THE NEW INDIA ASSURANCE CO. LTD





USER MANUAL

PROCESS OF BUYING A POLICY WITH WEB PORTAL



REQUIRED DATA

Category: member/employee/ student

Membership Number: enter your valid membership number/ employee number/ student ID.

First name:

Middle name:

Last name:

Gender: Male / female

Date of Birth: keep ready DOB of each member.

Mobile no: ---

Email id:

PAN no:

Postal	Address:
1 00101	/

Post office:

Landline no:

Permanent Address:

Post office:

Landline no:

Policy details:

Policy inception date: date from which you want to start policy coverage

Policy Expiry Date: auto...



Floater Sum Insured: select appropriate sum insured for you (after this buying policy, SI could not be increased

Treatment Zone:

- 1. Zone I Anywhere in India including Mumbai.
- 2. Zone II Anywhere in India, excluding Mumbai & Greater Mumbai.
- 3. Zone III Anywhere in India, excluding Mumbai, Greater Mumbai, Delhi, NCR, bengluru.

Name of Assignee: In the event of death of the insured person(s) due to an Insured peril, all benefits payable, in respect thereof under this insurance, shall become payable to the assignee declared in the proposal and the receipt given by the said assignee shall be construed as full and final discharge to the Company in respect of all liability under the policy.

Relationship with assignee: father / mother / spouse

Total number of members to be covered (including self) : specify the number of member you want to cover in this policy .(Including yourself, parents , spouse, children)

Do you want to cover your parents? Yes/No.

Insured Details:

** Please enter the Family Member details and click on Save Insured to add the member as an Insured under this Insurance Application.

Relationship: relationship with proposer.

First Name:

Middle name

Last name

Gender

photo upload:

DOB

Occupation

Are you having Continuous Coverage ? If yes please provide following details for the preceding three years *: yes/no

The New India Assurance Co. Ltd.



If yes, then Enter your 3 preceding years policies details.

Are you suffering from any illness/disease, and/or do you have any knowledge of any positive existence or presence of any ailment/sickness/injury, which may require medical attention ? *yes/no

If yes, then specify all illnesses.

Has the insured had an accident in the past? *: yes/No

If yes , then Enter the details.

(Save insured)

press this button to save your detail, and to add other members. (above form will appear blank so you can add details of other persons by repeating the above process.

(After saving one insured details, one has to submit details for another person to be covered. Insured details have to be provided for all insured's to be covered)

Apart from what has been declared above Are you at present covered under any Medical / Health Insurance? * :yes/no

Enter your current year's policy details.

Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? *: yes / no



STEP 1: REGISTER YOUR DEATILS

Log on to the web portal at : http:// icai.newindia.co.in

Please Use The Internet Explorer Web Browser

a. <u>You are requested to Keep ready following details</u>, before filling proposal <u>form</u>.

- 1. <u>Previous years policies detail including</u> policy no, period of insurance, cumulative bonus etc.
- 2. DOB of all members
- 3. PAN number
- 4. Photograph of all member in JPEG image File

b. <u>Please click on Buy Now Hyper link(find in th right bottom corner of</u> <u>welcome page)</u>

windia.co.ir ·1415	n		New Delhi-110002			
ons and co ite of Char any unaut / will be tree cy & settler	verage carefully before ta tered Accountants of Indi horized persons not eligible ated as null and void ab ini ment of claims.	king insurance under this schem I having a valid Membership No / I under the scheme has availed ir tio. Please note that Institute of C	e. Please note that this scher Empolyee No. / Students Re nsurance from this portal, clai Chartered Accountants of Ind	ne is specifically designed fo gistration No. If any time dur ms / any benefits under this ia, is not an insurance provid	or the Members, ing ourrency of policy o policy is liable to be er & is in no way	r at
efits	Carry Over Credit	Insurance is a subject matt	er of Solicitation. Premium Calculator	Terms & Conditions	Buy Now 6	MFInsure
dia.co.in/	Application/frmHealth)	(ndividualApplication.aspx		🕡 😜 Interr	Buy Now	€ 90% •



c. After click on Buy now , self registration form will occur as follows

d.

