

Mediclaim Insurance Policy(Individual) POLICY SCHEDULE IRDA UIN NO.: OICHLIP446V032021

Policy No.	: 182100/48/2023/2027	Prev. Policy No. : 182100/48/2022/2144
Cover Note No.	: -	Cover Note Date : -
Insured's Code	: 111174269	Issue Office Code : 182100
Insured Name	: KAUSHAL SHANTANU KABRA (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address	: 2012, MARWADI GALLI, NEAR STATE BANK OF INDIA, GANPATI PRASAD, ERANDOL, JALGAON - JALGAON MAHARASHTRA 425109	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email	: / / 8421191130 / svrplerandol@gmail.com	Tel./Fax/Email : 0240-2331985, 2332454 / 0240 2332454 / santosh.k@orientalinsurance.co.in
Agent/Broker D		
Dev.Off.Code	:	

Address Tel/Fax/Email	: F-63 FIRST FLOOR, GOLANI MARKET,JALGAON,JALGAON,MAHARASHTRA,425001 [:] 02572225747//
Agent/Broker	: LC000000281 JAINUINE INSURANCE BROKERS PVT LTD

Period of Insurance)	FROM 00:00 ON 14/08/2022 TO MIDNIGHT OF 13/08/2023	3			
Collection No. & Dt.		CC 8718001972 - 12/08/2022 GST INVOICE NO :2721	282970	UIN	l :0	
Gross Premium	:	6,920 Service Tax : 1,246 Stamp Duty	:	.5	Total :	8,166

Co-insurance Details : Nil

Channel of Sale	Yes/No
1.Online	YES
2.Fresh	NO
3.Renewal	YES

TPA Details :		
TPA ID	YA000000334	
TPA Name	: M/S MD INDIA HEALT	TH INSURANCE TPA PVT. LTD.
Address	• •	JRVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune sheri, Pune 411014 customercare@mdindia.com,
Telephone No	PUNE 411038	Toll Free No. : 1800 209 7777, 1800 209 7800
		FAX No. :

Place : AURANGABAD Date : 12/08/2022



For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

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.

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

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IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



Attached to and forming part of policy number 182100/48/2023/2027

Particulars of the Persons covered :				lumb	er of persons covere	d: 1			
Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	KAUSHAL SHANTANU KABRA	М	17/04/1994	28	Self		5,00,000		

Nominee Details

ANITA SHANTANU Mother F
KABRE

Total Premium in words : Indian Rupees Eight Thousand One Hundred Sixty-Six Only

The insurance under this policy is extended to cover risks of : Domiciliary Hospitalisation 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.

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 operaing offices as well as Company's website.

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 12-AUG-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	n Period To	Insurer Name	Sum Insured
Place : Date :	AURANGABAD 12/08/2022		IRDA-REGNO-556	For and on the Oriental Insurance O	

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Attached to and forming part of policy number 182100/48/2023/2027

182100/48/2020/2133	11-AUG-19	10-AUG-20	OICL DO 2 AURANGABAD	
182100/48/2021/3176	14-AUG-20	13-AUG-21	The Oriental Insurance Company Ltd.	5,00,000
182100/48/2022/2144	14-AUG-21	13-AUG-22	The Oriental Insurance Company Ltd.	5,00,000
Claim History Data				

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid

"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."

For and on behalf of The Oriental Insurance Company Limited

Entered By : LC000000281

Authorised Signatory

Place : AURANGABAD Date : 12/08/2022



For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

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