पॉलिसी अनुसूची/ *Policy Schedule*- National Mediclaim Policy

पॉलिसी नंबर/ ***Policy Number:***
360400502410000565

व्यवसाय स्रोत/*Business Source: 360400*

बिक्रय चैनल विवरण/***Sales Channel Details:***
बिक्रय चैनल कोड /*Sales Channel Code: 9000193544*
नाम /*Name: Mrs Neeraj Chaudhary* संपर्क संख्या/*Contact Number: 7011514981*
सह दलाल कोड / *Co Broker Code:*

जारीकर्ता कार्यालय/***Issuing Office***
कार्यालय कोड /*Office Code: 360400*
कार्यालय पता /*Office Address: DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,, - 110085.*
राज्य कोड/*State Code: 7 , Delhi*
जीएसटीआइन/*GSTIN: 07AAACN9967E1Z5*
संपर्क संख्या/*Contact Number:*
मोबाइल नंबर/*Mobile Number: 0*

UIN: NICHLIP24004V072324
कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number:1800 345 0330**
ईमेल/**email:customer.support@nic.co.in**

ग्राहक का नाम /Customer Name: MR LAXMAN REGMI

पता/ Address: G TECH WEB MARKETING PVT. LTD. A- 19-A , 3 RD FLOOR,
MAYAPURI INDUSTRIAL AREA PHASE-II ,, शहर/City: WEST DELHI - DISTRICT OTHERS, जिला/District: WEST DELHI, राज्य/State: DELHI, पिन/PIN: 110064.
सेल/Cell: 7011514981

ग्राहक आईडी /Customer ID: 9563562818
आधार /AADHAR:
फोन /Phone: 7011514981

पैन /PAN: CCPPR3958F

ई-मेल /E-Mail: jeetuneerajdeepti@gmail.com

पॉलिसी: 02/06/2024 के 00:00 से 01/06/2025 की मध्य रात्रि तक प्रभावी **/Policy Effective from 00:00 hours, on 02/06/2024 to midnight of 01/06/2025**

प्रीमियम/ Premium	₹2,881.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 2,881.00		
सीजीएसटी/CGST	₹ 259.00		
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 259.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800240604311412 दिनांक/Dt. 04/06/2024
आईजीएसटी/IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	360400812410001002 दिनांक/Dt. 04/06/2024
कुल राशि /**Total Amount**	₹ 3,400.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	360401502310000548दिनांक/Dt.01/06/2024 360401502210000330दिनांक/Dt.31/05/2023

(रूपए/Rupees Three Thousand Four Hundred केवल/Only.)

*सरकारी सब्सिडी Government Subsidy: ₹ 0.00

बीमित व्यक्ति का विवरण/ **Details of Insured Persons**

क्र.सं./S.No	बीमित व्यक्ति का नाम/ Name of the Insured Person	जन्म-तिथि/ आयु / Date of Birth Age	संबंध पेशा/ Relation-Occupation	लिंग/ Gender	बीमा राशि (रू.) सीबीराशि/ Sum Insured(`) CB Amount(`)	Home Care Treatment
1	LAXMAN REGMI	01/01/1996 28	Self-Company Employee	Male	100000 10000	NA

वैकल्पिक कॉपीराइट विवरण /**Optional Copayment details :-**

सह भुगतान/**co payment %:***NA*

नामांकित विवरण /**Nominee Details**

नामांकित व्यक्ति का नाम/ **Name of the Nominee**
JANKI REGMI

बीमित व्यक्ति के साथ संबंध/ **Relationship with Insured**
Wife

Frequency of Premium Payment: Annual

प्रमाण-पत्र /Certificate- National Mediclaim Policy

पॉलिसी नंबर /**Policy Number: 360400502410000565**

व्यवसाय स्रोत /Business Source: 360400

जारीकर्ता कार्यालय/**Issuing Office**
कार्यालय कोड /Office Code: 360400
कार्यालय पता /Office Address: DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,, - 110085.
राज्य कोड/State Code: 7 , Delhi
जीएसटीआइन/GSTIN: 07AAACN9967E1Z5
संपर्क संख्या Contact Number:
मोबाइल नंबर/Mobile Number: 0

