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11/9/18

POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
IRDAI/HLT/NIA/P-H/V.II/340/15-16

Insured Name : ARTIFICIAL LIMBS MFG CORP OF INDIA

Insured's Details		Issuing Office Details	
Customer ID	: PO24360484	Office Code	: BENA JHABAR BRANCH (420101)
Address	: G.T.ROAD, NARAMAU, KANPUR KANPUR NAGAR, UTTAR PRADESH, 209217	Address	: 112 / 1, BENA JHABAR KANPUR - 208002 (U.P.) .208002
Phone No	:	Phone No	: 05122525136
Fax	:	Fax	:
E-mail/Fax	: alimco_hq@vsnl.net /	E-mail/Fax	: nia.420101@newindia.co.in /
PAN No	: AABCA8899F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIIN	: 09AABCA8899F1Z6 / NA	GSTIN	: 09AAACN4165C4ZM
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details		Business Source Code	
Policy Number	: 42010134180400000001	Dev.Off level./Broker / Direct/Corp. Agent	: Mr. SUDHIR SHARMA - (1D9772173)
Period of Insurance	: From:11/08/2018 12:48:13 PM To: 10/08/2019 11:59:59 PM	Agent/Bancassurance	: Mr. SANT SARAN (NIAAG00047543) 6181285136 (SI00084558)
Date of Proposal	: 10/08/2018	Phone No	: 9415050019 / NA
Prev. Policy no.	: NA	E-mail/Fax	: santsharanknp@gmail.com, / / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹5085000	₹915300	₹6000300 (RUPEES SIXTY LAC THREE HUNDRED ONLY)	42010181180000013191 06/09/2018

Details of TPA			
Name	: RAKSHA HEALTH INSURANCE TPA PVT. LTD.	Telephone	: 01294289999
Address	: MR. PAWAN BHALLA CHIEF EXECUTIVE OFFICER C/O ESCORTS CORPORATE CENTRE 15/5, MATHURA ROAD, FARIDABAD HARYANA	Fax	: 01166173411
		Email	:
		Toll Free No	: 18001801444

No. of Employees / Members covered	: 226	No. of persons covered	: 421
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA Caesarian Section Limit ₹ : NA	Zone Opted	: I (Mumbai)
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		

Special Conditions	
Special Condition 1	: Ambulance charges 1500/-per caseCাত্রact 10% of S.I. Subj ect to Maximum 24000/- per eye Hernia 10% S.Insured su bjct to Maximum 30000/- H ysterectomy 10% os SI subje ct to 30000/-

Signature valid

Digitally signed
by
Valdevean
Date: 2018.09.06

Policy No. : 42010134180400000001 Document generated by 34473 at 06/09/2018 13:46:17 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 your 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>.



Special Condition 2	: Following Major surgeries upto 70% of SI subject to Maximum 210000/- (Cancer, Brain Tumor, Pace Maker Implantation, Hip, Knee Joint Replacement, CLAIM WILL BE PAID TO EMPLOYEE ONLY
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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		₹ 5085000.00
SGST	9	457650
CGST	9	457650
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: 06/09/2018

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/-.

