

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
Policy Number: 251100502210000285	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, Jamshedji Tata Road,, Churchgate - 400020. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22036054 Mobile Number: 0	विक्रय चैनल वविरण/ 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: CANARA BANK - RETIREES	ग्राहक आईडी /Customer ID: 9701926969	पैन /PAN: AAACC6106G
पता/ Address: IR SECTION HEAD OFFICE, J C ROAD, City: BENGALURU, District: BENGALURU, State: KARNATAKA, PIN: 560002. Cell: 9739642745	फोन /Phone: ई-मेल /E-Mail:	

पॉलिसी: 01/11/2022 के 00:00 से 31/10/2023 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 01/11/2022 to midnight of 31/10/2023			
प्रीमियम/ Premium	₹ 78,58,259.00	कवर नोट संख्या और तथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	परस्ताव संख्या और तथि/Proposal Number and Date	8800221110633041 Dt. 10/11/2022
SGST/UTGST	₹ 0.00		
IGST	₹ 14,14,487.00		
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	251100812210002588 Dt. 31/10/2022
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 92,72,746.00	पछिली पॉलिसी संख्या और समाप्ती तथि / Previous Policy Number and Expiry Date	251100502010000377 and Dt.31/10/2021
(Rupees Ninety Two Lakh Seventy Two Thousand Seven Hundred Forty Six Only.)			
Co- Insurance Details: NIC 75.00%,NIA - MUMBAI - 120400 15.00%,OIC - Mumbai Division 7 10.00%.			

Total Location Sum Insured	₹ 4,21,00,000.00
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LocationAddress:
1)BENGALURU,,Bengaluru,Bengaluru,Karnataka,560002.

Number of families:148 Number of Lives covered: 243

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	GMT WITH DOMICILLIARY	4,21,00,000.00
	अधिक/Excess:		
	Additional Information: NA		

TPA Details: RAKSHA TPA PVT LTD - MUMBAI BALLARD ESTATE, 7, Kumtha Street, Opposite: Hotel Maharaja, Ballard Estate, Mumbai - 400001
Contact No : 22 - 67876666 Fax : 22 - 39167411 Email : crcm@rakshatpa.com.

Clauses	As per Annexure I
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टिप्पणियां/ Remarks: 1. Family Definition : Retired/Resigned Employee + Spouse only or Widow/Widower.

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906601001773
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 सिडल्टन स्ट्रीट, कोलकाता 700 071.
Registered & Head Office : 3, Middleton Street, Kolkata - 700 071.
P No : 033-22831705-06 Fax : 033-22831712
email : website.administrator@nic.co.in

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

Applicable to Receipts and Policies : Incase of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
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जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 251100 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance Building,,14, Jamshedji 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

2. Separate rates were given for Single person i.e., either of the below mentioned cases :-
a) Retiree without Spouse
b) Surviving Spouse (Family Pensioner)
(* If employee and spouse both are alive, family floater premium have to be paid.)
3. Sum Insured for Group Health Insurance on Family Floater basis: 1 lac/2lacs/3lacs/4 lacs.
4. Data: As per annexure attached.
5. Room Rent:
For Sum Insured 1 lacs and 2 Lacs: Room Rent per day shall be payable up to 1.5% of Sum Insured and ICU charges per day shall be payable up to 2% of Sum Insured.
For Sum Insured 3 lacs and 4 lacs: Room rent per day shall be payable up to Rs.5000/- and ICU charges upto Rs.7500/-
6. For critical illness, Hospitalization medical expenses alone is payable. No lump sum fixed benefit is payable.
7. Domiciliary treatment shall be covered subject to Clause No 3.1 of coverage. The maximum limit of sum insured is 10% of Family floater. The total sum insured is including the domiciliary limit as stated above.
8. No expenses related to maternity is payable. No day one cover available for new born child.
9. No corporate buffer is available.
10. Only employee & spouse are covered. Dependents are excluded from the scope of the policy.
11. After commencement of the policy if any retiree who opts out of the scheme cannot re-join the scheme.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत किया जा रहा है उसके हाथ नरिधारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठोंकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिसत् हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 10/November/2022. 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'**

इंश्युरेन्सइंडियामिटिड

स्टांप इयुलमिटिड/ For and on behalf of National Insurance
Stamp
Duty:
(₹ 1.00)

कृते नेशनल इन्शुरेन्स कंपनी
कृत नेशनल इन्शुरेन्स कंपनी
Authorized Signatory

TAX INVOICE



Invoice Serial No: 30154H2C00000285

Invoice Date: 10/11/2022

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 : CANARA BANK - RETIREES

Address : IR SECTION HEAD OFFICE, J C ROAD
City : BENGALURU,
District: BENGALURU,
State: KARNATAKA,
PIN: 560002.

Place Of Supply State : Karnataka
State Code : 29
GSTIN No : 29AAACC6106G1ZX

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 reinsurance services)	78,58,259	0%	78,58,259	0%	0	0%	0	18%	14,14,487	0
TOTAL		78,58,259		78,58,259		0		0		14,14,487	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 92,72,746

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Ninety Two Lakh Seventy Two Thousand Seven Hundred Fourty Six
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



नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

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