



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
IRDAI/HLT/NIA/P-H/V.II/340/15-16

Insured Name	: ALL INDIA BANK RETIREES FEDERATION
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Insured's Details		Issuing Office Details	
Customer ID	: PO54831302	Office Code	: DO-153500 (153500)
Address	: A/C : RETIREES OF VIJAYA BANK D-1/1, SECTOR C, SCHEME 71, NR. KASARA BAZAR SCHOOL, INDORE INDORE ,MADHYA PRADESH, 452009	Address	: 307, NARAYAN PETH, OPP VIJAY TALKIES LAXMI ROAD, PUNE,411030
Phone No	:	Phone No	: 02024433907 / 02024451648
Fax	:	Fax	: 02024453021
E-mail/Fax	: /	E-mail/Fax	: nia.153500@newindia.co.in / 02024453021
PAN No	: AACAA4717E	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
		Business Source Code	
Policy Number	: 15350034170400000022	Dev.Off level./Broker / Direct/Corp. Agent	: PRAGMATIC INSURANCE BROKING SERVICES PVT .LTD. - (BR00000287) PRAGMATIC INSURANCE BROKING SERVICES PVT .LTD. (SI00111682)
Period of Insurance	: From:01/11/2017 12:00:01 AM To: 31/10/2018 11:59:59 PM	Agent/Bancassurance	:
Date of Proposal	: 01/11/2017	Phone No	: 8886858589 / NA
Prev. Policy no.	: NA	E-mail/Fax	: ravikanth@pragmaticinsurance.com, / / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹464850	₹83673	₹548523 (RUPEES FIVE LAC FORTY-EIGHT THOUSAND FIVE HUNDRED TWENTY-THREE ONLY)	15350081170000010380 22/11/2017

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR, IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE	Fax	: 18004259559
		Email	: info@mediassistindia.com,
		Toll Free No	: 18004259449

No. of Employees / Members covered	: 150	No. of persons covered	: 282
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : NA		
Deletion of 9 months waiting period	: NO		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		
Additional cover Opted	: NO		



Special Conditions

Special Condition 1	: AWARD STAFF MAXIMUM S.I. PER FAMILY 500000/-, THRESHOLD S.I.-300000/- OFFICER MAXIMUM S.I. PER FAMILY 600000/-, THRESHOLD S.I.-400000/-
Special Condition 2	: AS PER THE TERMS, EXCLUSIONS & CONDITIONS OF POLICY & ENDORSEMENT

* 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 assignee declared in the proposal (incorporated herein as the Schedule) and the assignee 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		₹ 464850.00
SGST	0	0
CGST	0	0
IGST	18	83673

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: 22/11/2017

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/-.

Tax Invoice No : 1535003400000022

IRDA Registration Number: 190