

UNITED INDIA INSURANCE COMPANY LIMITED

Divisional Office : 010500

Catholic Centre, 64, Armenian Street, Chennai 600001

POLICY-CUM-CERTIFICATE FOR AROGYA RAKSHA

Policy Particulars			
Policy Number	0105002014484100000814858	Bank Reference Number	423226700
Policy Validity Period		From Date	To Date
		06/08/2014	31/7/2015
Policy Plan	B	Sum Insured	100000

Bank Details			
Branch Code	Branch Name	Account Number	Voucher Date
D072	DINDOSHI	null	20140806

Previous Insurance history			
Previous Policy	From Date	To Date	SUM INSURED
null	null	null	

Premium Overview				
Proposer Details	Mediclaime Premium	PA Premium	Service Tax	Total Amount (Incl. Service Tax)
SATISH TUKARAM KHEDEKAR ANAND NAGAR SHIVRAM KOMB CHAWL DINDOSHI WADI MULUND LINK RD GOREGAON EAST MUMBAI; -; - MUMBAI, Maharashtra, Pin:400063, Mob : 8108945850 / Phone: - Mail: -	1581	41	200	1823

In case you have a policy other than Arogya Raksha, the onus is on you to give the copy of the previous year policy details as well as the claim details.

NOMINEE DETAILS: Name:SHUBHANGI S KHEDEKAR, Relation: WIFE

Third Party Administrator Details (For Claim and E card)

Vidal Health TPA	Vidal Health Insurance TPA Pvt. Ltd (Formerly TTK Health care Limited) 'ANMOLPALANI', NO:88, G. N. Chetty Road, T. Nagar, Chennai 600017 E-mail:ibkarokya@vidalhealthtpa.com,Contact: 7010030371 TOLL FREE: 18604250251 Web:www.vidalhealthtpa.com
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Policy Issuing Office Details

United India Insurance Company Ltd., DO CATHOLIC CENTRE , Office Code 010500 , Catholic Centre, NO.64, Armenian street, Chennai - 600001, Phone: 044-25389793/25389794/25386298 ,E-mail: arogyaraksha@uic.co.in
Download policies/ provisional e-cards at:<http://portal.uic.in/ArogyaSuraksha/renewLandingCustomer.jsp>

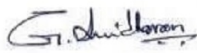
Details of family members covered (* Pre-existing disease exclusion clause will be applicable as per Terms and Conditions of the Insurance Policy.)

Sl. No	Name	Birth Date	Sex	Relation	Medical History	Treatment Taken
1	SATISH TUKARAM KHEDEKAR	01/06/1979	M	SELF	BONE OPRATION	BONE SURGERY/1998
2	SHUBHANGI SATISH KHEDEKAR	09/04/1984	F	SPOUSE	NIL	NIL
3	SOURABH SATISH KHEDEKAR	09/08/2005	M	SON	NIL	NIL
4	SNEHA SATISH KHEDEKAR	27/04/2009	F	DAUGHTER	NIL	NIL

*Dependent children means age less than 25 years or till employment for male children, till marriage or employment for female children

Declaration

Policy subject to terms, conditions, exclusion and definitions. Terms and Conditions of the policy can be downloaded from <http://portal.uic.in/ArogyaSuraksha/renewLandingCustomer.jsp> or www.indianbank.net.in. The detailed terms and conditions can be obtained from Indian Bank branch or United Inda Insurance Company Office . The proposal and declaration by the insured is the basis of this contract and deemed to be incorporated.

Policy Created on: Specified Person:	20140806 PRAKASH BASUMATARY SP0108263183	Authorized signatory	
S.P Code:			

Policy Re-Printed on:19/05/2024 14:57:03

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CERTIFICATE OF MEDICAL INSURANCE PREMIUM PAID

(for the purpose of deduction u/s 80 D of the Income Tax Act, 1986)

This is to certify that	Mr.SATISH TUKARAM KHEDEKAR	having account number	null
with Indian Bank, has paid	Rs 1823/-	at Indian Bank branch	DINDOSHI
for Medical Insurance	as premium for policy no:	0105002014484100000814858	on 20140806
for Indian Bank	Arogya Raksha Policy	under PLAN	B

Date	20140806	AFFIX SEAL HERE	For United India Insurance Co.Ltd.  Authorized signatory
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Arogya Raksha (Group Health Insurance Scheme)

Summary of Terms and Conditions

A. TABLE OF BENEFITS

(Details mentioned below are indicative and brief in nature. Please refer to Policy Wordings for complete information on your coverage)

