



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

Insured Name	: Y.R.GAITONDE MED. EDU.&RES.FOUNDATION(Y.R.G.CARE)
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Insured's Details		Issuing Office Details	
Customer ID	: PO11685912	Office Code	: VELACHERY D.O. (712700)
Address	: 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	Address	: C.M. COMPLEX, II FLOOR, NO.1, 7TH MAIN ROAD, TANSI NAGAR, VELACHERY-TARAMANI LINK ROAD, VELACHERY ,600042
Phone No	: //XXXXXX7774	Phone No	: 22430864 / 22430865
Fax	:	Fax	: 22430845
E-mail/Fax	: ramesh@yrgcare.org, /	E-mail/Fax	: nia.712700@newindia.co.in / 22430845
PAN No	: AAATY0313N	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 33AAATY0313N1ZJ / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 71270034240400000009	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: MR.P.CHINNA THAMBI - (BA3902609)
Period of Insurance	: From:20/05/2024 12:00:01 AM To: 19/05/2025 11:59:59 PM	Agent/Bancassurance/Specialized Person	: Mr. GOVINDAN K (NIA2D3901961) AGENT_SITE_71288 (2D3904342)
Date of Proposal	: 20/05/2024	Phone No	: 9445317735 / 8056277774
Prev. Policy no.	: NA	E-mail/Fax	: govindanperiyar@gmail.com, c.perumal@newindia.co.in, p.chinnathambi@yahoo.co.in / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹3607029	₹ 649,266	₹ 42,56,295 (RUPEES FORTY-TWO LAC FIFTY-SIX THOUSAND TWO HUNDRED NINETY-FIVE ONLY)	71270081240000000806 24/05/2024

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

No. of Employees / Members covered	: 1047	No. of persons covered	: 1227
Maternity Benefits Opted	Normal Delivery Limit ₹ : 50000	Zone Opted	: III (Rest of India)
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period	: YES		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		

Policy No. : 71270034240400000009 Document generated by 39948 at 24/05/2024 15:54:32 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	:	ROOM RENT- 1.5% OF SI FOR NORMAL & 2% FOR ICU CORPORATE BUFFER - 5LACS RESTRICTED TO MAXIMUM OF 1 LAKH PER FAMILY PRE HOSPITALISATION - 30 DAYS POST HOSPITALISATION - 60 DAYS AMBULANCE SERVICE RS.2500
Special Condition 2	:	AS PER SUBSEQUENT 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		₹ 36,07,029
SGST	9	324633
CGST	9	324633
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: 24/05/2024	
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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 THIRTY-SIX LAC SEVEN THOUSAND TWENTY-NINE ONLY (in words) towards premium and GST of ₹649266 for New India Flexi Floater Mediclaim for:		
Policy period	:	20/05/2024 12:00:01 AM to 19/05/2025 11:59:59 PM
Policy Certificate no.	:	71270034240400000009
Receipt no. & date	:	71270081240000000806 and 24/05/2024
Date of Issue: 24/05/2024		



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 : 71270024P0001882

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C