



The Oriental Insurance Company Limited

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 182100/48/2023/2803	Prev. Policy No. : 182100/48/2022/3078
Cover Note No. : -	Cover Note Date : -
Insured's Code : 69089438	Issue Office Code : 182100
Insured Name : MR ANAND ANIL KABRE (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P: MARWADI GALLI, ERANDOL DIST: 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 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 10/10/2022 TO MIDNIGHT OF 09/10/2023

Collection No. & Dt. : CC 8718002888 - 06/10/2022 GST INVOICE NO : 2721413201 UIN : 0

Gross Premium : 31,338 GST 5640 Stamp Duty : .5 Total : 36,978

Co-insurance Details : Nil

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

TPA Details :

TPA ID : YA0000000370
TPA Name : Ericson Insurance TPA Pvt. Ltd.
Address : 4th Floor, New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH)
MUMBAI 400071 Toll Free No. : 1800222034
Telephone No : 022 - 25280280 FAX No. :

Number of persons covered : 4 **Plan Type** : SILVER Plan **Sum Insured** : 500000

Particulars of the Persons covered :

Place : AURANGABAD

Date : 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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The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2023/2803

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.ANAND ANIL KABRE	M	13/08/1985	37	Self	NO	10	2,00,000
2	MRS MONA ANAND KABRE	F	14/05/1988	34	Spouse Unemployed	NO	10	2,00,000
3	MRS VAIJU A KABRE	F	11/05/1959	63	Dependant Parents	NO	10	
4	MASTER GIRI ANAND KABRE	M	30/05/2015	7	Dependant Child	NO	10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS MONA ANAND KABRE	Spouse Unemployed	33	F

Optional Cover:

	Value
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	YES 100

Total Premium in words : Indian Rupees Thirty-Six Thousand Nine Hundred Seventy-Eight 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, Daily cash allowance, RESTORATION OF SI.

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.

Place : AURANGABAD

Date : 06/10/2022



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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 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 From	Period To	Insurer Name	Sum Insured
182401/48/2015/2559	29-SEP-14	28-SEP-15	OICL	500000
182400/48/2016/1949	29-SEP-15	28-SEP-16	The Oriental Insurance Company Ltd.	500000
182400/48/2017/1662	29-SEP-16	28-SEP-17	The Oriental Insurance Company Ltd.	500000
182400/48/2018/1622	29-SEP-17	28-SEP-18	The Oriental Insurance Company Ltd.	500000
182100/48/2019/3268	10-OCT-18	09-OCT-19	The Oriental Insurance Company Ltd.	500000
182100/48/2020/3187	10-OCT-19	09-OCT-20	The Oriental Insurance Company Ltd.	500000
182100/48/2021/5004	10-OCT-20	09-OCT-21	The Oriental Insurance Company Ltd.	500000
182100/48/2022/3078	10-OCT-21	09-OCT-22	The Oriental Insurance Company Ltd.	500000

Place : AURANGABAD

Date : 06/10/2022



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Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2019/3268	MR ANAND ANIL KABRE	182100/48/2020/00000576	.00	
182100/48/2019/3268	MR ANAND ANIL KABRE	182100/48/2020/00000575	.00	209,520

"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."

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 15:38:20 MAC :

Authorised Signatory

Place : AURANGABAD
Date : 06/10/2022



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