



UNITED INDIA INSURANCE COMPANY LIMITED

PLOT NO. 36, SATYA BHAWAN, 2ND FLOOR, COMMUNITY CENTRE, WAZIRPUR INDUSTRIAL AREA, RING ROAD, Delhi
NORTH WEST DELHI 110052 DELHI
PH: (11) 27373337 FAX: (11) 27373338 EMAIL:

FAMILY MEDICARE POLICY
UIN. UIIHLIP20013V032021
POLICY NO.: 2227002821P100728644

PERIOD OF INSURANCE
FROM 00:00 Hrs on 20/04/2021
To MIDNIGHT on 19/04/2022

Insured
MR SHARWAN KUMAR SHARMA
22 GOVIND MOHALLA HAIDERPUR

110088
NORTH WEST DELHI
DELHI

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : DEEPAK GUPTA
Agent Code : AGI0058908
Mobile/Landline Number/Email : 9810300384
: dgupta8484@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests and Grievances please write to 222700@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.uiic.co.in>

Printed By : CUSTOMER @ 18/04/2021 10:03:20 PM



FAMILY MEDICARE POLICY

Policy Number	2227002821P100728644			Previous Policy No.	2227002820P100547340	
Insured Detail	Name/ID	MR SHARWAN KUMAR SHARMA / 23014304604				
	Tel.(O)		Tel.(R)		Fax	
	EEmail	dgupta8484@gmail.com			Mobile	9891996893
	Business/Occupation	Others				
Period Of Insurance	From	00:00hrs of 20/04/2021		To	Midnight on 19/04/2022	
Policy Type	Family Floater Basis	Family Floater SI(₹)	300,000.00			

Coinsurance	UIIC 222700 : 100%
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Insured Details

SI no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease / Condition declared	Inception Date of first policy	Nominee Name	Nominee Relation	Base Cover Premium(₹)
1	SHARWAN KUMAR SHARMA	18/08/1957	Male	Self	Self Employed	None		SALOCHNA SHARMA	Spouse	28,677.00
2	SALOCHNA SHARMA	02/12/1964	Female	Spouse	Housewife	None	20/04/2014	SHARWAN KUMAR SHARMA	Spouse	

Optional Cover & Premium Details

Hospital Daily Cash Limit (Per Day)(₹)	Not Opted	Hospital Daily Cash Limit (Per Policy)(₹)	Not Opted
Restore SI Opted	Yes	Pre-Existing Disease/ condition loading	No
Maternity & New Born Baby Cover Opted	No		

Total Basic Premium(₹)	28,677.00
Add Hospital Daily Cash Premium(₹)	0.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	300.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less No Claim Discount(₹)	0.00
Less Online Discount(₹)	0.00

Premium:	₹	28,977.00
CGST(9%)	₹	2,608.00
SGST(9%)	₹	2,608.00
Stamp Duty:	₹	1.00
Total:	₹	34,193.00
Receipt Number :	10122270021100577235	
Receipt Date:	18/04/2021	

Agent Name	DEEPAK GUPTA	Agent/Broker Code	AGI0058908
Business Associate Name	RAJENDRA KUMAR	Business Associate Code	BAS19846

Instrument Details:

Mode Of Payment	Cheque Number	Cheque Date	Bank Name	Branch Name	Branch Code	Amount	Cheque Signatory	MICR No
CHEQUE	816300	18/04/2021	PUNJAB NATIONAL BANK		1024	34,193.00	MR SHARWAN KUMAR SHARMA	177024078

Customer GST/UIN No.:		Office GST No.:	07AAACU5552C1ZL
SAC Code:	997133	Invoice No. & Date:	2821I100728644 & 18/04/2021
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause: -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 20/04/2021

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 27 NEW DELHI 222700 on this 18th day of April ,2021.

**For and On behalf of
United India Insurance Co. Ltd.**

Affix
Policy
Stamp
Here

Authorised Signatory.

Underwritten By - DEEGUP00 (INDIVIDUAL AGENT ATTACHED TO DEVELOPMENT OFFICER)

Details of TPA:

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA/ID	SAFEWAY INSURANCE TPA PVT. LTD / TPA20011			
Address	815, VISHWASADAN, DISTRICT CENTRE, JANAKPURI, NEW DELHI-110058, Pin Code : 110058, Fax No :			
Toll Free number	1800-102-5671			
Contact Details	For General Enquiries	For Cashless approval	For Claim intimation	For Grievances
Telephone Numbers	011-45451300 (100 lines)	0111-45451300 Ext. 205-210	0111-45451300 Ext. 205-210	011-45451300 Extn. 208
Email IDs	support@safewaytpa.in	info@safewaytpa.in	intimation@safewaytpa.in	grievance@safewaytpa.in



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Premium Certificate for the purpose of deduction under Section 80-D of Income Tax (Amendment) Act, 1986.

This is to certify that MR SHARWAN KUMAR SHARMA has paid ₹34,193.00 (Thirty-four thousand one hundred ninety-three rupees only)
towards Premium for FAMILY MEDICARE POLICY for the period from 00:00 hrs On 20/04/2021 To Midnight of 19/04/2022

Policy No: **2227002821P100728644**

For and On behalf of
United IndiaInsurance Co. Ltd.

Place: **DO 27 NEW DELHI 222700**
Date:**18/04/2021 10:03:20 PM**

Authorised Signatory

NOTE: This Certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy
or any alteration in the Insurance affecting the premium.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>, Email - info@uiic.co.in

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