

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2022/4148	Prev. Policy No. : 182100/48/2021/6381
Cover Note No. : -	Cover Note Date : -
Insured's Code : 64619060	Issue Office Code : 182100
Insured Name : MR. NAYAN SATISCHANDRA JAIN (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P: 1 FLOOR, CHAITRAYAN DEEP MARKET GANDHI CHOWK CHOPDA, DIST: JALGAON - - JALGAON MAHARASHTRA 424201	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 7588404158 / 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 00:00 ON 22/12/2021 TO MIDNIGHT OF 21/12/2022

Collection No. & Dt. : DC_I_IND 8718004106 - 20/12/2021

GST INVOICE NO :2720540411

UIN :0

Gross Premium : 11,778 GST

2120 Stamp Duty :

.5

Total :

13,898

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, Vadgaonsneri, 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 : 300000

Particulars of the Persons covered :

Place : AURANGABAD



IRDA-REGNO-556

Date : 20/12/2021

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. NAYAN SATISCHANDRA JAIN	M	06/12/1966	55	Self	NO	10	
2	MRS. SUSHMA NAYAN JAIN	F	14/12/1968	53	Spouse Unemployed	NO	10	
3	MR. SARTHAK NAYAN JAIN	M	03/03/1999	22	Dependant Child	NO	10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS. SUSHMA NAYAN JAIN	Spouse Unemployed	53	F

Optional Cover:

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

Total Premium in words : Indian Rupees Thirteen Thousand Eight Hundred Ninety-Eight 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



IRDA-REGNO-556

Date : 20/12/2021

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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 20-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
182400/48/2016/2691	11-DEC-15	10-DEC-16	OIC	200000
182400/48/2017/2232	16-DEC-16	15-DEC-17	OIC	200000
182400/48/2015/2570	04-DEC-14	03-DEC-15	OIC	200000
182100/48/2018/4358	19-DEC-17	18-DEC-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/4397	20-DEC-18	19-DEC-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/4415	20-DEC-19	19-DEC-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/6381	22-DEC-20	21-DEC-21	The Oriental Insurance Company Ltd.	300000

Claim History Data

Place : AURANGABAD

Date : 20/12/2021



IRDA-REGNO-556

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Authorised Signatory

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2018/4358	MR. NAYAN SATISCHANDRA JAIN	182100/48/2019/000762	.00	66,923
182100/48/2018/4358	MR. NAYAN SATISCHANDRA JAIN	182100/48/2019/000521	.00	

"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 : KHEMRAJ KASAR

Examined By : KANCHUMARTI BHARAT BABU

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 28-JUN-22 14:30:51

MAC :

Authorised Signatory

Place : AURANGABAD

Date : 20/12/2021



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For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory