

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:**

**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**



*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

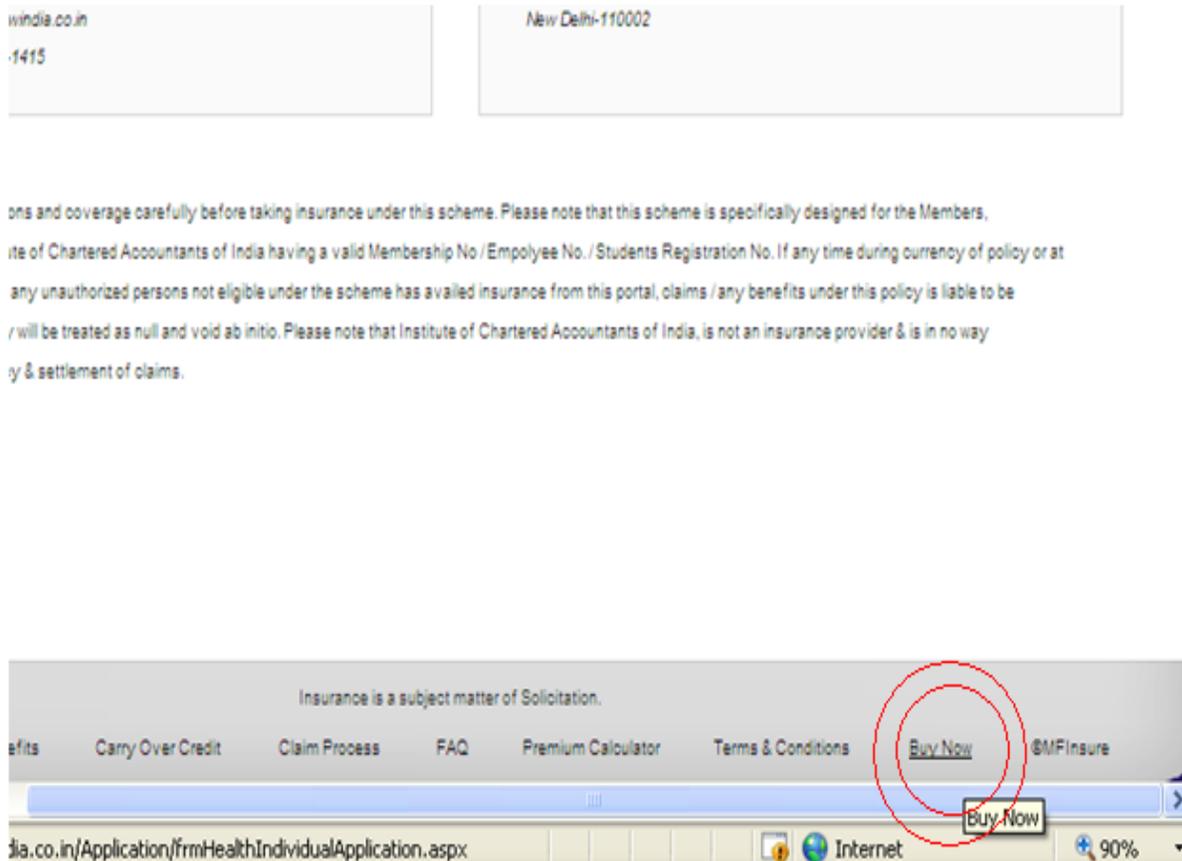


## **STEP 1: REGISTER YOUR DEATILS**

**Log on to the web portal at :** [http:// icai.newindia.co.in](http://icai.newindia.co.in)

**Please Use The Internet Explorer Web Browser**

- a. You are requested to Keep ready following details , before filling proposal form.**
  - 1. Previous years policies detail including 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. Please click on Buy Now Hyper link(find in th right bottom corner of welcome page )**





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



**Proposer Details**

Category * : <input type="text" value="Member"/>	Membership Number * : <input type="text"/>
--	--

Please ensure that valid Membership Number is entered. If at the time of claim the Membership Number is found to be incorrect/invalid, the claim will get repudiated.