विक्रय चैनल विवरण/ **Sales Channel Details**
विक्रय चैनल कोड/ Sales Channel Code: 9000193544
नाम/ Name: Mrs Neeraj Chaudhary
संपर्क संख्या Contact Number: 7011514981
सह दलाल कोड / Co Broker Code:
UIN: NICHLIP24004V072324
कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number:1800 345 0330**
ईमेल/email:customer.support@nic.co.in

एफ1/
टीपीए का विवरण/ **TPA Details**:HEALTH INSURANCE TPA OF INDIA LTD - HO, Health Insurance TPA of India Ltd.
2nd Floor, Majestic Omnia Building,
A-110, Sector 4 Noida,
Uttar Pradesh , Toll free number : 1800 180 3600 / 1800 102 3600 ,Email: customerservice@hitpa.co.in . - 201301 Fax : 011 - 49043399
Email : customerservice@hitpa.co.in.

जिसकी गवाही में **04/June/2024** को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट **https://nationalinsurance.nic.co.in** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । ***/IN WITNESS WHEREOF**, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **04/June/2024.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.nic.co.in*** *shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that* ***IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

इंश्योरेन्सइंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman,2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002.
Tel.: 011 - 23232481/23213504
Email: bimalokpal.delhi@cioins .co.in

स्टांप ड्यूटी
Stamp Duty:
(₹ 0.50)

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited
अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

प्रमाण-पत्र /*Certificate*- National Mediclaim Policy

पॉलिसी नंबर /***Policy Number: 360400502410000565***

व्यवसाय स्रोत /*Business Source: 360400*

जारीकर्ता कार्यालय/***Issuing Office***
कार्यालय कोड /*Office Code: 360400*
कार्यालय पता /*Office Address: DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,, - 110085.*
राज्य कोड/*State Code: 7 , Delhi*
जीएसटीआइएन/***GSTIN: 07AAACN9967E1Z5***
संपर्क संख्या*Contact Number:*
मोबाइल नंबर/*Mobile Number: 0*

विक्रय चैनल विवरण/ ***Sales Channel Details***
विक्रय चैनल कोड/ *Sales Channel Code: 9000193544*
नाम/ *Name: Mrs Neeraj Chaudhary*
संपर्क संख्या*Contact Number: 7011514981*
सह दलाल कोड / *Co Broker Code:*
UIN: NICHLIP24004V072324
कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number:1800 345 0330**
ईमेल/**email:customer.support@nic.co.in**

ग्राहक का नाम/Customer Name:MRLAXMAN REGMI

ग्राहक आईडी/Customer ID: 9563562818

पैन/PAN:CCPPR3958F

पता/Address:G TECH WEB MARKETING PVT. LTD. A- 19-A , 3 RD FLOOR, MAYAPURI INDUSTRIAL AREA PHASE-II ,, शहर/City:WEST DELHI - DISTRICT OTHERS, जिला/District:,राज्य/State:DELHI, पिन /PIN:110064सेल/Cell:7011514981

फोन/Phone:

ई-मेल/ E-Mail:jeetuneerajdeepti@gmail.com

पॉलिसी: 00:00hours, on 02/06/2024 से प्रभावी 01/06/2025 की मध्य रात्रि तक/Policy Effective from: 00:00hours, on 02/06/2024 to midnight of 01/06/2025

प्रीमियम प्रमाण-पत्र/ Premium Certificate

(आयकर (संशोधन) अधिनियम, **1986** के तहत **80** डी के कटौती के प्रयोजन के लिए)/

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

यह प्रमाणित किया जाता है कि MR.LAXMAN REGMI ने रूपये ₹.3400 Three Thousand Four Hundredकेवलदस्तावेज संख्या IMPS/P2A/415315887455 दिनांकित 01/06/2024 के द्वारा 02/06/2024 से 01/06/2025 की अवधि के लिए पॉलिसी संख्या 360400502410000565 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है। प्रीमियम /Premium ₹.2,881.01 सीजीएसटी / CGST₹.259.00. एसजीएसटी / SGST₹.259.00. आईजीएसटी/IGST ₹.0.00. रसीद संख्या के द्वारा भुगतान प्राप्त /Payment received vide receipt no.360400812410001002दिनांकित/ dated04/06/2024.

