



POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
UIN:NIAHLGP21282V022021

Insured Name	: NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY
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Insured's Details		Issuing Office Details	
Customer ID	: PO77743380	Office Code	: TRICHY BR II (730901)
Address	: THIRUVETTAKUDY KARAIKAL PUDUCHERRY KOTTUCHERRY ,PONDICHERRY, 609609	Address	: JUMAN CENTRE, 43A/2 PROMENADE ROAD, CANTONMENT TRICHY .620001
Phone No	: 0468265232//9444347770	Phone No	: 04312464959
Fax	:	Fax	:
E-mail/Fax	: registrar@nitpy.ac.in, abhide.nitpy@gmail.com /	E-mail/Fax	: nia.730901@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 34CHENO7451D1DG / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
		Business Source Code	
Policy Number	: 73090134200500000008	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (2D6484203)
Period of Insurance	: From:06/02/2021 12:00:01 AM To: 05/02/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 05/02/2021	Phone No	: NA / 04312464959, 04312416979,
Prev. Policy no.	: NA	E-mail/Fax	: nia.730901@gmail.com, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹337500	₹60750	₹398250 (RUPEES THREE LAC NINETY-EIGHT THOUSAND TWO HUNDRED FIFTY ONLY)	73090181200000008490 05/02/2021

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE	Fax	: 18004259559
	IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE	Email	: info@mediassistindia.com,
		Toll Free No	: 18004259449
No. of persons covered	: 1	Zone Opted	: I (Mumbai)
Maternity Benefits Opted	Normal Delivery Limit ₹	: NA	
	Caesarian Section Limit ₹	: NA	
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	: 2000		
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

Policy No. : 73090134200500000008 Document generated by 22392 at 05/02/2021 18:28:06 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>.



Special Condition 1	:	1. EXCLUSION OF PRE-EXISTING DISEASES, 2. 30 DAYS WAITING PERIOD 3. 2/4 DISEASE EXCLUSIONS 4.1,4.2,4.3 EXCLUSIONS. AMBULANCE CHARGES: 2000/- PER HOSPITALIZATION PER PATIENT.
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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 (incorporated 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
Premium		₹ 337500.00
SGST	0	0
CGST	0	0
IGST	18	60750

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

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/-.



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 Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Tax Invoice No : 73090120P0009954

IRDA Registration Number: 190