HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2022/498 Prev. Policy No. : 182100/48/2021/152

Cover Note Date Cover Note No.

Insured's Code : 41937678 Issue Office Code : 182100

. MR. DINESH PUKHRAJJI Issue Office Name : DO II AURANGABAD (GSTIN: Insured Name

27AAACT0627R4ZW)

BOTHARA. (GSTIN: 27AEWPB3967R1ZF)

: OFFICE NO.1 AND 2 [P] 3RD FLOOR, A/P. BOTHARA ENTERPRISES. Address Address

ABC EAST, BESIDE PROZONE

MALL,

MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA

JALGAON MAHARASHTRA 425001

431003

Tel./Fax/Email : NULL / / 0 / NA Tel./Fax/Email : 0240-2331985, 2332454 / 0240--

2332454 /

santosh.k@orientalinsurance.co.in

Agent/Broker Details Dev.Off.Code

: LC0000000281 JAINUINE INSURANCE BROKERS PVT LTD Agent/Broker

: F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001 **Address**

Tel/Fax/Email : 02572225747//

Period of Insurance: FROM 00:00 ON 03/05/2021 TO MIDNIGHT OF 02/05/2022

Collection No. & Dt. : DC_I_IND 8718000432 - 03/05/2021 GST INVOICE NO:272046345 UIN:0

Gross Premium 10,350 GST 1864 Stamp Duty: Total: 12,214 .5

Co-insurance Details : Nil

TPA Details:

TPA ID YA000000334

MAIN ROAD,

TPA Name M/S MD INDIA HEALTH INSURANCE TPA PVT. LTD.

MD INDIA HOUSE, SURVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune Address

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: 2 Plan Type Sum Insured 300000 SILVER Plan

Particulars of the Persons covered:

AURANGABAD Place:

Date: 03/05/2021



For and on behalf of

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 5

1	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR. DINESH PUKHRAJJI BOTHARA.	M	01/06/1967	53	Self	NO	10	
2	MRS. SANDHYA DINESH BOTHARA	F	01/08/1969	51	Spouse Unemployed	NO	10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nomines	M/F/TG*

Optional Covers

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

Total Premium in words : Indian Rupees Twelve Thousand Two Hundred Fourteen 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.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing offices as well as Company's website.

Place: **AURANGABAD** Date: 03/05/2021



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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 03-MAY-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
182400/48/2015/4204	31-MAR-15	30-MAR-16	OICL	300000
182400/48/2016/4493	31-MAR-16	30-MAR-17	The Oriental Insurance Company Ltd.	300000
182400/48/2018/56	06-APR-17	05-APR-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/173	10-APR-18	09-APR-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/235	100/48/2020/235 12-APR-19 11-APR-20 The Oriental Insurance Company Ltd.		300000	
182100/48/2021/152	12-APR-20	11-APR-21	The Oriental Insurance Company Ltd.	300000

Claim History Data

Policy no. Claimant Name	Claim No.	Claim OS	Claim Paid
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Place: **AURANGABAD**

Date:

03/05/2021





For and on behalf of

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Attached to and forming part of policy number 182100/48/2022/498

182100/48/2019/173 MR. DINESH .00 182100/48/2019/000470 PUKHRAJJI

Entered By Mr. Sudhir Khaparde For and on behalf of

KANCHUMARTI BHARAT BABU Examined By: The Oriental Insurance Company Limited

Policy Printed By: OICL

Policy Printed On: 25-APR-22 16:36:20 MAC:

Authorised Signatory

Place: **AURANGABAD** Date: 03/05/2021





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

Authorised Signatory

BOTHARA.

"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."

Place: **AURANGABAD**

Date: 03/05/2021





For and on behalf of

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

Authorised Signatory

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