



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

Insured Name	: SAINIK SCHOOL TILAIYA OLD BOYS ASSOCIATION(SANTOBA)	Insurer 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
Telephone	: //7400094899	Telephone	: 01352714672 / 01352657233
Fax	:	Fax	:
Email	:	Email	: nia.340801@newindia.co.in
GSTIN	: NA	GSTIN	: 05AAACN4165C4ZU
UIN	: NA	SAC	: 997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number	:	34080134210400000018	
Department	: Health Insurance	Cover	: NA
Period of Insurance	: From 14/08/2021 12:00:01 AM To 13/08/2022 11:59:59 PM	Endorsement No	: 34080134210482000074
		Effective Date	: 14 August 2021
Date Signed	: 26/08/2021	Sum Insured₹	: 190,500,000.00
Additional Premium ₹	: N/A	Additional ST/GST ₹	: N/A
Refund Premium ₹	: N/A	Refund ST/GST ₹	: N/A

Number of Members Added	:	0
Number of Members Deleted	:	0

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

Reason	31.Addition-Deletion on pro-rata :After the inception of the Policy , NO midterm inclusion of any employee unless he/her is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child and such inclusion is also subject to payment of additional premium on pro rata basis. 32.Mid-term Addition of Dependents:Allowed only in case of new born baby and spouse in case of marriage 33.Claim intimation:Within 07 Days of Hospitalisaiotn 34.Claim submission:Within 30 Days of Discharge From Hospital
---------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹0
SGST	0	0
CGST	0	0
IGST	0	0
TOTAL PREMIUM	:	0
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