



The New India Assurance Co. LTD,

DURGAPUR DO NACHAN RD., BHIRINGI, DURGAPUR
Tel. No : 03432582092
Email : nia_512100@newindia.co.in

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

Policy Number : 51210034210400000003

Period of Insurance

From : 01-Jul-2021 12:00:01 AM To : 30-Jun-2022 11:59:59 PM

Policy Holder's Details

Name of Insured : DR B C ROY ENGINEERING COLLEGE,DURGAPUR
Address : JEMUA ROAD, FULJHORE,
City : DURGAPUR, Pincode : 713208
Tel./Mobile No. :
E-mail Id :

For Insurance Renewals

Please contact:
Issuing Office : 03432582092
Agency Name : RAJ NARAYAN SHARMA
Tel. No. : 9434470711
Email : rajnarayan73@gmail.com

For Claims contact TPA

TPA Name : HERITAGE HEALTH INSURANCE TPA PVT LTD
Toll Free : 18003453477
Tel. No. : 03322482784
Email : heritagehealthcomp@bajajia.in

Tax Invoice No : 51210021P0003103

IRDA Registration Number: 190

Signature Not
Verified
Digitally signed
by Simran
Validated on
Date: 2022.08.25

Policy No. : 51210034210400000003 Document generated by 35823 at 25/06/2021 14:10:16 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>.



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021

Insured Name	: DR B C ROY ENGINEERING COLLEGE,DURGAPUR
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Insured's Details		Issuing Office Details	
Customer ID	: 2H2737287	Office Code	: DURGAPUR-DO (512100)
Address	: JEMUA ROAD, FULJHORE, DURGAPUR-713206,DIST. BURDWAN DURGAPUR ,WEST BENGAL, 713206	Address	: DURGAPUR DO NACHAN RD., BHIRINGI DURGAPUR ,713213
Phone No	: //	Phone No	: 03432582092
Fax	:	Fax	:
E-mail/Fax	: /	E-mail/Fax	: nia.512100@newindia.co.in /
PAN No	: AAAAI8207J	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 19AAACN4165C1ZO
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
Policy Number		Business Source Code	
Policy Number	: 51210034210400000003	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D10775323)
Period of Insurance	: From:01/07/2021 12:00:01 AM To: 30/06/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	: Mr. RAJ NARAYAN SHARMA (NIA1D10773034) AGENT_SITE_33095 (1D10781032)
Date of Proposal	: 25/06/2021	Phone No	: 9434470711 / NA
Prev. Policy no.	: NA	E-mail/Fax	: rajnarayan73@gmail.com, / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹1216500	₹218970	₹1435470 (RUPEES FOURTEEN LAC THIRTY-FIVE THOUSAND FOUR HUNDRED SEVENTY ONLY)	51210081210000002161 25/06/2021

Details of TPA			
Name	: HERITAGE HEALTH INSURANCE TPA PVT LTD	Telephone	: 03322482784
Address	: NICCO HOUSE, 5TH FLR, 2 HARE STREET,KOLKATA- 700001, KOLKATA- 700001	Fax	: NA
		Email	: heritagehealthomp@bajoria.in,
		Toll Free No	: 18003453477

No. of Employees / Members covered	: 338	No. of persons covered	: 811
Maternity Benefits Opted	Normal Delivery Limit ₹ : 0	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 0		
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		

Policy No : 51210034210400000003 Document generated by 35823 at 25/06/2021 14:10:16 Hours.

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

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* 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 Nominee declared in the proposal (incorporated herein as the Schedule) and the discharge to the Company in respect of all liability under this policy.

Premium and GST Details	Rate of Tax	Amount in INR
Premium	9	₹ 1216500.00
SGST	9	109485
CGST	9	109485
IGST	0	0

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: 25/06/2021

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

Tax Invoice No : 51210021P0003103

IRDA Registration Number: 190



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : DURGAPUR-DO (512100)
Address : DURGAPUR DO NACHAN RD., BHIRINGI
DURGAPUR
713213
BENACHITI
Phone : 03432582092
Email : nia.512100@newindia.co.in
Fax :
Collection Number : 51210081210000002161
Collection Date : 25/06/2021
Business Source Code : 1D10775323
PAN No of Payer : AAAAI8207J

Received with thanks from DR B C ROY ENGINEERING COLLEGE, DURGAPUR.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
51210034210400000003	Bank-512100	1435470.00	9100.512100	BA00019210-512100-9100

Total = ₹ 1435470.00

Your Payment/Adjustment Details are as under -

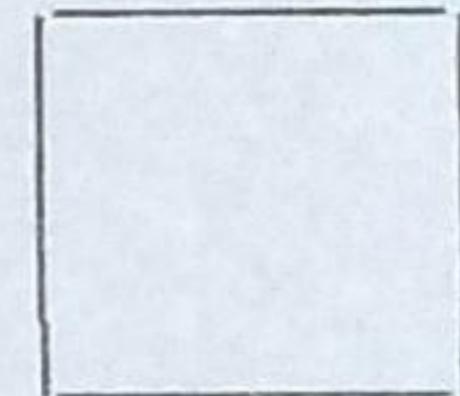
Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	1435470.00	571454	25-JUN-21	AXIS BANK	DURGAPUR	5121002110008928	N.A.

