



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

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

Policy Details			
		Business Source Code	
<b>Policy Number</b>	: 15020034160500000008	<b>Dev.Off level./Broker / Direct/Corp. Agent</b>	: PRAVIN D GAIKWAD - (AM7804190)
<b>Period of Insurance</b>	: From:15/03/2017 04:38:00 PM To: 14/03/2018 11:59:59 PM	<b>Agent/Bancassurance</b>	: SHARAD KRISHNAJI JOSHI (NIA1D7797338) AGENT_SITE_209 (1D7807015)
<b>Date of Proposal</b>	: 15/03/2017	<b>Phone No</b>	: 98224401940 / NA
<b>Prev. Policy no.</b>	: NA	<b>E-mail/Fax</b>	: / / /
<b>Client Type</b>	: Non-Corporate	<b>Financier(s) Details</b>	: NA

Premium	Service Tax	Total	Receipt No. & Date:
₹97893	₹14684	₹112577 (RUPEES ONE LAC TWELVE THOUSAND FIVE HUNDRED SEVENTY-SEVEN ONLY)	15020081160000006764 27/03/2017

Details of TPA			
<b>Name</b>	: Medi Assist India Pvt. Ltd.	<b>Telephone</b>	: 18002089449
<b>Address</b>	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR, IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE	<b>Fax</b>	: 18004259559
		<b>Email</b>	: info@mediassistindia.com,
		<b>Toll Free No</b>	: 18004259449
<b>No. of persons covered</b>	: 45	<b>Zone Opted</b>	: III (Rest of India)
<b>Maternity Benefits Opted</b>	<b>Normal Delivery Limit ₹</b>	: NA	
	<b>Caesarian Section Limit ₹</b>	: NA	
<b>Deletion of 9 months waiting period</b>	: NO		
<b>Pre-existing cover Opted</b>	: YES		
<b>Deletion of 30 days waiting period</b>	: YES		
<b>Deletion of 2/4 year exclusion</b>	: YES		
<b>Limit of additional ambulance charges per person</b>	: 0		
<b>Additional cover Opted</b>	: 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	:	₹ 97893.00
Service Tax	:	₹ 13705.06
Swachh Bharat Cess	:	₹ 489.47
Krishi Kalyan Cess	:	₹ 489.47

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**