

पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / <b>Policy Number:</b> <b>260700502410000724</b>	व्यवसाय स्रोत/ Business Source: 873357
जारीकर्ता कार्यालय/ <b>Issuing Office</b> कार्यालय कोड/ Office Code: 260700 कार्यालय पता/ Office Address: MUMBAI BUSINESS OFFICE XV NTC House,Ground Floor,N Morarjee Marg, Ballard Estate, - 400001. राज्य कोड/ <b>State Code:</b> 27 , Maharashtra जीएसटीएन/ <b>GSTIN:</b> 27AAACN9967E1Z3 संपर्क संख्या/ <b>Contact Number:</b> 22 22064724 मोबाइल संख्या / <b>Mobile Number:</b> 0	विक्रय चैनल विवरण/ <b>Sales Channel Details</b> कोड/ Code: 91014000000001 नाम/ Name: INTEGRATED RISK INSURANCE BROKERS LTD - HO संपर्क संख्या/ <b>Contact Number:</b> 7009198739  <b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>



ग्राहक का नाम /Customer Name: M/S N KUMAR ASSOCIATES INTERNATIONAL	ग्राहक आईडी /Customer ID: 9702394155	पैन /PAN:
पता/ Address: 249, 2ND FLOOR, STAR LINK NAVALKUNJ LINKING ROAD, BANDRA WEST, , PO AREA -	आधार /AADHAR:	
, शहर/City: MUMBAI, जिला/District: GREATER MUMBAI, राज्य/State: MAHARASHTRA, पिन/PIN: 400050.	फोन /Phone: 7009066817	
सेल/Cell: 7009066817	ई-मेल /E-Mail: supriya.chadha@buypolicynow.com	

पॉलिसी: 13/08/2024 के 00:00 से 12/08/2025 की मध्य रात्रि तक प्रभावी /**Policy Effective from 00:00 hours, on 13/08/2024 to midnight of 12/08/2025**

प्रीमियम/ Premium	₹2,50,364.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 2,50,364.00		
सीजीएसटी/CGST	₹ 22,533.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800240823676194 दिनांक/Dt. 23/08/2024
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 22,533.00		
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	260700812410001281,260700812410001279, 260700812410001278 दिनांक/Dt. 21/08/2024,21/08/2024,21/08/2024
कुल राशि / <b>Total Amount</b>	₹ 2,95,430.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	लागू नहीं /NA
(रूपए/Rupees Two Lakh Ninety Five Thousand Four Hundred Thirty केवल/Only.)			
*सरकारी सब्सिडी Government Subsidy:	₹ 0.00		

#### LocationAddress:

1)249, 2ND FLR, STAR LINK NAVALKUNJ LINKING RD, BANDRA(WEST),,Mumbai,Greater Mumbai,Maharashtra,400050.

Number of families:18 Number of Lives covered: 56

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	STANDARD COVER	₹ 36,00,000.00
	अधिक/ <b>Excess:</b> 0.		
	<b>Additional Information:</b> TOTAL FAMILIES 18 AND NO OF LIVES 56 Family SI for INR 2 lacs		

**TPA Details:** MD INDIA HEALTH INSURANCE TPA PVT LTD - MUMBAI, Mezzanine floor, Ballard house, Adi Marzban path, Ballard estate, Bearing CTS number 1185, Fort, Mumbai - 400001 Contact No : 22 - 22199104 Email : mumbaicc@mdindia.com.

Clauses	As per Annexure I
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पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / <b>Policy Number:</b> <b>260700502410000724</b>	व्यवसाय स्रोत/ Business Source: 873357
<b>जारीकर्ता कार्यालय/Issuing Office</b> कार्यालय कोड/ Office Code: 260700 कार्यालय पता/ Office Address: MUMBAI BUSINESS OFFICE XV NTC House, Ground Floor, N Morarjee Marg, Ballard Estate, - 400001. राज्य कोड/State Code: 27, Maharashtra जीएसटीएन/GSTIN: 27AACN9967E1Z3 संपर्क संख्या/Contact Number: 22 22064724 मोबाइल संख्या /Mobile Number: 0	<b>विक्रय चैनल विवरण/</b> <b>Sales Channel Details</b> कोड/ Code: 91014000000001 नाम/ Name: INTEGRATED RISK INSURANCE BROKERS LTD - HO संपर्क संख्या/Contact Number: 7009198739  <b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>



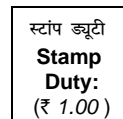
FINANCIER DETAILS	
Type of Finance, Financier Name and Address:	

टिप्पणियां/ <b>Remarks:</b> INSURED NAME - M/S. N KUMAR ASSOCIATES INTERNATIONAL
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जिसकी गवाही में **27/August/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 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 27/August/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, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz  
(W), Mumbai - 400 054.  
Tel.: 69038821 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30/31  
Email: bimalokpal.mumbai@cioins.co.in

Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, CT.S.  
No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030.  
Tel.: 020-41312555  
Email: bimalokpal.pune @cioins.co.in