This is to certify that MR.LAXMAN REGMI has paid ₹.3,400.00 Rupees Three Thousand Four Hundred Only towards premium for Hospitalisation Insurance vide Policy no.360400502410000565 for the period from 02/06/2024 to 01/06/2025 by Instrument number IMPS/P2A/415315887455 dated 01/06/2024. Premium₹.2,881.01. CGST₹ 259.00. SGST₹.259.00. IGST ₹.0.00. Payment received vide receipt no.360400812410001002 dated 04/06/2024.s

कृते नेशनल इंश्योरेंस कंपनी लिमिटेड/

For National Insurance Company Limited

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

प्रमाण-पत्र /*Certificate*- National Mediclaim Policy

पॉलिसी नंबर /***Policy Number: 360400502410000565***

व्यवसाय स्रोत /*Business Source: 360400*

जारीकर्ता कार्यालय/***Issuing Office***
कार्यालय कोड /*Office Code: 360400*
कार्यालय पता /*Office Address: DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,, - 110085.*
राज्य कोड/*State Code: 7 , Delhi*
जीएसटीआइन/***GSTIN**: 07AAACN9967E1Z5*
संपर्क संख्या*Contact Number:*
मोबाइल नंबर/*Mobile Number: 0*

विक्रय चैनल विवरण/ ***Sales Channel Details***
विक्रय चैनल कोड/ *Sales Channel Code: 9000193544*
नाम/ *Name: Mrs Neeraj Chaudhary*
संपर्क संख्या*Contact Number: 7011514981*
सह दलाल कोड / *Co Broker Code:*
UIN: NICHLIP24004V072324
कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number:1800 345 0330**
ईमेल/**email:customer.support@nic.co.in**

ग्राहक का नाम/Customer Name:MRLAXMAN REGMI

ग्राहक आईडी/Customer ID: 9563562818

पैन/PAN:CCPPR3958F

पता/Address:G TECH WEB MARKETING PVT. LTD. A- 19-A , 3 RD FLOOR, MAYAPURI INDUSTRIAL AREA PHASE-II ,, शहर/City:WEST DELHI - DISTRICT OTHERS, जिला/District:,राज्य/State:DELHI, पिन /PIN:110064मेल/Cell:7011514981

फोन/Phone:

ई-मेल/ E-Mail:jeetuneerajdeepti@gmail.com

पॉलिसी: 00:00hours, on 02/06/2024 से प्रभावी 01/06/2025 की मध्य रात्रि तक/Policy Effective from: 00:00hours, on 02/06/2024 to midnight of 01/06/2025

प्रीमियम प्रमाण-पत्र/ Premium Certificate

(आयकर (संशोधन) अधिनियम, **1986** के तहत **80** डी के कटौती के प्रयोजन के लिए)/

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

यह प्रमाणित किया जाता है कि MR.LAXMAN REGMI ने रूपये ₹.3400 Three Thousand Four Hundredकेवलदस्तावेज संख्या IMPS/P2A/415315887455 दिनांकित 01/06/2024 के द्वारा 02/06/2024 से 01/06/2025 की अवधि के लिए पॉलिसी संख्या 360400502410000565 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान किया है। प्रीमियम /Premium ₹.2,881.01 सीजीएसटी / CGST₹.259.00. एसजीएसटी / SGST₹.259.00. आईजीएसटी/IGST ₹.0.00. रसीद संख्या के द्वारा भुगतान प्राप्त /Payment received vide receipt no.360400812410001002दिनांकित/ dated04/06/2024.

This is to certify that MR.LAXMAN REGMI has paid ₹.3,400.00 Rupees Three Thousand Four Hundred Only towards premium for Hospitalisation Insurance vide Policy no.360400502410000565 for the period from 02/06/2024 to 01/06/2025 by Instrument number IMPS/P2A/415315887455 dated 01/06/2024. Premium₹.2,881.01. CGST₹ 259.00. SGST₹.259.00. IGST ₹.0.00. Payment received vide receipt no.360400812410001002 dated 04/06/2024.s

कृते नेशनल इंश्योरेंस कंपनी लिमिटेड/

For National Insurance Company Limited

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./**Invoice Serial No:** 30229H4PE0000565

इनवॉयस दिनांक/**Invoice Date:** 04/06/2024

आपूर्तिकर्ता का विवरण/**Details of Supplier**:
नेशनल इन्श्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited.,
DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,. - 110085
राज्य/State : 7 , Delhi
जीएसटीआइन नंबर/ GSTIN No : 07AAACN9967E1Z5

प्राप्तकर्ता का विवरण/**Details Of Receiver** : MR LAXMAN REGMI
पता/Address : G TECH WEB MARKETING PVT. LTD. A- 19-A , 3 RD FLOOR, MAYAPURI INDUSTRIAL AREA PHASE-II ,
शहर/City : WEST DELHI - DISTRICT OTHERS,
जिला/District: WEST DELHI,
राज्य/State: DELHI,
पिन/PIN: 110064.

