Mediclaim Insurance Policy(Individual) POLICY SCHEDULE

IRDA UIN NO.: OICHLIP446V032021

Policy No. : 182100/48/2023/2090 Prev. Policy No. : 182000/48/2022/1362

Cover Note No. : - Cover Note Date : -

Insured's Code : 4902590 Issue Office Code : 182100

Insured Name : AGRAWAL R M (GSTIN: 0) Issue Office Name : DO II AURANGABAD (GSTIN:

27AAACT0627R4ZW)

Address : CLOUD 9, NEAR UNITED CIIGMA 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

AURANGABAD MAHARASHTRA

Address : F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001

Tel/Fax/Email : 02572225747//

HOSPITAL

431001

SHAHANOORWADI

Period of Insurance : FROM 19:00 ON 19/08/2022 TO MIDNIGHT OF 18/08/2023

Collection No. & Dt. : CHQ 8718002039 - 19/08/2022 GST INVOICE NO :2721295929 UIN :0

Gross Premium : 35,897 Service Tax : 6,462 Stamp Duty : .5 Total : 42,359

Co-insurance Details : Nil

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

TPA Details :

TPA ID YA000000334

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. :

Place: AURANGABAD

Date: 19/08/2022



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

Attached to and forming part of policy number 182100/48/2023/2090

Particulars of the Persons covered: Number of persons covered : 2

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	RAJKUMAR R AGRAWAL	М	28/10/1964	57	Self		5,00,000		
2	MADHURI AGRAWAL	F	23/10/1965	56	Spouse		5,00,000		

Nominee Details

MADHURI AGRAWAL Spouse 50 F	Name Of the Nominee	Relationship With the Insured	Age Of the Nomines	M/F/TG*
	MADHURI AGRAWAL	Spouse	50	F

Total Premium in words : Indian Rupees Forty-Two Thousand Three Hundred Fifty-Nine 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 19-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

Place: **AURANGABAD** Date: 19/08/2022





For and on behalf of

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Authorised Signatory

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

Attached to and forming part of policy number 182100/48/2023/2090

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182000/48/2016/850	03-JUL-15	02-JUL-16	OIC D O 1 ABAD	5,00,000
182000/48/2017/870	03-JUL-16	02-JUL-17	The Oriental Insurance Company Ltd.	15,00,000
182000/48/2018/813	03-JUL-17	02-JUL-18	The Oriental Insurance Company Ltd.	15,00,000
182000/48/2019/1002	31-JUL-18	30-JUL-19	The Oriental Insurance Company Ltd.	10,00,000
182000/48/2020/1320	31-JUL-19	30-JUL-20	The Oriental Insurance Company Ltd.	10,00,000
182000/48/2021/3410	31-JUL-20	30-JUL-21	The Oriental Insurance Company Ltd.	10,00,000
182000/48/2022/1362	31-JUL-21	30-JUL-22	The Oriental Insurance Company Ltd.	10,00,000

Claim History Data

_	1			
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 MR RAJENDRA GAIKWAD Examined By: AMITKUMAR CHIRADE

Authorised Signatory

Place: **AURANGABAD** Date: 19/08/2022





For and on behalf of For and on behalf of The Oriental Insurance Company Limited

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Authorised Signatory

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