



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

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

Policy Details			
		Business Source Code	
<b>Policy Number</b>	: 34080134210400000019	<b>Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User</b>	: ALLIANCE INSURANCE BROKERS PVT LTD - (2D10077332) 340903 ALLIANCE INSURANCE BROKERS PVT LTD (SI00210444)
<b>Period of Insurance</b>	: From:14/08/2021 12:00:01 AM To: 13/08/2022 11:59:59 PM	<b>Agent/Bancassurance/Spe cified Person</b>	:
<b>Date of Proposal</b>	: 14/08/2021	<b>Phone No</b>	: NA / NA
<b>Prev. Policy no.</b>	: NA	<b>E-mail/Fax</b>	: krishnaji@allianceinsurance.in, / /
<b>Client Type</b>	: Corporate	<b>Financier(s) Details</b>	: NA

Premium	GST	Total	Receipt No. & Date:
₹634746	₹114254	₹749000 (RUPEES SEVEN LAC FORTY-NINE THOUSAND ONLY)	34080181210000000897 26/08/2021

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

<b>No. of Employees / Members covered</b>	: 105	<b>No. of persons covered</b>	: 477	
<b>Maternity Benefits Opted</b>	<b>Normal Delivery Limit ₹</b>	: 35000	<b>Zone Opted</b>	: I (Mumbai)
	<b>Caesarian Section Limit ₹</b>	: 60000		
<b>Deletion of 9 months waiting period</b>	: YES			
<b>Pre-existing cover Opted</b>	: YES			
<b>Deletion of 30 days waiting period</b>	: YES			
<b>Deletion of 2/4 year exclusion</b>	: YES			
<b>Limit of additional ambulance charges per person</b>	: 0			
<b>Additional cover Opted</b>	: NO			

Policy No. : 34080134210400000019 Document generated by 38808 at 26/08/2021 15:13:33 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 Conditions**

<b>Special Condition 1</b>	: TOP-UP POLICY FOR POLICY NO.34080134210400000018
<b>Special Condition 2</b>	: TERMS & CONDITIONS WILL REMAIN SAME AS BASE POLICY.

\* 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		₹ 634746.00
SGST	0	0
CGST	0	0
IGST	18	114254

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	
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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 : 34080121P0002236

**IRDA Registration Number: 190**