

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2022/4193	Prev. Policy No. : 182100/48/2021/5952
Cover Note No. : -	Cover Note Date : -
Insured's Code : 52067236	Issue Office Code : 182100
Insured Name : MR. MANMOHAN D. RAJPUROHIT. (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P. DESHPANDE GALLI, CHOPDA. DIST. JALGAON. - JALGAON MAHARASHTRA 424201	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 7620175007 / nikhildjain@gmail.com	Tel./Fax/Email : 0240-2331985, 2332454 / 0240-- 2332454 / santosh.k@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC0000000281 JAINUINE INSURANCE BROKERS PVT LTD
Address : F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001
Tel/Fax/Email : 02572225747//

Period of Insurance : FROM 10:00 ON 22/12/2021 TO MIDNIGHT OF 21/12/2022

Collection No. & Dt. : DC_I_IND 8718004157 - 22/12/2021

GST INVOICE NO : 2720547735 UIN : 0

Gross Premium : 9,025 GST 1624 Stamp Duty : .5 Total : 10,649

Co-insurance Details : Nil

TPA Details :

TPA ID : YA0000000334
TPA Name : M/S MD INDIA HEALTH INSURANCE TPA PVT. LTD.
Address : MD INDIA HOUSE, SURVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune
Nagar Road, Vadgaonsheri, Pune 411014 customercare@mdindia.com,
info@mdindia.com
Telephone No : PUNE 411038 Toll Free No. : 1800 209 7777, 1800 209 7800
FAX No. :

Number of persons covered : 5

Plan Type : SILVER Plan

Sum Insured : 200000

Particulars of the Persons covered :

Place : AURANGABAD



IRDA-REGNO-556

Date : 22/12/2021

For and on behalf of
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll
Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

Page 1 of 4

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Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR. MANMOHAN D. RAJPUROHIT.	M	14/03/1972	49	Self		10	
2	KAMLABAI	F	15/07/1976	45	Spouse Unemployed		10	
3	KU RAMILA M	F	30/06/1998	23	Dependant Child		10	
4	BHAVANISIH M	M	11/10/2003	18	Dependant Child		10	
5	DEVENDRA M	M	08/11/2005	16	Dependant Child		10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
KAMLABAI	Spouse Unemployed	45	F

Optional Cover:

		<u>Value</u>
LIFE HARDSHIP BENEFIT	NO	
RESTORATION OF SI	NO	

Total Premium in words : Indian Rupees Ten Thousand Six Hundred Forty-Nine Only

The insurance under this policy is extended to cover risks of Domiciliary Hospitalisation up to 10 % of sum insured subject to maximum Rs 50000 only (Fifty Thousand Only).

The insurance under this policy is extended to cover risks of :
Personal Accident Cover, Domiciliary Hospitalisation Limit.

Deductible : Nil

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

The policy shall pay for hospitalisation expenses for medical/surgical treatment taken as an in-patient at any Nursing Home/Hospital in INDIA as defined in the policy.

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Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier limit of Sum Insured shall be applicable and not the enhanced sum insured.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 22-DEC-21.

- 1.Claim to be reported within 48 hrs of admission but before discharge.**
2.Claim documents to be submitted within 15 days of discharge.
For complete details please refer to policy condition.

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182400/48/2017/2063	22-NOV-16	21-NOV-17	OIC JALGAON	200000
182100/48/2018/3842	23-NOV-17	22-NOV-18	The Oriental Insurance Company Ltd.	200000
182100/48/2019/3943	27-NOV-18	26-NOV-19	The Oriental Insurance Company Ltd.	200000
182100/48/2020/3955	27-NOV-19	26-NOV-20	The Oriental Insurance Company Ltd.	200000
182100/48/2021/5952	27-NOV-20	26-NOV-21	The Oriental Insurance Company Ltd.	200000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2020/3955	MR. MANMOHAN D. RAJPUROHIT.	182100/48/2021/00000572	.00	26,906

Place : AURANGABAD

Date : 22/12/2021



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"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office REGIONAL OFFICE,4TH FLOOR,S.K.TOWERS,NELSON SQUARE,CHHINDWARA ROAD. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : KAILAS C. BARASKAR
Examined By : KANCHUMARTI BHARAT BABU

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL IP :

Policy Printed On : 04-APR-22 15:02:16 MAC :

Authorised Signatory

Place : AURANGABAD
Date : 22/12/2021



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