Total = ₹ 1435470.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
1216500.00	218970.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA1D10773034	RAJ NARAYAN SHARMA	34

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 25/06/2021

Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
- NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 51210021P0003103

IRDA Registration Number: 190



ADJUSTMENT VOUCHER

Issuing Office : DURGAPUR-DO (512100)
Address : DURGAPUR DO NACHAN RD., BHIRINGI
DURGAPUR
,713213
BENACHITI
Phone : 03432582092
Email : nia.512100@newindia.co.in
Fax :
Collection Number : 51210081210000007195
Collection Date : 16/11/2021
Business Source Code : 1D10775323

Received with thanks from DR B C ROY ENGINEERING COLLEGE,DURGAPUR a sum of ₹ 10620, RUPEES TEN THOUSAND SIX HUNDRED TWENTY ONLY.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
51210034210400000003	Cash Deposit Account- 512100	10620.00	5076.512100	CD0000210986

Total = ₹ 10620.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	10620.00	N.A.	N.A.	N.A.	5121003421040000000 3	0.00

Total = ₹ 10620.00

For The New India Assurance Company Limited

Cashier's Initial

Authorised Signatory

Note -

- 1.Please quote the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 51210021E0011128

IRDA Registration Number: 190

Signature Not
Verified
Digitally signed
by SRINIVASAN
VAIDESWARAN
Date: 2021.11.16
14:13:43 IST

Policy No. : 51210034210400000003 Document generated by 34399 at 16/11/2021 14:13:43 Hours.

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



ADDITIONAL ENDORSEMENT DOCUMENT
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY

Insured Name	: DR B C ROY ENGINEERING COLLEGE, DURGAPUR	Insurer Office Code	: DURGAPUR-DO (512100)
Address	: JEMUA ROAD, FULJHORE, DURGAPUR-713206, DIST. BURDWAN DURGAPUR, WEST BENGAL, 713206	Address	: DURGAPUR DO NACHAN RD., BHIRINGI DURGAPUR, 713213
Telephone	: //	Telephone	: 03432582092
Fax	:	Fax	:
Email	:	Email	: nia.512100@newindia.co.in
GSTIN	: NA	GSTIN	: 19AAACN4165C1ZO
UIN	: NA	SAC	: 997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number	:	51210034210400000003	
Department	: Health Insurance	Cover	: NA
Period of Insurance	: From 01/07/2021 12:00:01 AM To 30/06/2022 11:59:59 PM	Endorsement No	: 51210034210483000008
		Effective Date	: 16 November 2021
Date Signed	: 16/11/2021	Sum Insured ₹	: 67,600,000.00
Additional Premium ₹	: 9,000.00	Additional ST/GST ₹	: 1620
Refund Premium ₹	: N/A	Refund ST/GST ₹	: N/A
Policy Duration	:		

Number of Members Added	: 6
Number of Members Deleted	: 0

It is hereby understood and agreed that the endorsement on policy 51210034210400000003 will be in effect from 16 November 2021.

Reason	It is hereby agreed and declared that 6 employees have been covered under the policy, details as per attachment.
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 9,000.00
SGST	9	810
CGST	9	810
IGST	0	0

TOTAL PAYABLE : 10620
TOTAL PAYABLE (In words) : RUPEES TEN THOUSAND SIX HUNDRED TWENTY ONLY

IN WITNESS WHEREOF THIS POLICY has been signed at _____ this 16-Nov-21.

Place : DURGAPUR,
713213
Date : 16-Nov-21

For and on behalf of
The New India Assurance Company Limited

Signature Not Verified
Digitally signed by SRINIVASAN VAIDESHARAN
Date: 2021.11.16

Policy No. : 51210034210400000003 Document generated by 34399 at 16/11/2021 14:13:43 Hours.

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

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THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



THE NE
Assur

Authorized Signatory

Tax Invoice No : 51210021E0011128

IRDA Registration Number: 190

Policy No. : 51210034210400000003 Document generated by 34399 at 16/11/2021 14:13:43 Hours.

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

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