



UNITED INDIA INSURANCE COMPANY LIMITED
ENDORSEMENT SCHEDULE
UNI GROUP HEALTH INSURANCE POLICY
UIN NO. UIIHLGP20043V011920

Policy Number	0210002823P100843448	Department	Health
Previous Policy Number	0210002822P100606655		
Type of Policy	Uni Group Health Insurance Policy	Business Channel code	
Policy Start Date	01/04/2023	Policy End Date	31/03/2024
Endorsement No	1	Endorsement Effective Date	01/04/2023
Insured's Name	M/s THE NEW INDIA ASSURANCE CO. LTD	Issuing Office	021000
Address	NEW INDIA ASSURANCE BUILDING., 87, M G ROAD, FORT MUMBAI MAHARASHTRA 400001	Office Address	STADIUM HOUSE VEER NARIMAN ROAD, CHURCHGATE MUMBAI, MUMBAI, MAHARASHTRA MUMBAI 400020 MAHARASHTRA

Insured Request No. & Date	202304286728386 & 01/04/2023
Endorsement Type	Alteration of insured information

REASON FOR ENDORSEMENT: IT IS HEREBY DECLARED AND AGREED THAT THE TERMS, CONDITIONS AND COVERAGES ARE AS PER EXPIRING POLICY EXCEPT 1)THE SUBLIMITS FOR ALL THE 12 ATMT (ADVANCE TREATMENT AND MODERN TREATMENT) METHODS WILL BE ENHANCED TO 50% OF THE SUM INSURED SUBJECT TO A MAXIMUM OF RS.10 LACS. 2)THE LIMIT FOR DOMICILIARY HOSPITALISATION WILL BE INCREASED FROM RS.50,000/- TO RS.1,00,000/-. 3) THE LIMIT FOR AMBULANCE CHARGES IN THE CASE OF TRANSFER OF PATIENT INVOLVING INTERCITY TRAVEL OF MORE THAN 50 KM ONE SIDE, WILL BE ENHANCED UPTO RS.10,000/- PER HOSPITALISATION. 4)THE PAYMENT OF ANY CLAIM RELATED TO CATARACT WILL BE LIMITED TO ACTUAL OR MAXIMUM OF RS.1 LAC.(INCLUSIVE OF ALL CHARGES, EXCLUDING GST) FOR EACH EYE, WHICHEVER IS LESS. AND THE CORRECT TPA DETAILS ARE AS FOLLOWS:- 1)TPA NAME:- HEALTH INSURANCE TPA OF INDIA LTD. 2)ADDRESS :- 2ND FLOOR, MAJESTIC OMNIA BUILDING, A-110, SECTOR 4 NOIDA, UTTAR PRADESH - 201301. 3)EMAIL ID:- customerservice@hitpa.co.in 4) TOLL FREE NUMBERS: 18001803600 / 18001023600.

ENDORSEMENT WORDING: Notwithstanding anything contained herein to the contrary it is hereby declared and agreed that the above changes mentioned in reason of endorsement has/have been incorporated under the within mentioned policy.

Subject otherwise to the terms, exceptions, conditions and limitations of this policy.

For and on behalf of
United India Insurance Company Limited

Authorised Signatory

Printed By - PRA34362 @ 28/04/2023
Underwritten By - RAS34199 (DO UNDERWRITER)