And ASSURANCE				
	Prop	oser Details		
Category * : Member		Membership Number * :		
Please ensure th claim will get rep	at valid Membership Number is en udiated.	tered. If at the time of claim the Membersh	p Number is found to be incorrect	t/invalid, t
First Name * :Sel 💌		Middle Name :		
Last Name :		Gender*: 🔍 M	ale 🔘 Female	
Date of Birth * :		Age*:	Months	
Mobile No * : +91		Email ID * :		
PAN Number * :	Enter PAN in Capital Le	etters		
	Post	al Address		
Apt No./ Block No * :		Street Name / Locality :		
Landmark 1 :		City/√illage :		
Pin Code * :		Country * : India	¥	
State *:Select	•	District * :Select	•	
Post Office :Select		Landline No :		
		87.5127		
	E Perm	anent Address		

e. Please fill the Data correctly, and click on the proceed Button . You will get the Authentication Message as pop up. Click on ok button and fill authentication code in provided field

			ASSUMPTION ASSUMPTION
Mobile No * : 900	008 1 0000	Email ID)*: mukesh.yada v@new india.co.in
PAN Number*: AU	WPM3556 D		
Postal Address			
Apt No / Bio Lar Pi Post Office : Coli	e thentication code has been mailed in 1yadav@newindia.co.in)Mobile Ni OK ectorate	nessaged to the specified eMail-ID umber(9000810000) respectively. Landline No :	ur V
FermanentAddress		Click on Ok Bu	utton on Fill the auth Code recieved
uth Code		on Mail in auth	a code box, now click on verify
	Insuran	ce is a subject matter of Solicitation.	
Welcome Key Benefits	Carry Over Credit Claim Proc	ess FAQ Premium Calculator	Terms & Conditions Buy Now

Please make sure that you have received the auth. Code on your mail id, because if you have not received the mail that means mail id is wrong/ or typographical errors in the typed email id. If Email id is wrong that means you will not receive the policy schedule on your mail id. Hot mail Id may bounce the mail with attachment so please preferably provide Gmail/ yahoo account.

STEP 2: SAVE YOUR OWN DETAILS

Now you will find a new form in front of you as shown below

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ASSU					
		Policy Det	tails		
Application N	umber : 1130003012NIH00056	10	Entered in MF-Insure	on : 07/09/2012	
Policy Inception	Date * : 07/09/2012 0D/	MM/YYYY	Policy Expiry Da	ate : 06/09/2013	
Floater Sum Ins	sured * : 1000000.00				
Name of Assi		lindia)	Assignee Relationshi	* Eather	
Total Number of membe	rs to be 2		Do you want to cover y	our Yes No	
covered (including	self)*:		parents	*	
Parents Floater Sum Ins	sured * : 500000.00	•			
Parent's Treatment 2	Zone * : Zone 2 (Any where in	India except Mumbai and Greater N	/lumbai)		
	80D Certificate will be	separately generated for Parent	ts.		
		Insured De	etails —		
** Please	e enter the Family Member det	ails and click on Save Insured to a	add the member as an Insured	under this Insurance	e Application.
/iew Edit Del	lete Insured Name				
		, DOD Age	Relationship	Treatment Zon	e Photograp
View Edit De	CA. Shrutika Thakur	01/02/1990 22 Se	Relationship	(Any where in India)	View Image
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Please fill the details as following Instruction:

- 1. <u>Policy Inception Date:</u> This the date from which you want to start coverage. No back dating is allowed.
- 2. <u>Sum Insured</u>: select the appropriate S. I. As your requirements.
- 3. <u>Treatment Zone:</u> Select zone as follows
 - i. Zone I: All India Including Mumbai
 - ii. Zone II: All India including Delhi, Bengluru, excluding Mumbai,
 - iii. <u>Zone III :</u> All India excluding Mumbai, Delhi, Bengluru
- 4. <u>Assignee Name:</u> assignee is a person who can receive the claim amount other then you (in your absence).
- 5. <u>Continuous Coverage Question:</u> select continuous coverage question as "Yes", if you already have a mediclaim policy and there is no break of more than 30 days in these. Then fill the previous policies detail as shown below follows.

