

पॉलिसी अनुसूची/ Policy Schedule- National Mediclaim Policy



पॉलिसी नंबर/ Policy Number:
360400502410000559

व्यवसाय स्रोत/Business Source: 360400

विक्रय चैनल विवरण/Sales Channel Details:
विक्रय चैनल कोड /Sales Channel Code:
9000140679

ब्रॉकर का 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

नाम /Name: Mr Jeetu Chaudhary संपर्क संख्या
/Contact Number: 9810934981
सह दलाल कोड / Co Broker Code:

जीएसटीआइन/GSTIN: 07AAACN9967E1Z5
संपर्क संख्या/Contact Number:
मोबाइल नंबर/Mobile Number: 0

UIN: NICHLP24004V072324
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 KAMAL CHAUHAN
पता/ Address: GTECH WEB MARKETING PVT LTD, A-19A, 3RD
FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE- II, NEW DELHI
110064, शहर/City: WEST DELHI - DISTRICT OTHERS, जिला/District:
WEST DELHI, राज्य/State: DELHI, पिन/PIN: 110064.
सेल/Cell: 7011514981

ग्राहक आईडी /Customer ID: 9522613108
पैन /PAN: BBOPC0299K
आधार /AADHAR:
फोन /Phone: 7011514981
ई-मेल /E-Mail: jeetuneerajdeepti@gmail.com

पॉलिसी: 03/06/2024 के 00:00 से 02/06/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 03/06/2024 to
midnight of 02/06/2025

प्रीमियम/ Premium	₹3,593.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 3,593.00		
सीजीएसटी/CGST	₹ 323.00		
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 323.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800240603308995 दिनांक/Dt. 03/06/2024
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	360400812410000991 दिनांक/Dt. 03/06/2024 360401502310000552दिनांक/Dt.02/06/2024 36160050221000157दिनांक/Dt.02/06/2023 36160050211000329दिनांक/Dt.02/06/2022 36160050201000355दिनांक/Dt.02/06/2021 36160050191000157दिनांक/Dt.02/06/2020
कुल राशि /Total Amount	₹ 4,239.00	पिछली पॉलिसी संख्या और समाप्ति तिथि Previous Policy Number and Expiry Date	

(रुपए/Rupees Four Thousand Two Hundred Thirty Nine 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 (रु.) सीबीआरशि/ Sum Insured() CB Amount()	Home Care Treatment
1	KAMAL CHAUHAN	22/02/1996 28	Self-Company Employee	Male	200000 50000	NA



पॉलिसी नंबर /Policy Number:
360400502410000559

व्यवसाय स्रोत /Business Source: 360400

जारीकर्ता कार्यालय/Issuing Office

विक्रय चैनल विवरण/ Sales Channel Details

कार्यालय कोड /Office Code: 360400

विक्रय चैनल कोड/ Sales Channel Code:

कार्यालय पता /Office Address: DELHI
BUSINESS OFFICE IX 302, N N Mall,
Sector 3, Rohini, New Delhi,, - 110085.

9000140679

राज्य कोड/State Code: 7, Delhi

नाम/ Name: Mr Jeetu Chaudhary

जीएसटीआर/GSTIN: 07AAACN9967E1Z5

संपर्क संख्या/Contact Number: 9810934981

संपर्क संख्या/Contact Number:

सह दलाल कोड / Co Broker Code:

मोबाइल नंबर/Mobile Number: 0

UIN: NICHLP24004V072324

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free

Number:1800 345 0330

ईमेल/email:customer.support@nic.co.in

वैकल्पिक कॉपीराइट विवरण /Optional Copayment details :-

सह भुगतान/co payment %:NA

नामांकित विवरण /Nominee Details

नामांकित व्यक्ति का नाम/ Name of the Nominee
ASHOK KUMAR

धीमित व्यक्ति के साथ संबंध/ Relationship with Insured
Father

Frequency of Premium Payment: Annual

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 03/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, पृष्ठान्त और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप 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 03/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'

