

# HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

<b>Policy No.</b> : 182100/48/2022/3783	<b>Prev. Policy No.</b> : 182100/48/2021/5876
Cover Note No. : -	Cover Note Date : -
Insured's Code : 46079334	Issue Office Code : 182100
Insured Name : MR. NITINRAJ KHIVRAJ KOTHARI (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P. DHARAJ MANGAL STORES, MAIN ROAD, DARWA, DIST. YEOTMAL. - YAVATMAL MAHARASHTRA 445202	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 0 / NA	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 17:00 ON 26/11/2021 TO MIDNIGHT OF 25/11/2022

Collection No. & Dt. : DC\_I\_IND 8718003758 - 26/11/2021 GST INVOICE NO :2720477117 UIN :0  
Gross Premium : 21,525 GST 3874 Stamp Duty : .5 Total : 25,399

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 : 4 Plan Type : SILVER Plan Sum Insured : 500000**

**Particulars of the Persons covered :**

Place : AURANGABAD

Date : 26/11/2021



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

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

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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. NITINRAJ KHIVRAJ KOTHARI.	M	24/11/1965	56	Self	NO	10	
2	MRS. SEEMA NITINRAJ KOTHARI.	F	09/04/1976	45	Spouse Unemployed	NO	10	
3	MR. SAMKIT NITINRAJ KOTHARI.	M	14/12/1999	21	Dependant Child	NO	10	
4	MR. DEVEN N. KOTHARI.	M	16/11/2002	19	Dependant Child	NO	10	

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS. SEEMA NITINRAJ KOTHARI.	Spouse Unemployed		F

**Optional Cover:**

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

Total Premium in words : Indian Rupees Twenty-Five Thousand Three Hundred Ninety-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, 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.

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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 26-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
182400/48/2011/2806	15-NOV-10	14-NOV-11	The Oriental Insurance Company Ltd.	100000
182400/48/2012/2998	15-NOV-11	14-NOV-12	The Oriental Insurance Company Ltd.	200000
182400/48/2013/2423	15-NOV-12	14-NOV-13	The Oriental Insurance Company Ltd.	200000
182400/48/2014/2488	15-NOV-13	14-NOV-14	The Oriental Insurance Company Ltd.	200000
182400/48/2015/2387	15-NOV-14	14-NOV-15	The Oriental Insurance Company Ltd.	200000
182400/48/2016/2531	19-NOV-15	18-NOV-16	The Oriental Insurance Company Ltd.	200000
182400/48/2017/2061	22-NOV-16	21-NOV-17	The Oriental Insurance Company Ltd.	200000
182400/48/2018/2020	22-NOV-17	21-NOV-18	The Oriental Insurance Company Ltd.	300000

Place : AURANGABAD

Date : 26/11/2021



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182400/48/2019/1856	26-NOV-18	25-NOV-19	The Oriental Insurance Company Ltd.	300000
182400/48/2020/1710	26-NOV-19	25-NOV-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/5876	26-NOV-20	25-NOV-21	The Oriental Insurance Company Ltd.	300000

**Claim History Data**

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182400/48/2015/2387	MR. NITINRAJ KHIVRAJ KOTHARI	182400/48/2015/000608	.00	43,219
182400/48/2018/2020	MR. NITINRAJ KHIVRAJ KOTHARI	182400/48/2019/000364	.00	18,769

"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 : KANCHUMARTI BHARAT BABU

Examined By : AMITKUMAR CHIRADE

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 15-JUN-22 12:31:43

MAC :

Authorised Signatory

Place : AURANGABAD

Date : 26/11/2021



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