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

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जारीकर्ता कार्यालय/ <b>Issuing Office</b> कार्यालय कोड/ <b>Office Code:</b> 260700 कार्यालय पता/ <b>Office Address:</b> MUMBAI <b>BUSINESS OFFICE XV NTC House,Ground Floor,N Morarjee Marg, Ballard Estate, - 400001.</b> राज्य कोड/ <b>State Code:</b> 27 , Maharashtra जीएसटीएन/ <b>GSTIN:</b> 27AAACN9967E1Z3 संपर्क संख्या/ <b>Contact Number:</b> 22 22064724 मोबाइल संख्या / <b>Mobile Number:</b> 0	विक्रय चैनल विवरण/ <b>Sales Channel Details</b> कोड/ <b>Code:</b> 91014000000001 नाम/ <b>Name:</b> INTEGRATED RISK INSURANCE BROKERS LTD - HO संपर्क संख्या/ <b>Contact Number:</b> 7009198739  <b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>



अनुलग्नक I / ANNEXURE I- लागू खंडों की सूची/ List of Applicable Clauses	
क्लॉज सं./ Clause No.	शीर्षक/Title
	<p>Claim Conditions : 1. Family Floater Sum Insured: INR 2 lacs</p> <p>2. Family Definition : Self + Spouse + 2Dep. Children ( UPTO THE AGE OF 25 YRS) . Mid term change of dependents not allowed. (New Born Baby cover from Day 1 with the Floater Sum Insured). 3rd ; 4th child in case of twins or triplets being born in the 1st or 2nd event of delivery. MEMBERS WITH A COMPLETED AGE OF 65 YEARS AND ABOVE AT THE TIME OF JOINING WILL NOT BE ELIGIBLE FOR PRE-EXISTING DISEASE COVER DURING THE TENURE OF THE POLICY</p> <p>3. Room Rent Restriction : Room rent restricted to 2% of the SI per day for normal and 4% of the SI per day for ICU and all other charges in accordance with room rent restriction. Room rent restriction will be applicable on restricted sum insured wherever sum insured is restricted. No Room Rent Proportionate deductions to be applied for ICU hospitalization and also for Normal Room in hospital where there is no differential billing adopted by the hospital based on Room Category</p> <p>4. Emergency Ambulance : Ambulance charges covered upto INR 7500 per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospitals ambulance or in an ambulance provided by any ambulance service provider only</p> <p>5. Co-payment : Not covered</p> <p>6. Corporate Buffer : Corporate buffer of 10 lac available upto twice floater sum insured per family, corporate buffer cannot be used for the maternity, maternity related claims, all capped ailments and all OPD claims. Corporate buffer is an extension to Base Sum Insured benefit can be extended only if Sum Insured under base policy is exhausted. Claims under corporate buffer shall be administered as per rest policy terms and conditions subject to HR approval. A timeline of 1 month from date of loss or expiry of the policy (whichever is earlier) would be applicable for triggering a corporate buffer request. This corporate Buffer of INR 10 lacs will be common for all the societies of JNPA.</p> <p>7. Maternity Benefit &amp; Condition : Rs. 25,000/- for Normal &amp; Rs. 50,000/- for LSCS. Maternity benefit will be applicable for Employee and Spouse for first two event of deliveries only in insureds lifespan. Lawful termination of pregnancy not to be considered as an event of delivery</p> <p>8. Pre and Post Natal Expenses : Pre and post natal will be covered in case of IPD only within maternity limit</p> <p>9. Other Conditions 1 : Pre and post hospitalization is 30 and 60 days respectively. Infertility treatment is not covered under the policy. Cost of artificial Limb not covered under the policy, Congenital Internal Diseases are covered, congenital external diseases are not covered under the policy. While at the time of policy binding we would require the RFQ duly sealed and signed by the broker/client.</p> <p>Day Care Procedures Covered. Cataract limit up to Rs.25,000/-per eye. Expenses related to the treatment for correction of eye sight due to refractive error greater than +/-7.5 dioptres covered. Diagnostic Tests Covered for ongoing treatment, Post Treatment physiotherapy Covered upto post Hospitalisation Period For Medical Management Govt., ESIC Hosp preferred - For Cashless It has to be on Panel hospital, for re imbursement.</p> <p>10. Other Conditions 2 : Expenses related to the treatment of covid 19 within 15 days from the date of commencement of the policy or date of joining of employee/dependents (in-case of mid-term additions of employees or their dependents) shall be excluded. The below premium is considering per person premium only, if at all the requirement is for per family premium our premium stands revised. Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member. However, wherever it has been agreed to settle the claim in favour of the Group Manager , the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member within 15 days of claim settlement to the Group Manager as per policy t&amp;c. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance if any to the Insured Member.</p> <p>11. Other Conditions 3 : Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum insured.- List - Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Oral chemotherapy, Immunotherapy- Monoclonal Antibody to be given as injection, Intra Vitreal injections, Robotic surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostate (Green laser treatment or holmium laser treatment), IONM -(Intra Operative Neuro Monitoring), Stem cell therapy -Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.50% Co-Pay for cyber-knife treatment, Gamma Knife treatment, Femto laser treatment for eye. It will be applicable for each eye each event. Cochlear Implant treatment shall be restricted to 50% of the SI.</p> <p>12. Other Conditions 4 :Covid Hospitalization expenses - The company shall indemnify Medical Expenses incurred for Hospitalization (Minimum 24 hrs hospitalization is mandatory) of the Insured Beneficiary during the Cover Period for the treatment of Covid on positive diagnosis of Covid in government laboratories or ICMR approved private laboratories including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy. This also includes expenses incurred under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy systems of medicines. The company shall also indemnify Pre and Post Hospitalization expenses incurred related to an admissible hospitalization for the period as specified in the policy t and c.</p>