इंश्योरेंस इंडिया लिमिटेड 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

स्टॉप जूट्टी
Stamp
Duty:
(₹ 0.50)

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



पॉलिसी नंबर /Policy Number:
360400502410000559

व्यवसाय स्रोत /Business Source: 360400

आरीकता कार्यालय/Issuing Office

विक्रय चैनल विवरण/ Sales Channel Details

कार्यालय कोड /Office Code: 360400

विक्रय चैनल कोड/ Sales Channel Code:

कार्यालय पता /Office Address: DELHI

9000140679

BUSINESS OFFICE IX 302, N N Mall,
Sector 3, Rohini, New Delhi, - 110085.

नाम/ Name: Mr Jeetu Chaudhary

राज्य कोड/State Code: 7, Delhi

संपर्क संख्या/Contact Number: 9810934981

जीएसटीआर/ GSTIN: 07AAACN9967E1Z5

सह दलाल कोड / Co Broker Code:

संपर्क संख्या/Contact Number:

UIN: NICHLP24004V072324

मोबाइल नंबर/Mobile Number: 0

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:MRKAMAL CHAUHAN

ग्राहक आईडी/Customer ID:

पैन/PAN:BBOPC0299K

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

9522613108

फोन/Phone:

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

पॉलिसी 00:00hours, on 03/06/2024 से प्रभावी 02/06/2025 की मध्य रात्रि तक/Policy Effective from: 00:00hours, on 03/06/2024 to midnight of 02/06/2025

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.KAMAL CHAUHAN ने रुपये ₹.4239 Four Thousand Two Hundred Thirty Nine केवलदस्तावेज संख्या IMPS/P2A/415315885086 दिनांकित

01/06/2024 के द्वारा 03/06/2024 से 02/06/2025 की अवधि के लिए पॉलिसी संख्या 360400502410000559 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान

किया है। प्रीमियम /Premium ₹.3,593.01 सीजीएसटी/CGSTR.323.00. एसजीएसटी/SGSTR.323.00. आईजीएसटी/IGST ₹.0.00. रसीद संख्या के द्वारा भुगतान प्राप्त /Payment

received vide receipt no.360400812410000991दिनांकित/ dated03/06/2024.

This is to certify that MR.KAMAL CHAUHAN has paid ₹.4,239.00 Rupees Four Thousand Two Hundred Thirty Nine Only towards premium for Hospitalisation Insurance vide Policy no.360400502410000559 for the period from 03/06/2024 to 02/06/2025 by Instrument number IMPS/P2A/415315885086 dated 01/06/2024. Premium ₹.3,593.01. CGSTR.323.00. SGSTR.323.00. IGST ₹.0.00. Payment received vide receipt no.360400812410000991 dated 03/06/2024.s

कृते नेशनल इश्योरेंस कंपनी लिमिटेड/

For National Insurance Company Limited

विधिवत रूप से अधिकृत प्राधिकरण/

Duly Constituted Authority

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र./Invoice Serial No: 30229H4PE0000559

इनवॉयस तिथि/Invoice Date: 03/06/2024

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस 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 KAMAL CHAUHAN

फार्म/Address : GTECH WEB MARKETING PVT LTD, A-19A, 3RD FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE- II, NEW DELHI 110064
शहर/City : WEST DELHI - DISTRICT OTHERS,
ज़िला/District: WEST DELHI,
राज्य/State: DELHI,
पिन/PIN: 110064.

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

सैक कोड/SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Disco unt	टैक्स योग्य/ मूल्य/ Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/ Rate	राशि/Amount(₹)	दर/ Rat e	राशि Amount(₹)	दर/ Rate	राशि/ Amount(₹)	राशि/ Amount(₹)
997133	Accident and health insurance services	3,593	0%	3,593	9%	323	9%	323	0%	0	0
TOTAL		3,593		3,593		323		323		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) : ₹ 4,239

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees Four Thousand Two Hundred Thirty Nine केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की रशि/ Amount of Tax Subject to Reverse Charge : No

E.&.O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



National Insurance Company Limited	
CIN - U10200WB1906GOI001713	IRDAI Regn. No. - 58



