



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 for		34080134210400000019			
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	••	34080134210482000071
	:		Effective Date	:	14 August 2021
Date Signed	:	26/08/2021	Sum Insured₹	- : :	0.00
Additional Premium ₹	:	N/A	Additional ST/GST ₹	• • •	N/A
Refund Premium ₹	:	N/A	Refund ST/GST ₹	:	N/A

Number of Members Added	:)	
Number of Members Deleted)	

It is hereby understood and agreed that the endorsement on policy 34080134210400000019 will be in effect from 14 August 2021.

Reason THIS POLICY IS TOP UP POLICY FOR BASE POLICY NO. 34080134210400000018.				
TEDMS AND CONDITIONS WILL DEMAIN SAME AS BASE DOLLCY	Reas	•••	THIS POLICY IS TOP UP POLICY FOR BASE POLICY NO. 34080134210400000018. TERMS AND CONDITIONS WILL REMAIN SAME AS BASE POLICY.	

Premium and GST Details

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

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

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

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Authorized Signatory

Tax Invoice No:

IRDA Registration Number: 190