



**POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
IRDAI/HLT/NIA/P-H/V.II/339/15-16**

Insured Name	: MAHARASHTRA BADMINTON ASSOCIATION
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Insured's Details		Issuing Office Details	
Customer ID	: PO08051403	Office Code	: DO II (150200)
Address	: SECRETARIAT OF BOMBAY SPORTING ASSOCIATION BRABOURNE STADIUM(N.STAND) VEER NARIMAN POINT RD.,MUMBAI MAHARASHTRA, 400020	Address	: PUNE DO 2, NEHRU MEMORIAL HALL 4, DR. AMBEDKAR ROAD, CAMP,PUNE 411001 PUNE,411001
Phone No	: 02225220286022329738069821162286	Phone No	: 0206125082 / 0206126083
Fax	:	Fax	: 0206126090
E-mail/Fax	: rganpule@gmail.com, /	E-mail/Fax	: nia.150200@newindia.co.in / 0206126090
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
		Business Source Code	
Policy Number	: 15020034160500000009	Dev.Off level./Broker / Direct/Corp. Agent	: PRAVIN D GAIKWAD - (AM7804190)
Period of Insurance	: From:15/03/2017 04:38:00 PM To: 14/03/2018 11:59:59 PM	Agent/Bancassurance	: SHARAD KRISHNAJI JOSHI (NIA1D7797338) AGENT_SITE_209 (1D7807015)
Date of Proposal	: 15/03/2017	Phone No	: 98224401940 / NA
Prev. Policy no.	: NA	E-mail/Fax	: / / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	Service Tax	Total	Receipt No. & Date:
₹49137	₹7371	₹56508 (RUPEES FIFTY-SIX THOUSAND FIVE HUNDRED EIGHT ONLY)	15020081160000006766 27/03/2017

Details of TPA			
Name	: Medi Assist India 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 persons covered	: 22	Zone Opted	: I (Mumbai)
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		

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 Service Tax Details

Premium	:	₹ 49137.00
Service Tax	:	₹ 6879.62
Swachh Bharat Cess	:	₹ 245.69
Krishi Kalyan Cess	:	₹ 245.69

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/-.

IRDA Registration Number: 190