YES		
<b>Pre-existing cover Opted</b>	: YES		
<b>Deletion of 30 days waiting period</b>	: YES		
<b>Deletion of 2/4 year exclusion</b>	: YES		
<b>Limit of additional ambulance charges per person</b>	: 0		

Policy No. : 71270034220400000006 Document generated by 39948 at 06/06/2022 11:42:51 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>.



Additional cover Opted		:	YES
SL.No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

**Special Conditions**

Special Condition 1	:	DAY 1 COVER FOR NEWBORN BABY ROOM RENT- 1.5% OF SI ICU CHARGES- 2% OF SI CORPORATE BUFFER -RS.5 LAKHS LIMIT PER FAMILY - RS.1LAKH
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\* 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		₹ 4130000.00
SGST	9	371700
CGST	9	371700
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\_\_.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 06/06/2022	
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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. Y.R.GAITONDE MED. EDU.&RES.FOUNDATION(Y.R.G.CARE) has paid ₹ RUPEES FORTY-ONE LAC THIRTY THOUSAND ONLY (in words) towards premium and GST of ₹743400 for New India Flexi Floater Mediclaim for:		
Policy period	:	20/05/2022 12:00:01 AM to 19/05/2023 11:59:59 PM
Policy Certificate no.	:	71270034220400000006
Receipt no. & date	:	71270081220000001725 and 20/05/2022
Date of Issue: 06/06/2022		



**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.**

**IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C**