



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

Insured Name	: SAINIK SCHOOL TILAIYA OLD BOYS ASSOCIATION(SANTOBA)
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Insured's Details		Issuing Office Details	
Customer ID	: PO82134276	Office Code	: DEHRADUN BO 340801 (340801)
Address	: ALUMNI ASSOCIATION, C-32, REMI BIZCORT, NEAR SHAH INDUSTRIAL ESTATE OFF VEERA DESAI ROAD, ANDHERI, MUMBAI MUMBAI, MAHARASHTRA, 400053	Address	: 1, NASHVILLA ROAD, BEHIND MOHAN MANDIR, DEHRADUN ,262401
Phone No	: //7400094899	Phone No	: 01352714672 / 01352657233
Fax	:	Fax	:
E-mail/Fax	: rishikesh@allianceinsurance.in, /	E-mail/Fax	: nia.340801@newindia.co.in /
PAN No	: AAMAS3743F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 05AAACN4165C4ZU
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 34080134210400000018	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: ALLIANCE INSURANCE BROKERS PVT LTD - (2D10077332) 340903 ALLIANCE INSURANCE BROKERS PVT LTD (SI00210444)
Period of Insurance	: From:14/08/2021 12:00:01 AM To: 13/08/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	:
Date of Proposal	: 14/08/2021	Phone No	: NA / NA
Prev. Policy no.	: NA	E-mail/Fax	: krishnaji@allianceinsurance.in, / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹4839991	₹871198	₹5711189 (RUPEES FIFTY-SEVEN LAC ELEVEN THOUSAND ONE HUNDRED EIGHTY-NINE ONLY)	34080181210000000896 26/08/2021

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

No. of Employees / Members covered	: 381	No. of persons covered	: 1679
Maternity Benefits Opted	Normal Delivery Limit ₹ : 35000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 60000		
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		
Limit of additional ambulance charges per person	: 0		

Policy No. : 34080134210400000018 Document generated by 38808 at 26/08/2021 14:59:00 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 : NO

* 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		₹ 4839991.00
SGST	0	0
CGST	0	0
IGST	18	871198

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: 26/08/2021

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 : 34080121P0002235

IRDA Registration Number: 190