

पॉलिसी अनुसूची/ Policy Schedule- National Mediclaim Policy

पॉलिसी नंबर/ Policy Number:
360400502410000564

नियोजक 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: 07AAAACN9967E1Z5
संपर्क संख्या/Contact Number:
मोबाइल नंबर/Mobile Number: 0

व्यवसाय स्रोत/Business Source: 360400

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

नाम /Name: Mr Jeetu Chaudhary संपर्क संख्या/
Contact Number: 9810934981
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: MS SHILPA GHOSH

पता/ Address: C/O 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:
9549078451

पैन /PAN: BCPVG0532M

आधार /AADHAR:
फोन /Phone: 7011514981

ई-मेल /E-Mail: jeetuneerajdeepi@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	₹3,717.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 3,717.00		
सीजीएसटी/CGST	₹ 335.00		
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 335.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800240604311461 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	360400812410001001 दिनांक/Dt. 04/06/2024 360401502310000565दिनांक/Dt.02/06/2024 361600502210001578दिनांक/Dt.02/06/2023 361600502110000328दिनांक/Dt.02/06/2022 361600502010000354दिनांक/Dt.02/06/2021 361600501910000370दिनांक/Dt.02/06/2020
कुल राशि /Total Amount	₹ 4,387.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	

(रुपए/Rupees Four Thousand Three Hundred Eighty Seven 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	SHILPA GHOSH	28/05/1989 35	Self-Company Employee	Female	200000 25000	NA

वैकल्पिक कॉपीराइट विवरण /Optional Copayment details :-

सह भुगतान/co payment %:NA

नामांकित विवरण /Nominee Details

नामांकित व्यक्ति का नाम/ Name of the Nominee
MRS.DEEPA DUTTA

बीमित व्यक्ति के साथ संबंध/ Relationship with Insured
Wife

प्रमाण-पत्र /Certificate- National Mediclaim Policy

पॉलिसी नंबर /Policy Number:
360400502410000564

व्यवसाय स्रोत /Business Source: 360400



आशिकर्ता 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.

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जीएसटीआर/GSTIN: 07AAACN9967E1Z5

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

विक्रय चैनल विवरण/ Sales Channel Details

विक्रय चैनल कोड/ Sales Channel Code:

9000140679

नाम/ Name: Mr Jeetu Chaudhary

संपर्क संख्या/Contact Number: 9810934981

सह दलाल कोड / Co Broker Code:

UIN: NICHILIP24004V072324

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free

Number:1800 345 0330

ईमेल/email:customer.support@nic.co.in

Frequency of Premium Payment: Annual

एनए1/

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 शर्तों, 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 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'**

इंश्योरेंसईंडियालिमिटेड 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 ड्यूटी
Stamp
Duty:
(₹ 0.50)

कृते नेशनल इन्श्योरेंस 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:

360400502410000564

आवेकता 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

जीएसटीआर/GSTIN: 07AAACN9967E1Z5

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

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विक्रय चैनल विवरण/ Sales Channel Details

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नाम/ Name: Mr Jeetu Chaudhary

संपर्क संख्या/Contact Number: 9810934981

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:MSSHILPA GHOSH

ग्राहक आईडी/Customer ID:

9549078451

पैन/PAN:BCVPG0532M

पता/Address:C/O 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: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 MS.SHILPA GHOSH ने रुपये ₹.4387 Four Thousand Three Hundred Eighty Seven केवल दस्तावेज संख्या IMPS/P2A/415315891086 दिनांकित

01/06/2024 के द्वारा 03/06/2024 से 02/06/2025 की अवधि के लिए पॉलिसी संख्या 360400502410000564 के माध्यम से अस्पताल में भर्ती बीमा हेतु प्रीमियम का भुगतान

किया है। प्रीमियम /Premium ₹.3,717.01 सीजीएसटी/CGST ₹.335.00, एसजीएसटी/SGST ₹.335.00, आईजीएसटी/IGST ₹.0.00, रसीद संख्या के द्वारा भुगतान प्राप्त /Payment

received vide receipt no.360400812410001001 दिनांकित/ dated 04/06/2024.