Are you having Continuous Coverage	ge ? If ː··s please provide following detail	s for the preceding three years * :	Select continious Coverage as Yes if you have mediclaim coverage for more than one year in past	Yes
Insurance Details —			-	
Name of Insurer * :	ORIENTAL	Policy No.*:	1222222222222	
From Date * :	22/03/2011	To Date * :	22/03/2012	
Sum Insured * :	50 000 0			
	the second secon	ave Details of Previous Insurance 😒 Cance		
Is the insured suffering from any illn	essidisease? * :	Click on Insurand years o	save details of previous ce Button only for completed f policy	O Yes

After you press the "Save Details of Previous Insurance" Button, you can confirm that details are added as shown following



	Details of adde that details stor	d previous Insurance . T ed correctly	his conformes	
L				
surance Details				
Edit Delete Name of Insurer	Policy No.	From Date	To Date	Sum Ins
Edit Delete ORIENTAL	1222222222222	22/03/2011	22/03/2012	500000
Name of Insurer* :		Policy No.*:		
From Date *:	YYYY	To Date * :		WYYYYY
Sum Insured * :				
	🐲 Save Details of Previou	us insurance 😒 Cancel		



6. <u>Details of CB in existing policy</u>: This field is shown only after you have entered details of at least one previous policy

Edit Delete Name of Insurer	Policy No.	From Date	To Date	Sum			
Edit Delete ORIENTAL	12222222222222	22/03/2011	22/03/2012	500000			
Name of Insurer*:		Policy No.* :					
From Date * :	YYY	To Date * :	Шом	MYYYY			
Sum Insured * :							
	🐲 Save Details of Previou	is Insurance 🕴 🕄 Cancel					
Please enter the Cumulative Bonus for the previous Insurance Po	licy, if any.						
To you have any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention?*:							
bo you have any knowledge of any positive existence of presents				1.1			
bo you have any knowledge of any positive existence of presents	🗶 Save Insure	d 🕴 Cancel					

7. <u>Apart from what has been declared above Are you at present covered</u> <u>under any Medical / Health Insurance</u> Select this respectively.

UPLOADING PHOTOS OF A MEMBER

1. Please click on the "Browse" button located near to photo upload field, before pressing the "Save Insured "button.

	A ASSUMPTION
ate * : 30/03/2012 DD/MM/YYYY	Policy Expiry Date : 29/03/2013
red * : 1000000.00	
anshin*· Self	Gender* . () Mala O Samala
t Name ": Mr. Mukesn	Middle Name : kumar
st Name : yadav	Photo Upload : (Browse)
of Birth *: 15/08/1984 DD/MM/YYYY	Age *: 27 7 Months
t Zone *:Select	
signee * :Se 🗸	Assignee Relationship * :Select
us Coverage ? If yes please provide following details for the preceding three	e years *: O Yes O N
	Click on "Browse" button to upload the photo of respective Member(eg. Mukesh). Image must be in Jpeg Format.

