

PA INDIVIDUAL POLICY SCHEDULE

Policy No. : 182100/48/2023/555 **Prev. Policy No.** : 182100/48/2022/497
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 54361396 **Issue Office Code** : 182100
Insured's Name : MR. SURESH S. KSHATRIYA (GSTIN: 0) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P. 31, SUNIT RAMKRUPA COLONY, NEW OSMANPURA, A'BAD. **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 8888559300 / Nilesh.k@ultra-outdoors.com **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 05/05/2022 TO MIDNIGHT OF 04/05/2023

Collection No. & Dt. : CC 8718000444 - 04/05/2022 **GST INVOICE NO** :272163544 **UIN** :0

Gross Premium : 2,640 **GST** : 476 **Stamp Duty** : 150 **Total** : 3,116

Co-insurance Details : NIL

Details of Insured Persons :

Sr. No.	Name	Relationship with Insured	Age	Sex	Section	Sum Insured	Additional Covers
1	MR. SURESH S. KSHATRIYA	Self	74	M	Table of benefits III Table of benefits I	500000 1000000 <hr/> 1500000	Medical Expenses Loading10%
					Cumulative Bonus	<hr/> 325000	
2	MRS. SUNITA S. KSHATRIYA	Spouse Employed	66	F	Table of benefits III Table of benefits I	500000 1000000 <hr/> 1500000	Medical Expenses Loading10%
					Cumulative Bonus	<hr/> 300000	

Place : AURANGABAD

Date : 04/05/2022



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

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

Page 1 of 2

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Attached to and forming part of policy number 182100/48/2023/555

Additional Details of Insured Persons :

Sr. No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %	Assignee Relationship
1	MR. SURESH S. KSHATRIYA	BUSINESS	NO	NORMAL RISK	MRS. SUNITA S KSHATRIYA	100	Daughter
2	MRS. SUNITA S. KSHATRIYA	BUSINESS		NORMAL RISK			

Total Sum Insured in words : Indian Rupees Thirty Lakhs Only

Total Premium in words : Indian Rupees Three Thousand One Hundred Sixteen Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith .

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.

Where Loading for Medical Extension cover is 25%, the Policy is extended to include payment of medical expenses due to accident upto 25% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Where Loading for Medical Extension cover is 10%, the Policy is extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

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 04TH DAY OF MAY 2022.

Entered By : 702366

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 06-DEC-22 13:12:46

MAC :

Authorised Signatory

Place : AURANGABAD

Date : 04/05/2022



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Page 2 of 2

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