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	<p>13. Other Conditions 5 : Covid Exclusions a)Expenses related to any admission primarily for diagnostics and evaluation purposes only. B)Any diagnostic expenses which are not related or not incidental to the Covid 19 diagnosis and treatment. C)Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. (ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. C) Dietary supplements and substances that can be purchased w/o prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Network Provider as part of Hospitalization claim or Home care treatment. d) Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of Covid 19 shall be covered. e)Any claim in relation to Covid 19 where it has been diagnosed prior to Group Policy Start Date. f)Any expenses incurred on Day Care treatment and OPD treatment. g)Testing done at a Diagnostic center which is not authorized by the Government/ICMR shall not be recognized under this Group Policy. h)All covers under this Group Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India. i)Home Quarantine Treatment Expenses or treatment availed by the Insured Beneficiary at home for Covid-19. All other terms and conditions as per National Group Mediclaim Policy.</p> <p>14. Maternity Conditions -Maternity benefit will be applicable for Employee and Spouse for first two event of deliveries only in Insureds lifespan. Lawful termination of pregnancy not to be considered as an event of delivery.</p>
	<p>Corporate buffer : Corporate buffer of 10 lakh available up to 2 times of floater sum insured per family, corporate buffer cannot be used for the maternity, maternity related claims,all capped ailments and all OPD claims. Corporate buffer is an extension to Base Sum Insured,Benefit can be extended only if Sum Insured under base policy is exhausted. Claims under corporate buffer shall be administered as per rest policy terms and conditions subject to HR approval. A timeline of 01 month from date of loss or expiry of the policy (whichever is earlier) would be applicable for triggering a corporate buffer request.</p> <p>This corporate Buffer of INR 10 lacs will be common for all the societies of JNPA.</p>
	<p>COVERAGES AND CLAUSES : Family SI: INR 2,00,000/-</p> <p>Family Definition: Self + Spouse + 02 Dep. Children ( UPTO THE AGE OF 25 YRS)</p> <p>Pre Hospitalization Period - 30 Days Post Hospitalization Period - 60 Days Pre-Existing Diseases - Covered 30 Days waiting Period - Not applicable Co-Payment clause - Not applicable Maternity Benefit - Covered Max liability on maternity- Rs.50,000/- 09 Months waiting period - Not Applicable Max for normal delivery- Rs. 25,000/- Max for LSCS - Rs.50,000/-</p> <p>SELF - 18 SPOUSE - 15 CHILDREN - 23 TOTAL NO OF LIVES - 56 Rest All The T&amp;C As per Expiring Policy</p> <p>All other terms and conditions as per National Group Mediclaim Policy.</p>
	<p>Warranties : 1. No Individual (Employee or Dependent) can be Covered more than once in a policy. 2. Additional premium to be collected for each additional member. 3. The list of members submitted at the inception of the policy will be considered as final. 4. Incase of room rent restriction specified in the policy, all other hospitalization expenses (for e.g. OT Charges, Doctor Charges, Nursing charges etc.) shall be as per entitled room rent.</p>

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All other terms and conditions as per National group Mediclaim Policy.	



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

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

## टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30946H4PE0000724

इनवॉयस तिथि/Invoice Date: 27/08/2024

## आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,  
MUMBAI BUSINESS OFFICE XV NTC House, Ground Floor, N Morarjee Marg, Ballard Estate, - 400001  
राज्य/State : 27, Maharashtra  
जीएसटीआएन नंबर/  
GSTIN No : 27AAACN9967E1Z3

## प्राप्तकर्ता का विवरण/Details Of Receiver : M/S N KUMAR ASSOCIATES INTERNATIONAL

पता/Address : 249, 2ND FLOOR, STAR LINK NAVALKUNJ LINKING ROAD, BANDRA WEST, , PO AREA -  
शहर/City : MUMBAI,  
ज़िला/District: GREATER MUMBAI,  
राज्य/State: MAHARASHTRA,  
पिन/PIN: 400050.

आपूर्ति का स्थान/Place Of  
Supply State : Maharashtra  
राज्य कोड/State Code : 27  
जीएसटीआईएन नंबर/GSTIN No : 27AAFPS8160G1ZF

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	2,50,364	0%	2,50,364	9%	22,533	9%	22,533	0%	0	0
TOTAL		2,50,364		2,50,364		22,533		22,533		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 2,95,430

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

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

E.&amp;.O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

