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

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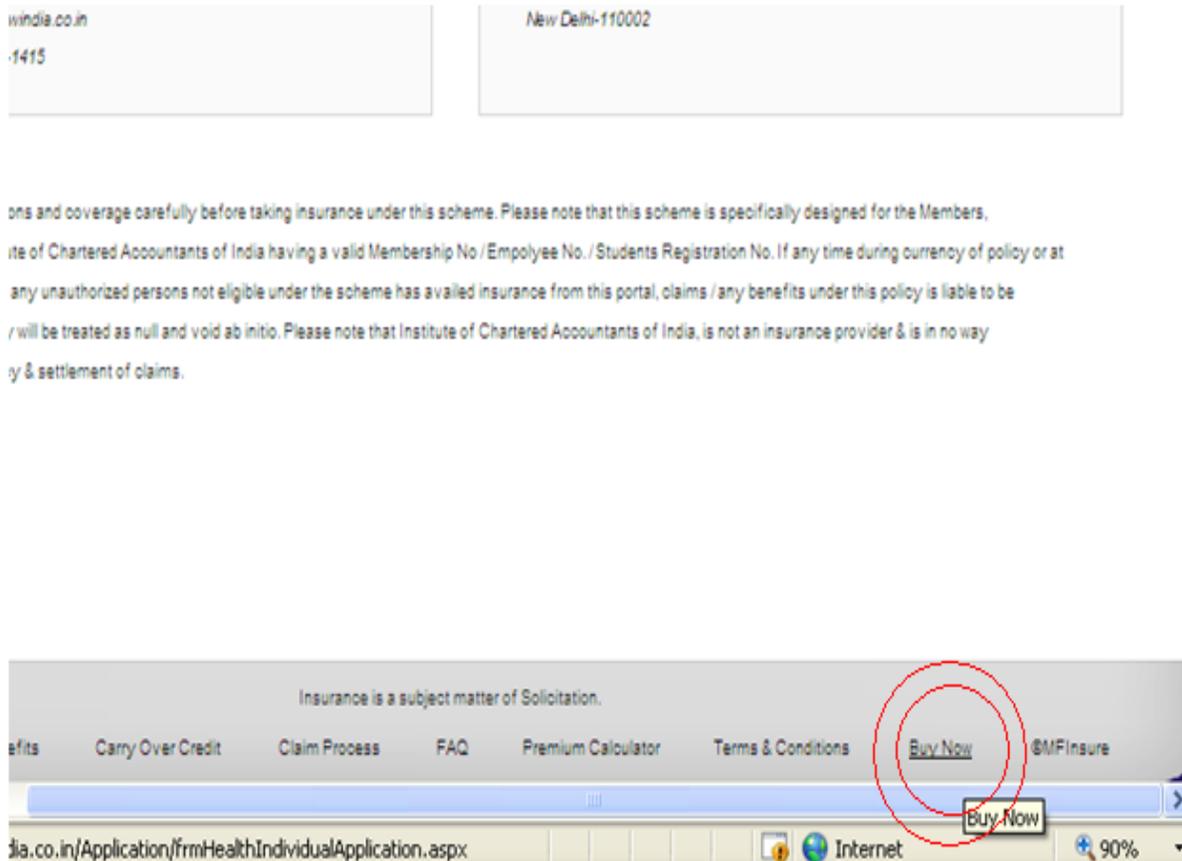
c. After click on Buy now , self registration form will occur as follows

d.

Proposer Details

Category * : [Member ▼] Membership Number * : [____]

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 * : [---Sel ▼][____] Middle Name : [____]

Last Name : [____] Gender * : ⦿ Male ○ Female

Date of Birth * : [____] 📅 DD/MM/YYYY Age * : [____] [____] Months

Mobile No * : +91 [____] Email ID * : [____]

PAN Number * : [____] Enter PAN in Capital Letters

Postal Address

Apt No./ Block No * : [____] Street Name / Locality : [____]

Landmark 1 : [____] City/Village : [____]

Pin Code * : [____] Country * : [India ▼]

State * : [---Select--- ▼] District * : [---Select--- ▼]

Post Office : [---Select--- ▼] Landline No : [____]

⊟ **Permanent Address**

[Proceed] [Cancel]

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

> 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 : 1130003012NIH0005610	Entered in MF-Insure on : 07/09/2012
Policy Inception Date * : 07/09/2012 📅 DD/MM/YYYY	Policy Expiry Date : 06/09/2013
Floater Sum Insured * : 1000000.00 ▼	
Treatment Zone * : Zone 1 (Any where in India) ▼	
Name of Assignee * : Mr. ▼ VIJAYTHAKUR	Assignee Relationship * : Father ▼
Total Number of members to be 2 covered (including self) * :	Do you want to cover your ◉ Yes ○ No parents? * :
Parents Floater Sum Insured * : 500000.00 ▼	
Parent's Treatment Zone * : Zone 2 (Any where in India except Mumbai and Greater Mumbai) ▼	

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
View	Edit	Delete	CA. Shrutika Thakur	01/02/1990	22	Self	Zone 1 (Any where in India)	View Image

Relationship * : Father ▼	First Name * : Mr. ▼ Vijay
Middle Name :	Last Name : Thakur
Gender * : ◉ Male ○ Female	Photo Upload : [____] Browse... 🔼Upload
Date of Birth * : 29/08/1956 📅 DD/MM/YYYY	Age * : 56 [____] Months
Occupation * : None ▼	

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
Edit	Delet	NEWINDIAASSURANCE	113000341113010000006!	07/09/2010	06/09/2011	500000
Edit	Delet	NEWINDIAASSURANCE	113000341113010000006	07/09/2011	06/09/2012	500000
Edit	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 * :	

🔼 Save Details of Previous Insurance   ❌Cancel

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

🔼Save Insured   ❌Cancel

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.

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 conformes
that details stored correctly

Insurance Details

Edit	Delete	Name of Insurer	Policy No.	From Date	To Date	Sum Insu
Edit	Delete	ORIENTAL	12222222222222	22/03/2011	22/03/2012	500000

Name of Insurer * :   Policy No. * :

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

Sum Insured * :

Save Details of Previous Insurance   Cancel

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

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.

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**

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

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 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	Treatment Zone	Photograph
Edit	Delete	CA. Mukesh k Yadav	22/03/1980	32	Self	Zone 1 (Any where in India)	

Relationship * : ---Select---   Gender * : ⦿ Male F○ale

First Name * : ---Se▾   Middle Name :

Last Name :   Photo Upload :   Browse...

Date of Birth * : ☷MM/YYYY

Treatment Zone * : ---Select---

Name of Assignee * : ---Se▾

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

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

Save Insured   Cancel

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

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**

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

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.**

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

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

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:

  1st year – Eligibility of 25% of Sum Insured;

  2nd 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