2. Select \ locate your photo\image file on your computer

v India	Choose file					? 🔀) Toc
1433	Look in:	🗀 Grad		•	+ 🗈 💣 🎫		
Ю/ММ	ò	DSC_0004					
	My Recent Documents	DSC_0024					
		DSC_0029					
h		105C_0068		Click On the your photo	e open button after li on your computer D	ocating prive to	
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provid	S						(es
	My Network Places	File name:	DSC_0004			Open	ves
e or pi		Files of type:	All Files (*.*)			Cancel	Yes
	*	Save Insured	Cancel				
prese	nt covered under an	y Medical / Health	Insurance? * :			C) Yes
					😜 Internet	•	100%

and graine



onship * :	Self	Gender*: 💿 Male 🔘 Female	
Name*:	Mr. 🗸 Mukesh	Middle Name : kumar	
st Name :	yadav	Photo Upload : D:\MUKESH\Photos\Grad\D B	rowse
of Birth * :	15/08/1984 DD/MM/YYYY	Age*: 27 7 Months	
t Zone * :	Select	1	~
signee * :	Se 💙	Assignee Relationship * :Select 💌	
us Covera	ge ? If yes please provide following details for the	e preceding three years * :	OYes ON
rom any illr	ness/disease? * :	/	OYes ON
		After pressing "Open " Button Photo Upload field become green, that means photo is uploaded.	

Please note that photo upload field is not a mandatory field, photos are required to issue the TPA card.



8. Now press the "Save Inured" Button to save the details of one person, And conform that details are saved shown as follows.

Policy I	Sum Insured	•: 1000000.00	viiiii			Policy Expiry Date : 2	1.03/2013
Insured D)etails –						
Edit De	lete	Insured Name	DOB	Age	Relationship	TreatmentZone	Photograpi
Edit	Delete	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 (Any where in India)	
	Relations	ship*:Select		~	N	Gender*: 💿 Male F Dale	
	First Na	ame*:Sel 💌			- 1/	Middle Name :	
	Last N	Name :			1	Photo Upload :	Browse
	Date of B	lirth*:	MMYYYYY		After filling up pressing "Save	the details of One person and On e Insured" Button, Above row high	
	Treatment Zo	one*:Select			lighted that sho	ows that details of one person is	1
Na	ame of Assign	iee * : 🛛 Sel 🔽			to pay now.	rully, please confirm before going	~
Are you having	Continuous C	Coverage ? If yes please prov	de following details	for the preces	ding three years * :		O Ye
Is the insured su	uffering from a	any illness/disease? * :					© Ye
Has the insured	had an accide	ent in the past? " :					OYe
Do you have an	y knowledge o	or any positive existence or p	esence of any ailme	nt, eichmees	or a just which may require r	medical attention? * :	© Ye
			()	次 Save	Insured O Cancel		
Apart from what i	has been deol	ared above Are you at presen	t covered under any	Medicatilities	the frequence? * :		۵v



STEP 3: ADDING EXTRA MEMBERS\ PARENTS \ SPOUSE \ DEPENDENT CHILD

Please make sure that parents, spouse, dependent child's, whom you want to cover under the policy must be added in the same policy, and you could not take separate policy for parents & child under this policy. Process of adding the parents & Spouse is described as follows.

1. After saving details of self form becomes empty shown as follows

P	Application Number : folicy Inception Date * : Sum Insured * :	11 3000 3011 NH00001 22.03/2012	28	Pleas the m the p Moth	e select the relation ember whom you v olicy as Spouse\F er \dependent Chil	nship with vant add in ather\ d.	Entered in MF-Insure on : [Policy Expiry Date : [22/03/2012 21/03/2013]
- Insu	red Details		_/_						_
Edit	Delete Ins	sured Name	бов	Age	Relationship	Trea	tmentZone	Photo	grapt
Edit	Delete CA.	Mukesh k Yadav	22/03/1980	32	Self	Zone 1	(Any where in India)		
[Relationship*:	Spouse		~		Gender*:	O Male Féhale		
	First Name * :	Mrs. 🖌 Tina				Middle Name :	КК		
	Last Name :	KK				Photo Upload :		Brow	ie
	Date of Birth * :	22.03/1980	MMYYYYY			Age * :	32		
	Treatment Zone * :	Zone 1 (Any where in	India)						~
Are you	raving Continuous Cover	rage ? If yes please prov	ide following details fo	r the preces	ding three years * :				O Ye
Is the ins	ured suffering from any i	Inessidisease? * :							OYe
Has the in	nsured had an accident in	the past? * :					K		() Ye
Do you h	ave any knowledge or any	y positive existence or p	resence of any ailmen	siskness	ocinjury, which may requir	e medical attent	ion?*:		OYe
				🏷 Save	Insured 🖸 Cancel]			
Apart fron	n what has been declared	above Are you at preser	t covered onder any M	edical / Hea	ith Insurance? • :				€ Ye
I		Press the save details member	Insured button to s	ave the]	After Saving row is adde the detail of frist member	g the details of first person d and form becomes empt second member as explair r	i one ty. Fill ned for	