First Name * : <input type="text" value="--Sel--"/>	Middle Name : <input type="text"/>
Last Name : <input type="text"/>	Gender * : <input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth * : <input type="text"/> DD/MM/YYYY	Age * : <input type="text"/> Months
Mobile No * : +91 <input type="text"/>	Email ID * : <input type="text"/>
PAN Number * : <input type="text"/> Enter PAN in Capital Letters	

**Postal Address**

Apt No./ Block No * : <input type="text"/>	Street Name / Locality : <input type="text"/>
Landmark 1 : <input type="text"/>	City/Village : <input type="text"/>
Pin Code * : <input type="text"/>	Country * : <input type="text" value="India"/>
State * : <input type="text" value="--Select--"/>	District * : <input type="text" value="--Select--"/>
Post Office : <input type="text" value="--Select--"/>	Landline No : <input type="text"/>

**Permanent 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**



Mobile No \* : 9000810000      Email ID \* : mukesh.yadav@newindia.co.in

PAN Number \* : AUWPM3558D

Postal Address

Apt No./Block

Landline No

Post Office : Collectorate      Landline No :

Permanent Address

Auth Code

Auth Code :       Please click in case Authorization Code is not received.

Insurance is a subject matter of Solicitation.

Welcome    Key Benefits    Carry Over Credit    Claim Process    FAQ    Premium Calculator    Terms & Conditions    Buy Now

**Message**

The Authentication code has been mailed/messaged to the specified eMail-ID (mukesh.yadav@newindia.co.in)/Mobile Number(9000810000) respectively.

Click on Ok Button on Fill the auth Code recieved on Mail in auth code box. now click on verify

- 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**



### Policy Details

Application Number :  Entered in MF-Insure on :

Policy Inception Date \* :  DD/MM/YYYY Policy Expiry Date :

Floater Sum Insured \* :

Treatment Zone \* :

Name of Assignee \* :  Assignee Relationship \* :

Total Number of members to be covered (including self) \* :  Do you want to cover your parents? \* :  Yes  No

Parents Floater Sum Insured \* :

Parent's Treatment Zone \* :

80D Certificate will be separately generated for Parents.

### Insured Details

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

View	Edit	Delete	Insured Name	DOB	Age	Relationship	Treatment Zone	Photograph
<input type="button" value="View"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	CA. Shrutika Thakur	01/02/1990	22	Self	Zone 1 ( Any where in India)	<input type="button" value="View Image"/>

Relationship \* :

Middle Name :

Gender \* :  Male  Female

Date of Birth \* :  DD/MM/YYYY

Occupation \* :

First Name \* :

Last Name :

Photo Upload :

Age \* :  Months

Are you having Continuous Coverage ? If yes please provide following details for the preceding three years \* :  Yes  No

Edit	Delete	Name of Insurer	Policy No.	From Date	To Date	Sum Insured
<input type="button" value="Edit"/>	<input type="button" value="Delet"/>	NEWINDIAASSURANCE	113000341113010000006!	07/09/2010	06/09/2011	500000
<input type="button" value="Edit"/>	<input type="button" value="Delet"/>	NEWINDIAASSURANCE	113000341113010000006	07/09/2011	06/09/2012	500000
<input type="button" value="Edit"/>	<input type="button" value="Delet"/>	NEWINDIAASSURANCE	113000341113010000006@	07/09/2009	07/09/2012	500000

Name of Insurer \* :

Policy No. \* :

From Date \* :  DD/MM/YYYY

To Date \* :  DD/MM/YYYY

Sum Insured \* :

Please enter the Cumulative Bonus for the previous Insurance Policy, if any.  (% of Sum Insured)

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

Has the insured had an accident in the past? \* :  Yes  No



**Please fill the details as following Instruction:**

1. **Policy Inception Date:** This the date from which you want to start coverage. No back dating is allowed.
2. **Sum Insured:** select the appropriate S. I. As your requirements.
3. **Treatment Zone:** Select zone as follows
  - i. **Zone I :** All India Including Mumbai
  - ii. **Zone II :** All India including Delhi, Bengluru, excluding Mumbai,
  - iii. **Zone III :** All India excluding Mumbai, Delhi, Bengluru
4. **Assignee Name:** assignee is a person who can receive the claim amount other then you (in your absence).
5. **Continuous Coverage Question:** 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 ? If yes please provide following details for the preceding three years \* :

Select continous Coverage as Yes if you have mediclaim coverage for more than one year in past

Yes

---

**Insurance Details**

Name of Insurer * : <input type="text" value="ORIENTAL"/>	Policy No. * : <input type="text" value="12222222222222"/>
From Date * : <input type="text" value="22/03/2011"/> <small>DDMMYYYY</small>	To Date * : <input type="text" value="22/03/2012"/> <small>DDMMYYYY</small>
Sum Insured * : <input type="text" value="500000"/>	

