



# The Oriental Insurance Company Limited

## HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

<b>Policy No.</b> : 182100/48/2023/1125	<b>Prev. Policy No.</b> : 182100/48/2022/875
<b>Cover Note No.</b> : -	<b>Cover Note Date</b> : -
<b>Insured's Code</b> : 55206637	<b>Issue Office Code</b> : 182100
<b>Insured Name</b> : MR. DATTATRAY V. SHIKHARE. (GSTIN: 0)	<b>Issue Office Name</b> : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
<b>Address</b> : A/P. PLOT NO. 8, VIVEKANAND NAGAR, SELU DIST. PARBHANI. - PARBHANI MAHARASHTRA 431503	<b>Address</b> : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
<b>Tel./Fax/Email</b> : / / 8888559300 / sumit@jainuineinsurance.co.in	<b>Tel./Fax/Email</b> : 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 13/06/2022 TO MIDNIGHT OF 12/06/2023  
**Collection No. & Dt.** : CC 8718000945 - 13/06/2022 **GST INVOICE NO** : 2721145489 **UIN** : 0  
**Gross Premium** : 8,771 GST 1578 **Stamp Duty** : .5 **Total** : 10,349  
**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** : 300000

**Particulars of the Persons covered** :

**Place** : AURANGABAD



IRDA-REGNO-556

**Date** : 13/06/2022

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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Attached to and forming part of policy number 182100/48/2023/1125

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	DATTATRAY V SHIKHARE	M	11/05/1986	36	Self		10	1,00,000
2	JAYSHRI D SHIKHARE	F	27/11/1988	33	Spouse Unemployed		10	
3	NAITIK D SHIKHARE	M	17/03/2009	13	Dependant Child		10	
4	SAMRAT D SHIKHARE	M	18/06/2014	7	Dependant Child		10	

## Nominee Details

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

## Optional Cover:

	Value
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	NO

Total Premium in words : Indian Rupees Ten Thousand Three Hundred Forty-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 :  
Domiciliary Hospitalisation Limit, Personal Accident Cover.

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.

Place : AURANGABAD

Date : 13/06/2022



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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 13-JUN-22.

**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
182400/48/2018/474	24-MAY-17	23-MAY-18	OIC DO JALGAON	
182100/48/2019/914	24-MAY-18	23-MAY-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/1076	30-MAY-19	29-MAY-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/1080	01-JUN-20	31-MAY-21	The Oriental Insurance Company Ltd.	300000
182100/48/2022/875	01-JUN-21	31-MAY-22	The Oriental Insurance Company Ltd.	300000

## Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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Place : AURANGABAD

Date : 13/06/2022



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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 : MR RAJENDRA GAIKWAD  
Examined By : KANCHUMARTI BHARAT BABU

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL IP :

Policy Printed On : 21-SEP-22 12:39:46 MAC :

Authorised Signatory

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Place : AURANGABAD  
Date : 13/06/2022



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