

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182101/48/2022/948 **Prev. Policy No.** : -
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 50371089 **Issue Office Code** : 182101
Insured Name : MR.RAJEEV CHANDRASHEKHAR
BAJORIYA, (GSTIN: 0) **Issue Office Name** : BO JALNA (GSTIN:
27AAACT0627R4ZW)
Address : MR.RAJEEV CHANDRASHEKHAR **Address** : GANDHI CHAMBERS, 2ND FLOOR,
BAJORIYA, SAROJINIDEVI ROAD,
BHARTI APPT,DARWHA ROAD, J A L N A
YAVATMAL. JALNA MAHARASHTRA 431203
YEOTMAL MAHARASHTRA 445001
Tel./Fax/Email : / / 0 / NA **Tel./Fax/Email** : 02482-234213 / /
kiran.puri@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 00:00 ON 06/11/2021 TO MIDNIGHT OF 05/11/2022

Collection No. & Dt. : DC_I_IND 9114001342 - 03/11/2021 GST INVOICE NO :2720425000 UIN :0

Gross Premium : 15,860 GST 2854 Stamp Duty : .5 Total : 18,714

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 : 2 Plan Type : SILVER Plan Sum Insured : 500000

Particulars of the Persons covered :

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.RAJEEV CHANDRASHEKHAR BAJORIYA	M	28/06/1966	55	Self	NIL	10	
2	MRS.VEENA RAJEEV BAJORIYA	F	17/05/1968	53	Spouse Unemployed	NIL	10	

Place : JALNA
Date : 03/11/2021



IRDA-REGNO-556

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

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS.VEENA RAJEEV BAJORIYA,			F

Optional Cover:

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

Total Premium in words : Indian Rupees Eighteen Thousand Seven 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, Daily cash allowance.

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 operating offices as well as Company's website.

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 BO JALNA (GSTIN: 27AAACT0627R4ZW) on 03-NOV-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.

Place : JALNA
Date : 03/11/2021



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Authorised Signatory

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182301/48/2021/1209	06-NOV-20	05-NOV-21	THE OICL YEOTMAL	300000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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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 : DHANANJAY CHAVAN

Examined By : KIRAN OMPARKASH PURI

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 15-JUN-22 12:18:26

MAC :

Authorised Signatory

Place : JALNA
Date : 03/11/2021



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