Is the insured suffering from any illness/disease? \* :

Click on save details of previous Insurance Button only for completed years of policy

Yes

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



Details of added previous Insurance . This conforms that details stored correctly



**Insurance Details**

Edit	Delete	Name of Insurer	Policy No.	From Date	To Date	Sum Ins
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	ORIENTAL	12222222222222	22/03/2011	22/03/2012	500000

Name of Insurer \* :  Policy No. \* :

From Date \* :  MM/YYYY To Date \* :  MM/YYYY

Sum Insured \* :



6. **Details of CB in existing policy:** 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 Insured
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	ORIENTAL	12222222222222	22/03/2011	22/03/2012	500000

Name of Insurer \* :  Policy No. \* :

From Date \* :   bMMYYYY To Date \* :   bMMYYYY

Sum Insured \* :

Please enter the Cumulative Bonus for the previous Insurance Policy, if any.

Do you have any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? \* :

Please Fill the CB details of the existing policy in this field. CB must be entered in percent form. if CB is given in amount form then calculate your CB as follows .  $CB = \frac{CB \text{ amount}}{\text{sum insured}} * 100$ .

7. **Apart from what has been declared above Are you at present covered under any Medical / Health Insurance**  
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.



ate \* : 30/03/2012 DD/MM/YYYY Policy Expiry Date : 29/03/2013

red \* : 1000000.00

onship \* : Self Gender \* :  Male  Female

t Name \* : Mr. Mukesh Middle Name : kumar

st Name : yadav Photo Upload :

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 years \* :  Yes  No

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

Choose file

Look in: Grad

DSC\_0004  
DSC\_0020  
DSC\_0024  
DSC\_0028  
DSC\_0029  
DSC\_0065  
DSC\_0068

File name: DSC\_0004  
Files of type: All Files (\*.\*)

Open  
Cancel

Click On the open button after locating your photo on your computer Drive to upload



Relationship \* : Self

Name \* : Mr.  Mukesh

Surname \* : yadav

Date of Birth \* : 15/08/1984  DD/MM/YYYY

Gender \* :  Male  Female

Middle Name :  kumar

Photo Upload :  D:\MUKESH\Photos\Grad.D

Age \* : 27  7  Months

Zone \* : ---Select---

Signee \* : ---Se

Assignee Relationship \* : ---Select---

Has Coverage? If yes please provide following details for the preceding three years \* :  Yes  No

From any illness/disease? \* :  Yes  No

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 Insured” Button to save the details of one person, And conform that details are saved shown as follows.

Policy Inception Date \* : 22/03/2012 MM/YYYY      Policy Expiry Date : 21/03/2013

Sum Insured \* : 1000000.00

Insured Details							
Edit	Delete	Insured Name	DOB	Age	Relationship	TreatmentZone	Photograph
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 (Any where in India)	

Relationship \* : ---Select---      Gender \* :  Male  Female

First Name \* : ---Sel      Middle Name : \_\_\_\_\_

Last Name : \_\_\_\_\_      Photo Upload : \_\_\_\_\_

Date of Birth \* : \_\_\_\_\_ MM/YYYY

Treatment Zone \* : ---Select---

Name of Assignee \* : ---Sel

Are you having Continuous Coverage ? If yes please provide following details for the preceding three years \* :  Yes

Is the insured suffering from any illness/disease? \* :  Yes

Has the insured had an accident in the past? \* :  Yes

Do you have any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? \* :  Yes

Apart from what has been declared above Are you at present covered under any Medical/Health Insurance? \* :  Yes

After filling up the details of One person and On pressing "Save Insured" Button, Above row highlighted that shows that details of one person is added Successfully. please confirm before going to pay now.



