

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

Policy No.	: 182100/48/2023/2802	Prev. Policy No. : 182100/48/2022/3247
Cover Note No.	: -	Cover Note Date : -
Insured's Code	: 117392969	Issue Office Code : 182100
Insured Name	: USHA DINESH KABRE (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address	: 2012, GANPATI PRASAD	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
	A/P/- MARWADI GALLI,	ABC EAST, BESIDE PROZONE MALL,
	AT-ERANDOL, DIST-JALGOAN,	MIDC AREA, CHIKALTHANA
	JALGAON MAHARASHTRA 425109	AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email	: / / 8421191130 /	Tel./Fax/Email : 0240-2331985, 2332454 / 0240
	svrplerandol@gmail.com	2332454 / santosh.k@orientalinsurance.co.in
Agent/Broker D	etails	
Dev.Off.Code	:	
Agent/Broker	: LC000000281 JAINUINE INSURANCE	BROKERS PVT LTD

Agentablokei	
Address	: F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001
Tel/Fax/Email	: 02572225747//

# Period of Insurance : FROM 00:00 ON 24/10/2022 TO MIDNIGHT OF 23/10/2023

Collection No. & Dt.	CC 871800	2886 - 06/10/2022 G	ST INVOICE NO :2721413195	UIN	0: 1	
Gross Premium	:	17,678 Service Tax :	3,182 Stamp Duty :	.5	Total :	20,860

Co-insurance Details : Nil

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

#### **TPA Details :** TPA ID YA000000370 TPA Name Ericson Insurance TPA Pvt. Ltd. : 4th Floor, New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH) Address : MUMBAI 400071 Toll Free No. : 1800222034 FAX No. Telephone No 022 - 25280280 · : Particulars of the Persons covered : Number of persons covered : 1

Nam	e of The	Gender	Age		
Place : Date :	AURANGABAD 06/10/2022		IRDA-REGNO-556	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 182100/48/2023/2802

Sr. No.	Persons		Date of Birth		Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MRS USHA D KABRE	F	27/01/1952	70	Self	NO	3,00,000		
N	Nominee Details								

Nominee Details
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Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MR. PRASAD D KABRE	Dependant Child	31	М

Total Premium in words : Indian Rupees Twenty Thousand Eight Hundred Sixty 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 06-OCT-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 F	rom	Period To	I To Insurer Name		Sum Insured
182100/48/2019/3258		22-OCT	-18	21-OCT-19	OIC	C DO II A'BAD	
Place : AURANGABAD				IRDA-REGN	Q-556	For and on the Oriental Insurance C	

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## Attached to and forming part of policy number 182100/48/2023/2802

Policy no.	Claimant N	ame	Claim No.	Claim OS	Claim Paid
Claim History Data					
182100/48/2022/3247	24-OCT-21	23-OCT-22	The Oriental Insurance Company Ltd.		3,00,000
182100/48/2021/5292	24-OCT-20	23-OCT-21	The Oriental Insuran	3,00,000	
182100/48/2020/3559	24-OCT-19	23-OCT-20	The Oriental Insuran	8,00,000	

"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

MR RAJENDRA GAIKWAD Entered By :

KANCHUMARTI BHARAT BABU Examined By :

Authorised Signatory

Place : AURANGABAD Date : 06/10/2022





For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

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