

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
Policy Number: 25110050231000347	व्यवसाय स्रोत / Business Source: 251100
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 251100 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance Building,, 14, Janshedji Tata Road,, Churchgate - 400020. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22036054 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 251100 नाम/ Name: Mumbai Division XI Contact Number: 0 सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: CENTRAL BANK OF INDIA - RETIREES	ग्राहक आईडी /Customer ID: 9701926994	पैन /PAN: AAACC2498P
पता/ Address: CENTRAL OFFICE, CHANDERMUKHI,BARRISTER RAJNI PATEL MARG, NARIMAN POINT, City: MUMBAI, District: GREATER MUMBAI, State: MAHARASHTRA, PIN: 400021. Cell: 9892636343	फोन /Phone:	ई-मेल /E-Mail:

पॉलिसी: 01/11/2023 के 00:00 से 31/10/2024 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/11/2023 to midnight of 31/10/2024			
प्रीमियम/ Premium	₹ 7,65,190.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 68,867.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800231121394159 Dt. 21/11/2023
SGST/UTGST	₹ 68,867.00		
IGST	₹ 0.00		
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	251100812310002663 Dt. 01/11/2023
कुल /Total Amount	₹ 9,02,924.00	पछिली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	251100502010000413 and Dt.31/10/2021 251100502210000239 and Dt.31/10/2023
(Rupees Nine Lakh Two Thousand Nine Hundred Twenty Four Only.)			
Co- Insurance Details: NIC 75.00%,NIA - MUMBAI - 120400 12.50%,OIC - CBO2 - Mumbai - 590000 12.50%.			

LocationAddress:

1)MUMBAI,,Mumbai,Greater Mumbai,Maharashtra,400021.

Number of families:22 Number of Lives covered: 33

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	Combo Base With Domiciliary	44,00,000.00
	अधिक/Excess:		
	Additional Information: NA		

TPA Details: HERITAGE HEALTH TPA PVT LTD - MUMBAI MBRO I, Champion Building, Ground Floor, 15 Parsi Panchayat Road, Andheri East, Mumbai 400069 - 400069 Contact No : 22 - 28232503 Fax : 022 - 66716299 Email : heritagemumtpa@bajoria.in.

Clauses	As per Annexure I
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टिप्पणियां/ **Remarks:** Combo base with domiciliary policy:

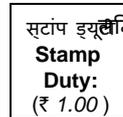
पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
Policy Number: 251100502310000347	व्यवसाय स्रोत / Business Source: 251100
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 251100 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance Building,, 14, Jamsheedji Tata Road,, Churchgate - 400020. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22036054 Mobile Number: 0	<u>विक्रय चैनल विवरण/</u> Sales Channel Details कोड/ Code: 251100 नाम/ Name: Mumbai Division XI Contact Number: 0 सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



1. Family Definition: Retired/Resigned Employee + Spouse only or Widow/Widower
2. Sum Insured for Group Health Insurance on Family Floater basis: 2 lakhs
3. Data: As per annexure attached.
4. Claims will be processed as per policy terms, conditions and cappings.
5. Room Rent:
Normal Room: Rs.5000 per day
ICU : Rs.7500 per day
6. Domiciliary treatment shall be covered up to 10% of Sum Insured of the policy, subject to policy clause no. 3.1 of coverage. The total sum insured of the policy is including the domiciliary limit as stated above.
7. No expenses related to maternity is payable.
8. No corporate buffer is available.
9. For critical illness, hospitalization medical expenses alone are payable. No lump sum fixed benefit is payable.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत कयिा जा रहा है उसके हाथ नरिधारति कएिे जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लएिे यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दयिा जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिसुत हो जाएगी। ***/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 21/November/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

इंश्योरेंस इंडिया लिमिटेड



कृते नेशनल इन्श्योरेंस कंपनी
**For and on behalf of National Insurance
 Company Limited**
 अधिकृत हस्ताक्षरकर्ता/ **Authorized
 Signatory**

TAX INVOICE

Invoice Serial No: 30154H3CE0000347

Invoice Date: 21/11/2023

Details of Supplier:

National Insurance Company Limited.,
MUMBAI DIVISION XI IInd Floor, National Insurance Building,,14, Jamshedji Tata Road,,Churchgate - 400020
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : CENTRAL BANK OF INDIA - RETIREES

Address : CENTRAL OFFICE, CHANDERMUKHI,BARRISTER RAJNI PATEL MARG, NARIMAN POINT
City : MUMBAI,
District: GREATER MUMBAI,
State: MAHARASHTRA,
PIN: 400021.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAACC2498P1Z3

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	7,65,190	0%	7,65,190	9%	68,867	9%	68,867	0%	0	0
TOTAL		7,65,190		7,65,190		68,867		68,867		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 9,02,924

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Nine Lakh Two Thousand Nine Hundred Twenty Four
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