### 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

Application Number: 1130003011NH0000126  
Policy Inception Date \*: 22/03/2012 MM/YYYY  
Sum Insured \*: 1000000.00  
Entered in MF-Insure on: 22/03/2012  
Policy Expiry Date: 21/03/2013

**Insured Details**

Edit	Delete	Insured Name	DOB	Age	Relationship	Treatment Zone	Photograph
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 (Any where in India)	

Relationship \*: Spouse  
Gender \*:  Male  Female  
First Name \*: Mrs. Tina  
Middle Name: KK  
Last Name: KK  
Photo Upload:    
Date of Birth \*: 22/03/1980 MM/YYYY  
Age \*: 32  
Treatment Zone \*: Zone 1 (Any where in India)

Are you having Continuous Coverage? If yes please provide following details for the preceding three years \*:  Yes  No  
Is the insured suffering from any illness/disease? \*:  Yes  No  
Has the insured had an accident in the past? \*:  Yes  No  
Do you have any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? \*:  Yes  No

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

**Annotations:**

- Please select the relationship with the member whom you want add in the policy as Spouse\Father\ Mother \dependent Child.
- Press the save insured button to save the details member
- After Saving the details of first person one row is added and form becomes empty. Fill the detail of second member as explained for frist member



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

**Policy Details**

Application Number:  Entered in MF-Insure on:

Policy Inception Date \*:   Policy Expiry Date:

Sum Insured \*:

---

**Insured Details**

Edit	Delete	Insured Name	DOB	Age	Relationship	Treatment Zone	Photogra
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 ( Any where in India)	
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	Mrs. Tina KK KK	22/03/1980	32	Spouse	Zone 1 ( Any where in India)	

Relationship \*:  Gender \*:  Male  Female

First Name \*:  Middle Name:

Last Name:  Photo Upload:

Date of Birth \*:  Age \*:

Treatment Zone \*:

Details of second Added member. The Second row shown by arrow confirms that the second member's record is saved successfully

Are you having Continuous Coverage? If yes

Is the insured suffering from any illness/disease

Has the insured had an accident in the past? \*:

**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

- 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.
- Please read and check (click select on check box for declaration) the declaration.
- Click on “Pay Now” button to pay your premium by Credit\ debit card or internet banking as shown below.

Sum Insured \* :  Cumm. Bonus (%) \* :

Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? \* :

#### Declaration

I have gone through the terms, conditions, exclusions and premium rates for the Mediclaim insurance policy as per agreement entered into between New India the Institute of Insurance of India. The same are acceptable to me. I further declare that I have given explicit information in the above columns. The statements in respect of myself and my family members, are true and complete. I consent and authorize the information from who has at any time attended me or my family members or may attend concerning any disease or illness wh family members, physical or mental health. I agree that the statements, answers or particulars stated in under this policy.

**Click select the check box for declaration before Pay now.**

**Please check that Base premium is matching with the premium shown in premium calculator/ chart for the seleted family composition**

#### Payment Details

Base Premium Amount :  Service Tax Amount :  Net Payable Amount :

**Click on this button to pay by the Credit\ debit card or internet banking , before this make sure that all member are added and shown.**

Insurance is a subject matter of So

Welcome Key Benefits Carry Over Credit Claim Process FAQ Premium Calculator Terms & Conditions Buy No

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



**BillDesk**  
All your payments. Single location.

**BillDesk Payment Gateway**

Choose a payment option :

You have chosen to pay an amount of Rs. 7881 .

Please select your payment option and 'submit' :

Order Number.:	PO01000209
Total value of transaction :	7881
Payment Option :	<input type="radio"/> Credit Cards <input type="radio"/> Debit Cards <input type="radio"/> Internet Banking

**SUBMIT**

Select Any one mode by which you want to pay, and click on the submit button

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

### **Precautions:**

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

Feel free to contact us on [nia.113000@newindia.co.in](mailto:nia.113000@newindia.co.in)

**Thanks & Regards**

**Web Portal Office -113000**

**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 pre-existing disease would be subject to the following:
  - 1<sup>st</sup> year – Eligibility of 25% of Sum Insured;
  - 2<sup>nd</sup> year – Eligibility of 50% of Sum Insured;
  - 3<sup>rd</sup> year – Eligibility of 75% of Sum Insured;
  - 4<sup>th</sup> year and thereafter – Eligibility of 100% of Sum Insured.
- For members / students with existing Mediciclaim 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 Mediciclaim 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>

Divisional Manager,  
DO-113000  
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Mumbai R.O.I, New India Bhawan,  
2<sup>nd</sup> Floor, 34-38, Bank Street, Fort,  
Mumbai – 400 023.  
Email : [nia.113000@newindia.co.in](mailto:nia.113000@newindia.co.in)  
[shrutika.thakur@newindia.co.in](mailto:shrutika.thakur@newindia.co.in)  
[mukesh.yadav@newindia.co.in](mailto:mukesh.yadav@newindia.co.in)  
Phone : 022-24620311, 24620363

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