

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2022/3912	Prev. Policy No. : 182100/48/2021/6055
Cover Note No. : -	Cover Note Date : -
Insured's Code : 76189877	Issue Office Code : 182100
Insured Name : MR. ASHOK F. AGRAWAL (GSTIN: 27AAHCM9158K1ZT)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : MULCHAND FULCHANDKRISHI UDYOG PVT. LTD. D-1, AMIDC AREA A. BAD ROAD. JALNA - AURANGABAD MAHARASHTRA 431001	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 8805558899 / admmulchand@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 00:00 ON 04/12/2021 TO MIDNIGHT OF 03/12/2022
Collection No. & Dt. : CC 8718003872 - 03/12/2021 **GST INVOICE NO** :2720494546 **UIN** :0
Gross Premium : 25,323 **GST** 4558 **Stamp Duty** : .5 **Total** : 29,881
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 : 3 **Plan Type** : SILVER Plan **Sum Insured** : 500000

Particulars of the Persons covered :

Place : AURANGABAD

Date : 03/12/2021



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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.

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. ASHOK F. AGRAWAL	M	20/08/1960	61	Self	NO	10	
2	MRS. CHAYA A. AGRAWAL	F	06/08/1969	52	Spouse Unemployed	NO	10	
3	MEET A. AGRAWAL	M	01/01/1996	25	Dependant Child	NO	10	

Nominee Details

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

Optional Cover:

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

Total Premium in words : Indian Rupees Twenty-Nine Thousand Eight Hundred Eighty-One 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 operating offices as well as Company's website.

Place : AURANGABAD



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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-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
182101/48/2016/973	19-OCT-15	18-OCT-16	OICL	
182400/48/2017/2044	18-NOV-16	17-NOV-17	The Oriental Insurance Company Ltd.	500000
182100/48/2018/3971	30-NOV-17	29-NOV-18	The Oriental Insurance Company Ltd.	500000
182100/48/2019/4039	03-DEC-18	02-DEC-19	The Oriental Insurance Company Ltd.	500000
182100/48/2020/4163	04-DEC-19	03-DEC-20	The Oriental Insurance Company Ltd.	500000
182100/48/2021/6055	04-DEC-20	03-DEC-21	The Oriental Insurance Company Ltd.	500000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182400/48/2017/2044	MR. ASHOK F.	182400/48/2018/000181	.00	

Place : AURANGABAD

Date : 03/12/2021



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AGRAWAL				
182400/48/2017/2044	MR. ASHOK F. AGRAWAL	182400/48/2018/000318	.00	40,585

"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 : PAYTM

Policy Printed By : OICL

Policy Printed On : 28-JUN-22 13:04:09

IP :

MAC :

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : AURANGABAD

Date : 03/12/2021



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