



**NIL ENDORSEMENT DOCUMENT**  
**NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY**

<b>Insured Name</b>	: FEDERATION OF INDIAN PILOTS	<b>Insurer Office Code</b>	: GHATKOPAR D.O. (140600)
<b>Address</b>	: GATE NO.2, AIR INDIA COMPLEX, KALINA, SANTACRUZ(EAST), MUMBAI MUMBAI ,MAHARASHTRA, 400029	<b>Address</b>	: GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J V ROAD, KHOT LANE, GHATKOPAR (W) ,400086
<b>Telephone</b>	:	<b>Telephone</b>	: 25102695 / 25165894
<b>Fax</b>	:	<b>Fax</b>	: 25102774
<b>Email</b>	:	<b>Email</b>	: nia.140600@newindia.co.in
<b>GSTIN</b>	: NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
<b>UIN</b>	: NA	<b>SAC</b>	: General Insurance

<b>Endorsement attached to forming part of Policy Number</b>		: 14060034170400000001	
<b>Department</b>	: Health Insurance	<b>Cover</b>	: NA
<b>Period of Insurance</b>	: From 03/04/2017 04:41:26 PM To 02/04/2018 11:59:59 PM	<b>Endorsement No</b>	: 14060034170482000220
	:	<b>Effective Date</b>	: 06 September 2017
<b>Date Signed</b>	: 06/09/2017	<b>Sum Insured ₹</b>	: 1,849,000,000.00
<b>Additional Premium ₹</b>	: N/A	<b>Additional ST/GST ₹</b>	: N/A
<b>Refund Premium ₹</b>	: N/A	<b>Refund ST/GST ₹</b>	: N/A
<b>Policy Duration</b>	: 1 Years		

<b>Number of Members Added</b>	: 0
<b>Number of Members Deleted</b>	: 0

It is hereby understood and agreed that the endorsement on policy 14060034170400000001 will be in effect from 06 September 2017.

<b>Reason</b>	THIS IS FURTHER TO ENDT NO. 14060034170482000218 DT. 06/09/2017 FOR INCORPORATION OF POLICY CONDITIONS 6. Emergency Ambulance charges or Air fare restricted to maximum of ₹10,000 in case of emergency. Air Ambulance charges restricted to max ₹1.5 lacs. This covers Stretcher cases where Air Ambulance is not available but commercial air services are available to transport the patient for a life threatening condition. 7. Pre and Post Hospitalization – 30 and 60 days respectively 8. Pre-existing disease covered from day One. 9. One Year Waiting Period Not Applicable. 30 Days waiting period not applicable 10. Maternity Benefit (Normal Delivery or Caesarian delivery) – ₹90,000. Applicable for first two children only. Nine Months Waiting Period – Not applicable for existing members. 11. Pre and Post-natal expenses will be covered in case of hospitalization only, within maternity limit. Full Policy Sum Insured shall apply in case of post-natal emergencies.
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**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹0
SGST	0	0
CGST	0	0
IGST	0	0
<b>TOTAL PREMIUM</b>	:	0
<b>TOTAL PREMIUM (In words)</b>	:	ZERO RUPEES ONLY

IN WITNESS WHEREOF THIS POLICY has been signed at \_\_\_\_\_ this 06-Sep-17.

**THE NEW INDIA ASSURANCE CO. LTD.**  
**(Wholly owned by the Govt. of India)**



Place : ,  
          ,400086  
Date :06-Sep-17

For and on behalf of  
The New India Assurance Company Limited

Authorized Signatory

Tax Invoice No : 1406003482000220

**IRDA Registration Number: 190**

Policy No. : 14060034170400000001 Document generated by 32550 at 06/09/2017 14:47:38 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>.