



The Oriental Insurance Company Limited

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2023/1304	Prev. Policy No. : 182100/48/2022/1514
Cover Note No. : -	Cover Note Date : -
Insured's Code : 133243168	Issue Office Code : 182100
Insured Name : VYANKATESH SHAMSUNDAR KABRA (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P. PAREKH COLONY, OPP. KULKARNI HOSPITAL, SELU DIST. PARBHANI. - - PARBHANI MAHARASHTRA 431503	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 00:00 ON 29/06/2022 TO MIDNIGHT OF 28/06/2023
Collection No. & Dt. : CC 8718001124 - 24/06/2022 **GST INVOICE NO** :2721173879 **UIN** :0
Gross Premium : 11,886 GST 2140 **Stamp Duty** : .5 **Total** : 14,026
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
Date : 24/06/2022



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



The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2023/1304

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	VYANKATESH SHAMSUNDAR KABRA	M	15/11/1968	53	Self	NO	10	1,00,000
2	JYOTI VYANKATESH KABRA	F	04/05/1970	52	Spouse Unemployed	NO	10	1,00,000
3	SNEHAL V KABRA	F	11/02/1999	23	Dependant Child	NO	10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
JYOTI VYANKATESH KABRA	Spouse Unemployed	52	F

Optional Cover:

	Value
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	NO

Total Premium in words : Indian Rupees Fourteen Thousand Twenty-Six 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

Date : 24/06/2022



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

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The Oriental Insurance Company Limited

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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 24-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
182400/48/2016/757	13-JUN-15	12-JUN-16	OICL	350000
182400/48/2017/752	16-JUN-16	15-JUN-17	The Oriental Insurance Company Ltd.	300000
182400/48/2018/767	19-JUN-17	18-JUN-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/1486	29-JUN-18	28-JUN-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/1415	29-JUN-19	28-JUN-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/1633	29-JUN-20	28-JUN-21	The Oriental Insurance Company Ltd.	300000
182100/48/2022/1514	29-JUN-21	28-JUN-22	The Oriental Insurance Company Ltd.	300000

Claim History Data

Place : AURANGABAD

Date : 24/06/2022



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Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2019/1486	MR. VENKATESH SHAMSUNDAR KABRA.	182100/48/2020/000140	.00	56,318

"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 : LC0000000281

Policy Printed By : OICL

Policy Printed On : 21-SEP-22 14:50:47

IP :

MAC :

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : AURANGABAD

Date : 24/06/2022



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