



POLICY SCHEDULE  
NEW INDIA FLEXI GROUP MEDICLAIM POLICY  
UIN:NIAHLGP21282V022021

Insured Name	: KGISL INSTITUTE OF TECHNOLOGY		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
Customer ID	: POC2086888	Office Code	: COIMBATORE DO IV (721600)
Address	: C/O KGISL TRUST 365 KGISL CAMPUS, THUDIYALUR ROAD, SARAVANAMPATTI COIMBATORE, TAMIL NADU, 641035	Address	: 482-483 3RD FLOOR S N V CHAMBER BULDG NEAR POWER HOUSE BUS STOP CROSS CUT ROAD GANDHIPURAM COIMBATORE, 641012
Phone No	: //XXXXXX1090	Phone No	: 2233054 / 2233451
Fax	:	Fax	: 2235690
E-mail/Fax	: anitha.v@kgis.co, /	E-mail/Fax	: nia.721600@newindia.co.in / 2235690
PAN No	: AAATK3446Q	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 33AAATK3446Q1ZB / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

<b>Policy Details</b>		<b>Business Source Code</b>	
Policy Number	: 72160063250500000003	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: M.BASKARAN - (BA6483371)
Period of Insurance	: From:29/04/2025 12:00:01 AM To: 28/04/2026 11:59:59 PM	Agent/Bancassurance/Specialified Person	: RATHINASAMY V. (NIA2D6484241) AGENT_SITE_97570 (2D6489227)
Date of Proposal	: 29/04/2025	Phone No	: 9894062622 / 9842208878
Prev. Policy no.	: NA	E-mail/Fax	: insganesh@gmail.com, / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹1395000	₹ 251,100	₹ 16,46,100 (RUPEES SIXTEEN LAC FORTY-SIX THOUSAND ONE HUNDRED ONLY)	72160081250000001270 30/04/2025

<b>Details of TPA</b>			
Name	: HERITAGE HEALTH INSURANCE TPA PVT LTD	Telephone	: 18001024547
Address	: NICCO HOUSE, 5TH FLR, 2 HARE STREET, KOLKATA- 700001, KOLKATA- 700001	Fax	: NA
		Email	: heritage_health@bajoria.in,
		Toll Free No	: 18003453477
No. of persons covered	: 0	Zone Opted	: III (Rest of India)
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

Signature Not Verified  
Digitally signed by DHIRAJ KUMAR  
Date: 2025.04.30

Policy No. : 72160063250500000003 Document generated by 32869 at 30/04/2025 17:41:29 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>.



Special Condition 1	: 1st,2nd,3rd,4th year exclusion clause - Waived 1st 30 Days and 1st 90 days exclusion clause - Waived Pre existing disease clause - Waived Pre & Post Hospitalisation - 30 & 60 days respectively
Special Condition 2	: Room Rent Restricted to 1% of the SI per day for Normal and 2% of the SI per day for ICU. Room Rent Restricted to 1% of the SI per day for Normal and 2% of the SI per day for ICU. Maternity Not covered OPD is 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		₹ 13,95,000
SGST	9	125550
CGST	9	125550
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

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 2024 issued by Insurance Regulatory Development Authority of India on 20.03.2024.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 by IRDAI.

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

Health Insurance Regulation 2024, IRDAI (Protection of Policyholders' Interest) Regulations, 2024 and Master Circular on Health Insurance Business 2024 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.

QR code for PPN HOSPITAL

QR CODE FOR TERMS AND CONDITIONS

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 72160025P0002771

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

Policy No. : 7216006325050000003 Document generated by 32869 at 30/04/2025 17:41:29 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>.



### ADJUSTMENT VOUCHER

Issuing Office : COIMBATORE DO IV (721600)  
Address : 482-483 3RD FLOOR S N V CHAMBER BULDG NEAR POWER HOUSE BUS STOP  
CROSS CUT ROAD GANDHIPURAM COIMBATORE  
.641012  
COIMBATORE  
Insured Pan Number : AAATK3446Q  
Phone : 2233054  
Email : nia.721600@newindia.co.in  
Fax : 2235690  
Collection Number : 72160081250000001270  
Collection Date : 30/04/2025  
Business Source Code : 2D6483371  
PAN No of Payer : AAATK3446Q

Received with thanks from KGISL INSTITUTE OF TECHNOLOGY.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
72160063250500000003	Cash Deposit Account-721600	1646100.00	5076.721600	CD0002070119

Total = ₹ 1646100.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	1646100.00	N.A.	N.A.	N.A.	N.A.	7216002510006840	0.00

Total = ₹ 1646100.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
1395000.00	251100.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA2D6484241	RATHINASAMY V.	34

For The New India Assurance Company Limited

Date of Issue: 30/04/2025

Cashier's Initial

Authorized Signatory

Note -

1. Please note 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.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 72160025P0002771

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

Signature Not Verified  
Digitally signed by DHIRAJ KUMAR  
Date: 2025.04.30 17:41:30 +05'30'

Policy No. : 72160063250500000003 Document generated by 32869 at 30/04/2025 17:41:29 Hours.

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