For each member you want to add, please do follow the procedure explained for the self.

After you press the save insured button, details are shown as follows

Polic P	y Details Application Num olicy Inception Da Sum Insur	nber: 1130003011NH00001; ate*: 22.03/2012 AM	26 MYYYYY V			Entered in MF-Insure on : Policy Expiry Date :	22/03/2012
Insur Edit	ed Details	Insured Name	DOB	Age	Relationship	Treatment Zone	Photogra
Edit	Delete	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 (Any where in India)	. no.ogra
Edit	Delete	Mrs. Tina KK KK	22/03/1980	32	Spouse	Zone 1 (Any where in India)	
	Relations) First Nat	hip •:Select		*	M	Gender*: Maie TChale Iddle Name :	Browse
	Date of Bi Treatment Zor	nh*: 	MWYYYY of second Ad by arrow cor	ded memk	er. The Second row the second member's	Age*:	
ve you h s the inst	aving Continuous ured suffering fro	s Coverage ? If yes record	l is saved succ	essfully			0

as the insured had an accident in the cast? * :

Please make sure that before proceeding to payment:

- 1. Details of parents are added \ saved successfully if you want to cover them, because It is not possible to issue the separate policy for the parents.
- 2. Please check the above added detail for all members you want to cover in the policy, and then only proceed to the payment.
- 3. Please check that your base premium is matching with the premium shown in premium calculator for appropriate family composition.



STEP 4: PAYMENT

- a. Before proceeding to payment please make sure the all members you want to add are added and details visible in saved form. After Payment it is difficult to correct the policy details.
- b. Please read and check (click select on check box for declaration) the declaration.
- c. Click on "Pay Now" button to pay your premium by Credit\ debit card or internet banking as shown below.

Sum Insured * :	500000]	Cumm. Bonus (%) * :	
re there any additional facts af	ffecting the proposed Ir	nsurance, which should be disclosed to insur	ers?*:	
Declaration				
Thave gone through the ter	ms, conditions, exclusi	ons and premium rates for the Mediclaim insu	rance policy as per agreement entered into	between New India
the Institute of Click select	t the check box for	the same are acceptable to me. I further dec	lare that I have given explicit information in t	the above columns
information from	i before Pay now.	ho has at any time attended me or my family	/ members, are true and complete. I consent / members or may attend concerning any di	t and authorize the sease or illness wh
family members, proyector of	r montar noaith. r agroo	ula Please check that Base premium is	pontract should the insurance be effected.	If after the insurance
that the statements, answe	rs or particulars stated	in (matching with the premium shown in mremium calculator) chart for the seleted	re incorrect or untrue in any respect, the In	isurance Company
under this policy.	/	family composition		
Payment Details				
Base Premium Amount : 71	45	Service Tax Amount : 736	Net Payable	Amount : 7881
		🍅 Pay Now 🛛 📀	Cancel	
			 Click on this button to pay by the Cro debit card, or interpet banking, before 	edit\
		<u> </u>	this make sure that all member are a	idded
		Insurance is a subject matte	and shown. er of So	
Welcome Key Ber	nefits Carry Ove	er Credit Claim Process FAQ	Premium Calculator Terms & Cond	itions Buy No

After this you will be redirected to payment gate way, shown as follows

Bill De s	k scation.	BillDesk Payme	ent Gateway	
			Select Any one mode by which you want to pay, and click on the submit buffon	
	Choose a payment option :			
	You have chosen to pay an amour	nt of Rs. 7881 .	1	
	Please select your payment opt	ion and 'submit':		
	Order Number.:	P001000209		
	Total value of transaction :	7881		
	Payment Option :	O Credit Cards O Debit Card	s 💍 Internet Banking	
		SUBMIT)	~

After payment you will receive the policy schedule on your mail id as an attachment.

