

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2023/2763 **Prev. Policy No.** : 182100/48/2022/2618
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 138668285 **Issue Office Code** : 182100
Insured Name : AMAR PRABHAKAR SURVASEV (GSTIN: 0) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : C/O. MANTRI TRADERS, MANDHA SELVE. DIST. PARBHANI. **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 9422192292 / rsladane@gmail.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 10:00 ON 04/10/2022 TO MIDNIGHT OF 03/10/2023

Collection No. & Dt. : DC_I_IND 8718002844 - 04/10/2022 **GST INVOICE NO** :2721364129 **UIN** :0
Gross Premium : 13,543 **GST** 2438 **Stamp Duty** : .5 **Total** : 15,981

Co-insurance Details : Nil

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

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, Vadgaonsheri, 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 : 04/10/2022



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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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	MR. PRABHAKAR BHAUSAHEB SURVASE.	M	10/06/1966	56	Dependant Parents	NO	10	
2	MRS. VANDANA PRABHAKAR SURVASE	F	06/07/1978	44	Dependant Parents	NO	10	
3	AMAR PRABHAKAR SURVASE	M	24/03/1995	27	Self	NO	10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS. VANDANA PRABHAKAR SURVASE	Dependant Parents	44	F

Optional Cover:

	<u>Value</u>
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	NO

Total Premium in words : Indian Rupees Fifteen Thousand Nine Hundred Eighty-One 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.

JAINUINE INSURANCE BROKERS PVT LTD SEND THE MAIL ON 31/05/2016, BUT DUE TO NON-WORKING OF E-MAIL SOLUTION OF ORIENTAL INSURANCE COMPANY LTD, WE HAVE NOT RECEIVED THE SAID MAIL. WHEN RECONCILING THE ACCOUNT, WE FOUND THAT THE AMOUNT OF RS. 12,815/- HAS CREDITED IN COMPANY ACCOUNT. SO ABOVE SAID CONCERNS, WE HAVE RECEIVED THE PREMIUM AMOUNT ON 31/05/2016, SO KINDLY TREAT THE POLICY AS CONTINUOUS WHEN CLAIM IS OCCURED.

Place : AURANGABAD



IRDA-REGNO-556

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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 04-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 From	Period To	Insurer Name	Sum Insured
182400/48/2016/595	29-MAY-15	28-MAY-16	OICL	300000
182400/48/2017/1336	18-AUG-16	17-AUG-17	The Oriental Insurance Company Ltd.	300000
182400/48/2018/1406	24-AUG-17	23-AUG-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/2670	04-SEP-18	03-SEP-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/2767	09-SEP-19	08-SEP-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/3839	09-SEP-20	08-SEP-21	The Oriental Insurance Company Ltd.	300000
182100/48/2022/2618	09-SEP-21	08-SEP-22	The Oriental Insurance Company Ltd.	300000

Claim History Data

Place : AURANGABAD

Date : 04/10/2022



IRDA-REGNO-556

For and on behalf of
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Authorised Signatory

Attached to and forming part of policy number 182100/48/2023/2763

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182400/48/2018/1406	MR. PRABHAKAR BHAUSAHEB	182400/48/2018/000805	.00	

Entered By : MR RAJENDRA GAIKWAD

Examined By : KANCHUMARTI BHARAT BABU

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 20-DEC-22 15:36:20

MAC :

Authorised Signatory

Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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Authorised Signatory

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

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SURVASE.

182400/48/2018/1406	MR. PRABHAKAR BHAUSAHEB	182400/48/2019/000045	.00	127,005
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Place : AURANGABAD

Date : 04/10/2022



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SURVASE.

182100/48/2019/2670	MR. PRABHAKAR BHAUSAHEB	182100/48/2019/000468	.00	211,669
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Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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Authorised Signatory

SURVASE.

182100/48/2019/2670

MR. PRABHAKAR
BHAUSAHEB

182100/48/2019/000396

.00

Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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Authorised Signatory

SURVASE.

182100/48/2019/2670	MR. PRABHAKAR BHAUSAHEB	182100/48/2019/000727	.00	79,498
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Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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Authorised Signatory

SURVASE.

182100/48/2020/2767	MR. PRABHAKAR BHAUSAHEB	182100/48/2020/00000827	.00	80,329
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Place : AURANGABAD

Date : 04/10/2022



IRDA-REGNO-556

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Authorised Signatory

SURVASE.

182100/48/2020/2767

MR. PRABHAKAR
BHAUSAHEB

182100/48/2020/00000543

.00

44,761

Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

SURVASE.

182100/48/2020/2767	MR. PRABHAKAR BHAUSAHEB	182100/48/2020/00000911	.00	23,178
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Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

SURVASE.

182100/48/2020/2767

MR. PRABHAKAR
BHAUSAHEB

182100/48/2020/00000612

.00

54,569

Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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

SURVASE.

182100/48/2020/2767

MR. PRABHAKAR
BHAUSAHEB

182100/48/2020/00000714

.00

72,717

Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

For and on behalf of
The Oriental Insurance Company Limited

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Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

SURVASE.

182100/48/2021/3839	MR. PRABHAKAR BHAUSAHEB	182100/48/2021/00000468	.00	66,242
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Place : AURANGABAD



IRDA-REGNO-556

Date : 04/10/2022

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Authorised Signatory

SURVASE.

182100/48/2021/3839	MR. PRABHAKAR BHAUSAHEB	182100/48/2021/00000352	.00	30,205
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Place : AURANGABAD

Date : 04/10/2022



IRDA-REGNO-556

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Authorised Signatory

SURVASE.

182100/48/2022/2618	AMAR PRABHAKAR SURVASEV	182100/48/2022/00000906	.00	164,976
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"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."

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