BASE COVER	Coverage Details
Hospitalisation	<ul style="list-style-type: none"> ▪ Room Rent, Boarding & Nursing expenses up to Rs. (1.5% of Sum Insured) per day ▪ ICU/ICCU expenses up to Rs. (3% of Sum Insured) per day ▪ Surgeon, Anaesthetist, Specialist Fees, Blood, Oxygen, Operation Theatre Charges, medicines and drugs, diagnostic tests, etc. <i>(For detailed list of covered expenses, please refer to Policy Terms & Conditions)</i> <p>NOTE: <i>If you have been admitted in a Room which costs more than Rs. (1.5% of Sum Insured) per day, all associated medical expenses that you incur at the hospital, except cost of pharmacy and consumables, implants and medical devices and diagnostics, will be proportionately deducted.</i></p> <ul style="list-style-type: none"> ▪ Hospitalisation expenses (excluding cost of organ) incurred for donor in respect of organ transplant to the Insured Person ▪ Dental treatment unless necessitated by accident and requiring hospitalisation ▪ Plastic surgery necessitated due to disease or injury ▪ Expenses for the following illnesses/surgeries shall be restricted as follows: <ul style="list-style-type: none"> ○ Cataract: Up to Rs. (10% of Sum Insured) or Rs. 25,000, whichever is less, per eye per surgery/hospitalisation ○ Hernia: Up to Rs. (15% of Sum Insured) or Rs. 30,000, whichever is less, per surgery/hospitalisation ○ Hysterectomy: Up to Rs. (20% of Sum Insured) or Rs. 50,000, whichever is less, per surgery/hospitalisation ○ Major Surgeries*: Up to Rs. (80% of Sum Insured) per surgery/hospitalisation <p>(* Please refer to Policy Terms & Conditions for what constitutes as major surgeries)</p>
Pre & Post Hospitalisation	We will cover your medical expenses up to 30 days before hospitalisation & up to 60 days after your discharge from hospital, subject to a maximum of Rs. (10% of Sum Insured)
Ayurvedic Treatment	We will cover reasonable & customary medical expenses incurred for inpatient care treatment under Ayurvedic system of medicine in an AYUSH hospital
Health Check-Up	We will reimburse expenses incurred towards cost of health check-up up to Rs. (1% of average Sum Insured) of preceding 3 years for a block of every three claim-free years
Road Ambulance	We will cover Road Ambulance expenses up to Rs. 1,000 per Policy Period
Daily Cash Allowance on Hospitalisation	We will pay a daily cash allowance of Rs. 100 per day subject to a maximum of Rs. 1000 per policy period, for every continuous and completed period of 24 hours of Hospitalisation, in case of hospitalisation of children up to 12 years of age
Maternity Expenses	We will cover Medical expenses up to Rs. (5% of Sum Insured) or Rs. 50,000, whichever is less, in respect of female Insured Person above 18 years during the Policy Period for the delivery of a child in a Hospital or for medically required and lawful medical termination of pregnancy
Funeral Expenses	We shall reimburse funeral expenses of Rs.1,000 in case the Insured or any of his/her family members die following hospitalization due to an illness/accident and their eyes have been donated to a recognized institution
Personal Accident (Death) Cover	<ul style="list-style-type: none"> ▪ Account Holder: 100% of Mediclaim Sum Insured ▪ Spouse: 50% of Mediclaim Sum Insured ▪ Children: 25% of Mediclaim Sum Insured for each child
Co-Payment	A co-payment of 10% shall be applicable on each and every claim of Insured Person who is above 65 years of age under the policy



United India Insurance Company Limited

Regd. Office: 24 Whites Road, Chennai – 600 014

B. KEY EXCLUSIONS

You will not be covered for the following:

- Change of Life Treatments
- Refractive Error
- Cosmetic or Plastic Surgery
- Rest Cure, Rehabilitation and Respite Care
- Breach of Law
- Alcoholism, Drug or Substance Abuse
- Unproven Treatments
- Obesity/Weight Control
- Nuclear, chemical, or biological attacks
- War and war like occurrences
- Health Hydros, Nature Cure clinics, spas, etc.
- Artificial life maintenance, including life support machine used to sustain a person, who has been declared vegetative

(This list is only indicative and not exhaustive. For full list of exclusions, please refer to Policy Wordings)

Policy subject to terms, conditions, exclusions, and definitions. Summary of terms and conditions of the policy can be downloaded from <https://portal.uiic.in/ArogyaSuraksha/renewLandingCustomer.jsp> or www.indianbank.net.in. The detailed terms and conditions can be obtained from Indian Bank branch or United India Insurance Company Office. The proposal and declaration by the Insured is the basis of this contract and deemed to be incorporated.