Precautions:

- 1. <u>Members / Parents can be added only at the time of form filling</u> <u>and before pay now.</u>
- 2. <u>Please do not refresh the browser while the transaction is in</u> processing (till policy number is not displayed).
- 3. <u>Please do not close the browser window/ tab while the</u> <u>transaction is in processing (till policy number is not displayed).</u>
- 4. <u>Please do not close Internet while the transaction is in</u> processing (till policy number is not displayed).
- 5. <u>If policy number is not generated and amount is debited from</u> your account, please contact us.

Feel free to contact us on nia.113000@newindia.co.in

<u>Thanks & Regards</u> Web Portal Office -113000 New India Assurance Co. Ltd.

The New India Assurance Co. Ltd.





The New India Assurance Co. Ltd., MRO-I, Mumbai An Initiative for Health Insurance Scheme for Members & Students of ICAI

Special Coverage under the Health Insurance Scheme For Members & Students of ICAI:

- Family would comprise of self, spouse and two dependant children with Sum Insured on Floater basis for the entire family. Dependant Parents can be covered by paying additional premium and for a separate Sum Insured on Floater basis for both parents. Additional dependant children may be covered by paying 10% loading on family premium for each child.
- For Students only self is covered, and the family members and parents are not covered. The coverage for the students is restricted to Rs.1 lakh & 2 lakh rupees.
- Member would be given an one time option for selecting his family / dependants. Unmarried
 members can select their parents instead of spouse. Inclusion of additional dependants would
 be allowed only in case of marriage of a member / employee or birth of a child.
- For members & Students without any previous continuous insurance, the coverage for preexisting disease would be subject to the following:
 - 1" year-Eligibility of 25% of Sum Insured;
 - 2^{sd} year Eligibility of 50% of Sum Insured;
 - 3rd year Eligibility of 75% of Sum Insured;
 - 4th year and thereafter Eligibility of 100% of Sum Insured.
- For members / students with existing Mediclaim Insurance and Cumulative Bonus, a discount in premium in lieu of CB, will be allowed as under:
 - Cumulative Bonus of upto 10% 5% discount in premium;
 - Cumulative Bonus of 10-30% 10% discount in premium;

Cumulative Bonus of above 30% - 15% discount in premium.

In case of family members having an existing Mediclaim policy with different CB for different persons, the average of the CB for all family members would be considered for the entire family.

- A Hospital Cash Allowance amounting to 0.10% of Sum Insured would be payable on hospitalization of the insured member, for a maximum of 10 days.
- Cashless services to be provided in all hospitals, and not restricted to PPN.

For details please visit our company's website http://newindia.co.in

Secretary Divisional Manager, Committee for Capacity Building of CA Firms DO-113000 New India Assurance Co. Ltd. and Small & Medium Practioners (CCBCAF & SMP), Mumbai R.O.I, New India Bhawan, ICAI Bhawan, Indraprastha Marg, ^{ad} Floor, 34-38, Bank Street, Fort, New Delhi - 110002. Mumbai - 400 023 E-mail : ccbcaf@icai.org Email: nia.113000@newindia.co.in Phone: 011-30110561 shrutika.thakur@newindia.co.in mukesh.yadav@newindia.co.in Phone: 022-24620311, 24620363 Regd. Office : The New India Assu. Co. Ltd. 87, M. G. Road, Fort, Mumbai - 400 001. Website : http://newindia.co.in