This is to certify that MS.SHILPA GHOSH has paid ₹.4,387.00 Rupees Four Thousand Three Hundred Eighty Seven Only towards premium for Hospitalisation Insurance vide Policy no.360400502410000564 for the period from 03/06/2024 to 02/06/2025 by Instrument number IMPS/P2A/415315891086 dated 01/06/2024. Premium ₹.3,717.01, CGST ₹.335.00, SGST ₹.335.00, IGST ₹.0.00. Payment received vide receipt no.360400812410001001 dated 04/06/2024.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: 30229H4PE0000564

इनवॉयस तिथि/Invoice Date: 04/06/2024

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

जीएसटीआयन नंबर/

GSTIN No : 07AAACN9967E1Z5

प्राप्तकर्ता का विवरण/Details Of Receiver: MS SHILPA GHOSH

पता/Address : C/O G TECH WEB MARKETING PVT. LTD.

A-19-A, 3 RD FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE-II,

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

जीएसटीआयन 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 दर/Rate	राशि/Amount(₹)	एसजीएसटी/यूटीजीएसटी/SGST/UTGST दर/Rate	राशि/Amount(₹)	आईजीएसटी/IGST दर/Rate	राशि/Amount(₹)	Kerala Flood Cess राशि/Amount(₹)
997133	Accident and health insurance services	3,717	0%	3,717	9%	335	9%	335	0%	0	0
TOTAL		3,717		3,717		335		335		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 4,387

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees Four Thousand Three Hundred Eighty Seven केवल/Only.

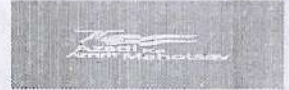
रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



		<ul style="list-style-type: none">o. Items of personal comfortp. Service charge/ registration feeq. Home visit chargesr. Wars. Radioactivityt. Treatment taken outside the geographical limits of Indiau. Permanently Excluded Diseases <p>Exclusions in Mental Illness Cover</p> <p>Exclusions in Organ Donor's Medical Expenses</p>	5.18 5.19 5.20 5.21 3.9.4 3.9.5										
7.	Waiting period	<ul style="list-style-type: none">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):<ul style="list-style-type: none">o Ninety (90) Days for 3 diseases/procedures/conditionso One (1) year for 5 diseases/procedureso Two (2) years for 20 diseases/procedureso Four (4) years for 4 diseases/proceduresc. Pre-Existing Diseases: Covered after forty eight (48) months	4.3 4.2 4.1										
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible</p> <p>iv. Any other limit</p>	<p>Coverage shall be subject to the following Sub Limits: (SI here means basic sum insured and cumulative bonus, if any)</p> <ul style="list-style-type: none">i. Room Charges - Up to 25% of SI (Any One Illness)<ul style="list-style-type: none">a. Room Rent - Up to 1% of SI, subject to max of INR 10,000 per dayb. ICU charges - Up to 2% of SI subject to max of INR 20,000 per dayii. 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 Ratev. Modern Treatments (12 in number) - Up to 25% of SIvi. Treatment necessitated due to participation as a non-professional in hazardous or adventure sports - Up to 25% of SIvii. Ambulance Charges - 1% of SI subject to maximum of INR 2,000 in a Policy Period <p>Optional Copayment The Insured may opt for Optional Co-payment, with discount in premium. Insured may choose either of the two Co-payment options:</p> <ul style="list-style-type: none">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. <p>Not applicable</p> <p>Not applicable</p>	3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6 3.9.6 6.17.7										
9.	Claims/ Claim Procedure	<p>For Cashless Service</p> <ul style="list-style-type: none">i. Notification of claim to be provided as per table below. <table><tr><th>Notification of claim for Cashless facility</th><th>TPA must be informed:</th></tr><tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td></tr><tr><td>In the event of emergency hospitalisation</td><td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td></tr></table> <p>Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <ul style="list-style-type: none">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.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. <p>For Reimbursement of Claim</p> <ul style="list-style-type: none">i. Notification of claim to be provided as per table below. <table><tr><th>Notification of claim for Reimbursement</th><th>Company/TPA must be informed:</th></tr><tr><td>In the event of planned hospitalisation</td><td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td></tr></table>	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	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	6.17.1 6.17.2
Notification of claim for Cashless facility	TPA must be informed:												
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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												

		<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-ppn-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												
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												

		<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:

(Signature of the Policyholder)

Date:

Insurance is the Subject matter of Solicitation