

# HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No.	-	182100/48/2	2022/3004	FI	ev. Policy No.	: 1821	00/48/202	21/5/1	8	
Cover Note No.	:	-		Co	over Note Date	: -				
Insured's Code	:	57863965		lss	sue Office Code	: 1821	00			
Insured Name	:	MR. PRAK SANKARAN	(ASAN P. J. (GSTIN: 0)	lss	sue Office Name		I AURANO			l:
Address	:	NO. 100N · CIDCO AL -	(AM FIBERS, PL) 1. JRANGABAD. BAD MAHARASHT		ldress	ABC MAL MID(	EAST, BI L, C AREA, ( ANGABA	ESIDE CHIKA	2 [P] 3RD E PROZO ALTHANA HARASH	
Tel./Fax/Email	:	/ / 0 / NA		Te	I./Fax/Email	2332	454 /		2454 / 024 nsurance.	
Agent/Broker D	etai	ls								
Dev.Off.Code	:									
Agent/Broker	: L	.C0000002	<b>B1 JAINUINE INSU</b>	IRANCE BR	OKERS PVT LT	D				
•							HARASH	TRA.4	25001	
Agent/Broker Address Tel/Fax/Email	: F		LOOR, GOLANI M				HARASH <sup>-</sup>	TRA,4	25001	
Address	: F	-63 FIRST F	LOOR, GOLANI M				HARASH	TRA,4	25001	
Address Tel/Fax/Email	:F :(	-63 FIRST F 2572225747	LOOR, GOLANI M	IARKET,JA	LGAON,JALGA	ON,MAI	HARASH	TRA,4	25001	
Address Tel/Fax/Email Period of Insuranc	:F :(	FROM 00:0	ELOOR, GOLANI M 7//	IARKET,JAI	LGAON,JALGA	<b>ON,MAI</b> 22		<b>TRA,4</b> N :0	25001	
Address Tel/Fax/Email Period of Insuranc	:F :(	F-63 FIRST F 2572225747 FROM 00:0 CC 871800	<b>ELOOR, GOLANI M</b> 7// 00 ON 24/11/2021	IARKET,JAI	LGAON,JALGA	ON,MAH 22 2045885	58 UI	N :0	2 <b>5001</b>	17,39
Address Tel/Fax/Email Period of Insurand Collection No. & D Gross Premium	: F : ( ce )t. :	FROM 00:0 CC 871800	<b>ELOOR, GOLANI M</b> 7// 00 ON 24/11/2021 03649 - 20/11/2021	IARKET,JAI	LGAON,JALGA HT OF 23/11/202 NVOICE NO :272	ON,MAH 22 2045885	58 UI	N :0		17,39
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Address Tel/Fax/Email Period of Insurand Collection No. & D Gross Premium Co-insurance Detail TPA Details : TPA ID TPA Name Address	: F : ( cce Dt. : : : :	F-63 FIRST F 2572225747 FROM 00:0 CC 871800 : Nil	ELOOR, GOLANI M /// 00 ON 24/11/2021 03649 - 20/11/2021 14,741 GST YA0000000334 M/S MD INDIA HE MD INDIA HOUSE Nagar Road, Vadg info@mdindia.con PUNE 411038	TO MIDNIG GST II EALTH INSU gaonsheri, P	LGAON,JALGAO HT OF 23/11/202 NVOICE NO :272 2654 Stamp E IRANCE TPA PV NO.147/8 Sr. Bo June 411014 cust Toll Free	ON,MAN 22 2045888 Duty : /T. LTD 0. 46/1, F tomerca e No. : :	58 UI Espace, A ire@mdin	N :0 .5 T .2 Blg, dia.co 9 777	otal : 4th floor, m,	Pune



For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post

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

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

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# Attached to and forming part of policy number 182100/48/2022/3684

-	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR. PRAKASAN P. SANKARAN.	М	30/05/1963	58	Self		10	
2	NISHA P	F	13/04/1972	49	Spouse Unemployed		10	
3	SHANUJA P	F	06/02/2002	19	Dependant Child		10	

# **Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
Optional Cover:			

	Value	
LIFE HARDSHIP BENEFIT	NO	
RESTORATION OF SI	NO	

Total Premium in words : Indian Rupees Seventeen Thousand Three Hundred Ninety-Five 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).

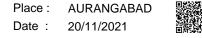
The insurance under this policy is extended to cover risks of :

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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#### Attached to and forming part of policy number 182100/48/2022/3684

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 20-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.

#### **Policy History Data**

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182400/48/2017/2007	15-NOV-16	14-NOV-17	OIC JALGAON	300000
182100/48/2018/3871	24-NOV-17	23-NOV-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/3791	24-NOV-18	23-NOV-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/3956	24-NOV-19	23-NOV-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/5718	24-NOV-20	23-NOV-21	The Oriental Insurance Company Ltd.	300000

## **Claim History Data**

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2019/3791	MR. PRAKASAN P. SANKARAN.	182100/48/2020/000085	.00	87,051
182100/48/2021/5718	MR. PRAKASAN P. SANKARAN.	182100/48/2021/00000981	.00	246,253

Place :	AURANGABAD	
Date :	20/11/2021	IRDA-REGNO-556

For and on behalf of The Oriental Insurance Company Limited

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## Attached to and forming part of policy number 182100/48/2022/3684

"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 ÷ LC000000281 For and on behalf of Policy Printed By : OICL IP: The Oriental Insurance Company Limited Policy Printed On: 15-JUN-22 12:26:59 MAC :

Authorised Signatory

AURANGABAD Place : Date : 20/11/2021





For and on behalf of The Oriental Insurance Company Limited For and on behalf of

Authorised Signatory

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