आपूर्ति का स्थान/Place Of Supply State : Delhi
राज्य कोड/State Code : 7
जीएसटीआईएन नंबर/GSTIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/ Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/ Rate	राशि/Amount(₹)	दर/ Rate	राशि Amount(₹)	दर/ Rate	राशि/ Amount(₹)	राशि/ Amount(₹)
997133	Accident and health insurance services	2,881	0%	2,881	9%	259	9%	259	0%	0	0
TOTAL		2,881		2,881		259		259		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :** ₹ 3,400
कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/Rupees Three Thousand Four Hundred केवल/Only.
रिवर्स चार्ज के अधीन टैक्स की राशि/ **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

National Mediclaim Policy
Customer Information Sheet

This documents provides key information about your policy. You are also advised to go through your policy document.

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.
1.	Name of Insurance Product	National Mediclaim Policy	
2.	Policy No.	360400502410000565	
3.	Type of Insurance Product	Indemnity	
4.	Sum Insured	Name of the Insured Person: LAXMAN REGMI Sum Insured: 100000	
5.	Policy Coverage (what the policy covers?)	**Expenses in respect of:** a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days c. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d. Modern Treatment (12 in Number) e. Procedures requiring less than 24 hours of hospitalization (day care). f. Ayurveda and Homeopathy g. HIV/ AIDS Treatment h. Mental Illness Treatment i. Organ Donor's Medical Expenses j. Ambulance Charges k. Morbid Obesity Treatment l. Correction of Refractive Error (equal to or more than 7.5 dioptres) **Other Benefit: Reinstatement of Basic Sum Insured (available to Basic SI of □ 6L and above)** **Good Health Incentive:** m. Cumulative Bonus (CB) n. Preventive Health Check Up	3 3.7 3.8 3.5 3.9.1 3.9.2 3.9.3 3.9.4 3.9.5 3.9.6 3.9.7 3.9.8 3.10.1 3.11 3.11.1 3.11.2
6.	Exclusions (what the policy does not cover)	**STANDARD EXCLUSIONS** a. Pre-Existing Diseases (Excl 01) b. Specified disease/procedure waiting period (Excl 02) c. First 30 days waiting period (Excl 03) d. Investigation& Evaluation (Excl 04) e. Rest Cure, Rehabilitation and Respite Care (Excl 05) f. Obesity/ Weight Control (Excl 06) g. Change-of-Gender Treatments (Excl 07) h. Cosmetic or Plastic Surgery (Excl 08) i. Hazardous or Adventure Sports (Excl 09) j. Breach of Law (Excl 10) k. Excluded Providers (Excl 11) l. Drug/Alcohol Abuse (Excl 12) m. Non Medical Admissions (Excl 13) n. Vitamins, Tonics (Excl 14) o. Refractive Error (Excl 15) p. Unproven Treatments (Excl 16) q. Birth control, Sterility and Infertility (Excl 17) r. Maternity (Excl 18) **SPECIFIC EXCLUSIONS** a. Hormone Replacement Therapy b. General Debility, Congenital External Anomaly c. Self Inflicted Injury d. Stem Cell Surgery e. Circumcision f. Vaccination or Inoculation. g. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy) h. Dental treatment i. Domiciliary Hospitalization & Out Patient Department (OPD) treatment j. Stay in Hospital which is not Medically Necessary. k. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants l. Non Prescription Drug m. Treatment not Related to Disease for which Claim is Made n. Equipments	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13 4.14 4.15 4.16 4.17 4.18 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14 5.15 5.16 5.17