**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.	360400502410000559					
3.	Type of Insurance Product	Indemnity					
4.	Sum Insured	<table><tr><th>Name of the Insured Person</th><th>Sum Insured</th></tr><tr><td>KAMAL CHAUHAN</td><td>200000</td></tr></table>	Name of the Insured Person	Sum Insured	KAMAL CHAUHAN	200000	
Name of the Insured Person	Sum Insured						
KAMAL CHAUHAN	200000						
5.	Policy Coverage (what the policy covers?)	<p>Expenses in respect of:</p> <ul style="list-style-type: none">a. Admission in Hospital beyond 24 hrsb. Pre-hospitalisation (treatment prior to admission in hospital) of 45 daysc. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharged. Modern Treatment (12 in Number)e. Procedures requiring less than 24 hours of hospitalization (day care).f. Ayurveda and Homeopathyg. HIV/ AIDS Treatmenth. Mental Illness Treatmenti. Organ Donor's Medical Expensesj. Ambulance Chargesk. Morbid Obesity Treatmentl. Correction of Refractive Error (equal to or more than 7.5 dioptries) <p>Other Benefit: Reinstatement of Basic Sum Insured (available to Basic SI of ₹ 6L and above)</p> <p>Good Health Incentive:</p> <ul style="list-style-type: none">m. Cumulative Bonus (CB)n. Preventive Health Check Up	<p>3</p> <p>3.7</p> <p>3.8</p> <p>3.5</p> <p>3.9.1</p> <p>3.9.2</p> <p>3.9.3</p> <p>3.9.4</p> <p>3.9.5</p> <p>3.9.6</p> <p>3.9.7</p> <p>3.9.8</p> <p>3.10.1</p> <p>3.11</p> <p>3.11.1</p> <p>3.11.2</p>				
6.	Exclusions (what the policy does not cover)	<p>STANDARD EXCLUSIONS</p> <ul style="list-style-type: none">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) <p>SPECIFIC EXCLUSIONS</p> <ul style="list-style-type: none">a. Hormone Replacement Therapyb. General Debility, Congenital External Anomalyc. Self Inflicted Injuryd. Stem Cell Surgerye. Circumcisionf. Vaccination or Inoculation.g. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy)h. Dental treatmenti. Domiciliary Hospitalization & Out Patient Department (OPD) treatmentj. Stay in Hospital which is not Medically Necessary.k. Spectacles, Contact Lens, Hearing Aid, Cochlear Implantsl. Non Prescription Drugm. Treatment not Related to Disease for which Claim is Maden. Equipments	<p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.10</p> <p>4.11</p> <p>4.12</p> <p>4.13</p> <p>4.14</p> <p>4.15</p> <p>4.16</p> <p>4.17</p> <p>4.18</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p> <p>5.7</p> <p>5.8</p> <p>5.9</p> <p>5.10</p> <p>5.11</p> <p>5.12</p> <p>5.13</p> <p>5.14</p> <p>5.15</p> <p>5.16</p> <p>5.17</p>				

		<table><tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Hospital</td></tr></table> <p>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.</p> <table><tr><th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr><tr><td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within thirty (30) days of date of discharge from Hospital</td></tr><tr><td>Reimbursement of post hospitalisation expenses</td><td>Within thirty (30) days from completion of Post Hospitalisation treatment</td></tr><tr><td>Reimbursement of Preventive Health Check-Up expenses</td><td>At least forty five (45) days before the expiry of the fifth Policy Period</td></tr></table> <p>Claim Settlement</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA</p> <p>ii. TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA</p> <p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-pgn-hospitals</p> <p>Helpline Number: 1800 345 0330</p> <p>Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p>	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital	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	6.17.1 <
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital												
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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												

or Now Sio Number need to Convert Corporate Plan.

		<p>i. Basic Sum insured can be enhanced only at the time of renewal.</p> <p>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.</p>	6.23
		<p>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.</p>	6.11
13	Your Obligations	<ul style="list-style-type: none"> 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