



POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
UIN:NIAHLGP21282V022021

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| Insured Name | : NATIONAL LAW SCHOOL OF INDIA UNIVERSITY |
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| Insured's Details | | Issuing Office Details | |
|-------------------|---|------------------------|---|
| Customer ID | : PO93961783 | Office Code | : MIRYALAGUDA (613203) |
| Address | : P B 7201, NATIONAL LAW SCHOOL OF INDIA UNIVERSITY, JNANABHARATHI ROAD, NAGARBHAVI BENGALURU (BANGALORE)URBAN BANGALORE ,KARNATAKA, 560072 | Address | : Plot No. 58 & 59, Opp. Old LIC Office, Near Mahatma Gandhi Statue, sagar Road, Reddy Colony ,508207 |
| Phone No | : // | Phone No | : 08689242800 |
| Fax | : | Fax | : |
| E-mail/Fax | : kalyan.sagar@pazcare.com, / | E-mail/Fax | : nia.613203@newindia.co.in / |
| PAN No | : AAAJN0185F | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 29AAAJN0185F1Z6 / NA | GSTIN | : 36AAACN4165C3ZQ |
| | | SAC | : 997133 (Accident and health insurance services) |

| Policy Details | | | |
|---------------------|--|---|--|
| | | Business Source Code | |
| Policy Number | : 61320334210500000001 | Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User | : GET PAZ INSURANCE BROKERS PRIVATE LIMITED - (BR00001074) GET PAZ INSURANCE BROKERS PRIVATE LIMITED (SI0251929) |
| Period of Insurance | : From:29/12/2021 12:00:01 AM To: 28/12/2022 11:59:59 PM | Agent/Bancassurance/Spe cified Person | : |
| Date of Proposal | : 28/12/2021 | Phone No | : 8287660641, 9819375246 / NA |
| Prev. Policy no. | : NA | E-mail/Fax | : abhishek@pazcare.com, kamlesh.soni@pazcare.com / / |
| Client Type | : Non-Corporate | Financier(s) Details | : NA |

| Premium | GST | Total | Receipt No. & Date: |
|---------|--------|---|------------------------------------|
| ₹470000 | ₹84600 | ₹554600 (RUPEES FIVE LAC FIFTY-FOUR THOUSAND SIX HUNDRED ONLY) | 61320381210000002351 30/12/2021 |

| Details of TPA | | | |
|--|--|--------------|--|
| Name | : VIDAL HEALTH INSURANCE TPA PVT. LTD | Telephone | : 08046267018 |
| Address | : 1ST FLOOR, TOWER 2, SJR I PARK,PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD,BANGALORE | Fax | : 18004252626 |
| | PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD | Email | : help@vidalhealthtpa.com, help@vidalhealthtpa.com |
| | BANGALORE | Toll Free No | : 18604250251 |
| No. of persons covered | : 674 | Zone Opted | : II (Delhi and Bangalore) |
| Maternity Benefits Opted | Normal Delivery Limit ₹ | : NA | |
| | 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

Policy No. : 61320334210500000001 Document generated by 39878 at 30/12/2021 19:01:30 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



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| Special Condition 1 | : Room rent : 3% FOR NORMAL and 5% FOR ICU. CB : ₹5 lakhs restricted to family SI Domiciliary hospitalization expenses not covered. Cost of organs not covered. IVF treatments not covered. Oral chemotherapy is not covered. |
| Special Condition 2 | : OPD is not covered Air Ambulance is not covered Home Healthcare not covered Attendant charges not covered |

This Policy is subject to NEW INDIA FLEXI 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 | | ₹ 470000.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 84600 |

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

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/-.



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

Tax Invoice No : 61320321P0003104

IRDA Registration Number: 190