		o. Items of personal comfort p. Service charge/ registration fee q. Home visit charges r. War s. Radioactivity t. Treatment taken outside the geographical limits of India u. Permanently Excluded Diseases Exclusions in Mental Illness Cover Exclusions in Organ Donor's Medical Expenses	5.18 5.19 5.20 5.21 3.9.4 3.9.5
7.	Waiting period	a. **Initial waiting period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents) b. **Specific waiting periods (Not applicable for claims arising due to an accident):** o Ninety (90) Days for 3 diseases/procedures/conditions o One (1) year for 5 diseases/procedures o Two (2) years for 20 diseases/procedures o Four (4) years for 4 diseases/procedures c. **Pre-Existing Diseases:** Covered after forty eight (48) months	4.3 4.2 4.1
8	*Financial limits of coverage* *i. Sub-limit* *(It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)*	Coverage shall be subject to the following **Sub Limits: (SI here means basic sum insured and cumulative bonus, if any)** i. **Room Charges** - Up to 25% of SI (Any One Illness) a. **Room Rent** - Up to 1% of SI, subject to max of INR 10,000 per day b. **ICU charges** - Up to 2% of SI subject to max of INR 20,000 per day ii. **Medical Practitioner's Fees** - Up to 25% of SI (Any One Illness) iii. **Other Expenses** - Up to 50% of SI (Any One Illness). iv. **Hemodialysis, Chemotherapy, Radiotherapy** – Up to 50% of SI or the PPN Package Rate v. **Modern Treatments (12 in number)** – Up to 25% of SI vi. **Treatment necessitated due to participation as a non-professional in hazardous or adventure sports** – Up to 25% of SI vii. **Ambulance Charges** – 1% of SI subject to maximum of INR 2,000 in a Policy Period	3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6
	ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	**Optional Copayment** The Insured may opt for Optional Co-payment, with discount in premium. Insured may choose either of the two Co-payment options: i. 20% Co-payment on each admissible claim under the Policy, with a 15% discount in total premium. ii. 15% Co-payment on each admissible claim under the Policy, with a 10% discount in total premium.	3.9.6 6.17.7
	iii. Deductible *iv. Any other limit*	**Not applicable** **Not applicable**	
9.	*Claims/ Claim Procedure*	**For Cashless Service** i. Notification of claim to be provided as per table below.	6.17.1

Notification of claim for Cashless facility	TPA must be informed:
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider

Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.

iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule. 6.17.2

iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.

v. The TPA upon getting cashless request form and related medical information from the insured person/network provider shall issue pre-authorization letter to the hospital after verification.

vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing.

For Reimbursement of Claim

i. Notification of claim to be provided as per table below.

Notification of claim for Reimbursement	Company/TPA must be informed:
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital

		In the event of emergency hospitalisation — Within twenty four (24) hours of the Insured Person's admission to Hospital	6.17.1
		For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit. **Type of claim** — **Time limit for submission of documents to Company/TPA** Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges — Within thirty (30) days of date of discharge from Hospital Reimbursement of post hospitalisation expenses — Within thirty (30) days from completion of Post Hospitalisation treatment Reimbursement of Preventive Health Check-Up expenses — At least forty five (45) days before the expiry of the fifth Policy Period	6.17.3 6.17.5
		Claim Settlement i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim **Turn Around Time (TAT) for claims settlement:** i. TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA ii. TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA **Network Hospital Details:** https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals **Helpline Number:** 1800 345 0330 **Downloading Claim form:** https://nationalinsurance.nic.co.in/en/health-insurance	6.3
10	*Policy Servicing*	Toll free: 1800 345 0330 Phone:0 Post:DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi,, - 110085	
11.	Grievances/ Complaints	**In case of any grievance the insured person may contact the company through** Website: https://nationalinsurance.nic.co.in/en/grievance Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phone : (033) 6811 0000 Post: CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajarhat, New Town, Kolkata - 700156 **Insurance Ombudsman** – As per Appendix III attached to Policy.	7
12	Things to Remember	**Free Look Period** You may cancel the insurance policy if you don't want it, within 15 days from the beginning of the policy. (Not applicable on renewals) If the insured has not made any claim during the Free Look Period, the insured shall be entitled to i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. **Policy Renewal** Except fraud, moral hazard or misrepresentation or noncooperation renewal of your policy shall not be denied, provided the policy is not withdrawn. **Migration and Portability:** • The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. • The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability **Change in Basic Sum Insured:**	6.13 6.9 6.7 6.8

		i. Basic Sum insured can be enhanced only at the time of renewal. ii. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods.	6.23
		Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	6.11
13	*Your Obligations*	• Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. • The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.	6.1

Legal Disclaimer
The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Insurance is the Subject matter of Solicitation