



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

<b>Insured Name</b>	: ALL INDIA BANK RETIREE WELFARE ASSOCIATION
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Insured's Details		Issuing Office Details	
<b>Customer ID</b>	: POB0393993	<b>Office Code</b>	: Chennai LCO 970000 (970000)
<b>Address</b>	: 1-U.A. MAZ. FLOOR, JAWAHAR NAGAR, DELHI 110 007  NEW DELHI ,DELHI, 110007	<b>Address</b>	: Tarapore Towers 3rd Floor, 826. Anna Salai Chennai  ,600002
<b>Phone No</b>	: //	<b>Phone No</b>	: 23456784/23456785 / 23456842/23456884
<b>Fax</b>	:	<b>Fax</b>	:
<b>E-mail/Fax</b>	: /	<b>E-mail/Fax</b>	: lccchnro@newindia.co.in /
<b>PAN No</b>	: AAMAA7095A	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: NA / NA	<b>GSTIN</b>	: 33AAACN4165C4ZV
		<b>SAC</b>	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
<b>Policy Number</b>	: 97000034230400000131	<b>Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User</b>	: K.M. Dastur Reinsurance Brokers Pvt. Ltd. - (DM2615660) Km Dastur Reinsurance Brokers Pvt Ltd - (SI00146237),
<b>Period of Insurance</b>	: From:01/11/2023 12:00:01 AM To: 31/10/2024 11:59:59 PM	<b>Agent/Bancassurance/Specialized Person</b>	:
<b>Date of Proposal</b>	: 01/11/2023	<b>Phone No</b>	: 022 66179850, (022)22855855, 9769660727 / NA
<b>Prev. Policy no.</b>	: NA	<b>E-mail/Fax</b>	: jignesh.patel@kmdastur.com, sameer.mahyavanshi@kmdastur.com / /
<b>Client Type</b>	: Corporate	<b>Financier(s) Details</b>	: NA

Premium	GST	Total	Receipt No. & Date:
₹4194825	₹ 755,069	₹ 49,49,894 (RUPEES FORTY-NINE LAC FORTY-NINE THOUSAND EIGHT HUNDRED NINETY-FOUR ONLY)	97000081230000004432 13/12/2023

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

<b>No. of Employees / Members covered</b>	: 0	<b>No. of persons covered</b>	: 0	
<b>Maternity Benefits Opted</b>	<b>Normal Delivery Limit ₹</b>	: NA	<b>Zone Opted</b>	: I (Mumbai)
	<b>Caesarian Section Limit ₹</b>	: NA		
<b>Deletion of 9 months waiting period</b>	: NO			
<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			

Policy No. : 97000034230400000131 Document generated by 25924 at 13/12/2023 16:19:24 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		₹ 41,94,825
SGST	0	0
CGST	0	0
IGST	18	755069

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. ALL INDIA BANK RETIREE WELFARE ASSOCIATION has paid ₹ RUPEES FORTY-ONE LAC NINETY-FOUR THOUSAND EIGHT HUNDRED TWENTY-FIVE ONLY (in words) towards premium and GST of ₹755069 for New India Flexi Floater Medclaim for:		
Policy period	:	01/11/2023 12:00:01 AM to 31/10/2024 11:59:59 PM
Policy Certificate no.	:	97000034230400000131
Receipt no. & date	:	97000081230000004432 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 : 97000023P0005174

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