



**NIL ENDORSEMENT DOCUMENT  
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY**

|                     |                                                                                                                                                                 |                            |                                                                        |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
| <b>Insured Name</b> | : SAINIK SCHOOL TILAIYA<br>OLD BOYS<br>ASSOCIATION(SANTOBA)                                                                                                     | <b>Insurer Office Code</b> | : DEHRADUN BO 340801<br>(340801)                                       |
| <b>Address</b>      | : ALUMNI ASSOCIATION, C-<br>32, REMI BIZCORT, NEAR<br>SHAH INDUSTRIAL ESTATE<br>OFF VEERA DESAI ROAD,<br>ANDHERI , MUMBAI<br><br>MUMBAI ,MAHARASHTRA,<br>400053 | <b>Address</b>             | : 1, NASHVILLA ROAD,<br>BEHIND MOHAN<br>MANDIR,DEHRADUN<br><br>,262401 |
| <b>Telephone</b>    | : //7400094899                                                                                                                                                  | <b>Telephone</b>           | : 01352714672 / 01352657233                                            |
| <b>Fax</b>          | :                                                                                                                                                               | <b>Fax</b>                 | :                                                                      |
| <b>Email</b>        | :                                                                                                                                                               | <b>Email</b>               | : nia.340801@newindia.co.in                                            |
| <b>GSTIN</b>        | : NA                                                                                                                                                            | <b>GSTIN</b>               | : 05AAACN4165C4ZU                                                      |
| <b>UIN</b>          | : NA                                                                                                                                                            | <b>SAC</b>                 | : 997133 (Accident and health<br>insurance services)                   |

|                                                              |                                                            |                            |                        |
|--------------------------------------------------------------|------------------------------------------------------------|----------------------------|------------------------|
| <b>Endorsement attached to forming part of Policy Number</b> | :                                                          | 34080134210400000018       |                        |
| <b>Department</b>                                            | : Health Insurance                                         | <b>Cover</b>               | : NA                   |
| <b>Period of Insurance</b>                                   | : From 14/08/2021 12:00:01 AM To<br>13/08/2022 11:59:59 PM | <b>Endorsement No</b>      | : 34080134210482000073 |
|                                                              |                                                            | <b>Effective Date</b>      | : 14 August 2021       |
| <b>Date Signed</b>                                           | : 26/08/2021                                               | <b>Sum Insured₹</b>        | : 190,500,000.00       |
| <b>Additional Premium ₹</b>                                  | : N/A                                                      | <b>Additional ST/GST ₹</b> | : N/A                  |
| <b>Refund Premium ₹</b>                                      | : N/A                                                      | <b>Refund ST/GST ₹</b>     | : N/A                  |

|                                  |   |   |
|----------------------------------|---|---|
| <b>Number of Members Added</b>   | : | 0 |
| <b>Number of Members Deleted</b> | : | 0 |

It is hereby understood and agreed that the endorsement on policy 34080134210400000018 will be in effect from 14 August 2021.

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reason</b> | 15.External Congenital Ailments cover:covered in life threatning situation.<br>16.Emergency Ambulance Charges:₹ 2000/- per hospitalisation<br>17.sublimit of ailment:No limit apart from below mentioned limit<br>18.Special condition:"Psychiatric ailments within a limit of '₹' 30,000 as well as treatment of Functional Endoscopic Sinus Surgery within a limit of '₹' 35,000. The coverage for treatment of mental illness is also covered upto ₹ 30000 within the sum insured."<br>19.cyberknife treatment/Stem Cell Transplantation:50% Co-Pay<br>20.Cochlear Implant treatment:restricted to 50% of the SI.<br>21Lasik Surgery:covered if correction index is +/- 7.5 D<br>22.AYUSH treatment:Covered<br>23.Attendant charges:Not Covered<br>24.Lucentis:Not Covered<br>25.Co-Payment:No copay<br>26.GIPSA Clause : Applicable<br>27.Terrorism Cover:Covered<br>28.Day Care Procedures:Covered<br>29.Dental Treatment:Covered if due to accident and requiring Hospitalisation<br>30.Cashless Facility:Yes |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Premium and GST Details**

|                | Rate of Tax | Amount in INR |
|----------------|-------------|---------------|
| <b>Premium</b> |             | ₹0            |
| <b>SGST</b>    | 0           | 0             |
| <b>CGST</b>    | 0           | 0             |
| <b>IGST</b>    | 0           | 0             |

**TOTAL PREMIUM** : 0

Policy No. : 34080134210400000018 Document generated by 38808 at 26/08/2021 15:40:44 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>.



**TOTAL PREMIUM (In words)** : ZERO RUPEES ONLY

IN WITNESS WHEREOF THIS POLICY has been signed at \_\_\_\_\_ this 26-Aug-21.

Place : ,  
,262401  
Date :26-Aug-21

For and on behalf of  
The New India Assurance Company Limited

Authorized Signatory

Tax Invoice No :

**IRDA Registration Number: 190**