



HAPPY FAMILY FLOATER POLICY-2021 POLICY SCHEDULE

UIN: OICHLIP22010V042223

Policy No. : 182100/48/2023/4474 **Prev. Policy No.** : 182100/48/2022/4636
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 58582998 **Issue Office Code** : 182100
Insured Name : MR.HITESH K.MEHTA (GSTIN: 0) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : GOENKA NAGAR MURTIZAPUR **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
DIST AKOLA ABC EAST, BESIDE PROZONE
- MALL,
- MIDC AREA, CHIKALTHANA
AKOLA MAHARASHTRA 444107 AURANGABAD MAHARASHTRA
431003
Tel./Fax/Email : / / 9922422021 / 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
Address : F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001
Tel/Fax/Email : 02572225747//

Period of Insurance : FROM 00:00 ON 19/01/2023 TO MIDNIGHT OF 18/01/2024

Collection No. & Dt. : DC_I_IND 8718004451 - 06/01/2023

GST INVOICE NO :2721709925 UIN :0

Gross Premium : 26,368 GST 4746 Stamp Duty : .5 Total : 31,114

Co-insurance Details : Nil

| Channel of Sale | Yes/No |
|-----------------|--------|
| 1.Online | NO |
| 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 :

| Name of The Persons | Gender | Age |
|---------------------|--------|-----|
|---------------------|--------|-----|

Place : AURANGABAD



IRDA-REGNO-556

Date : 06/01/2023

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



Attached to and forming part of policy number 182100/48/2023/4474

| Sr. No. | | | Date of Birth | | Relationship With Proposer | Pre-Existing Diseases | Co-Pay (%) | PA Capital Sum Insured (INR) |
|---------|----------------|---|---------------|----|----------------------------|-----------------------|------------|------------------------------|
| 1 | HITESH K.MEHTA | M | 10/10/1967 | 55 | Self | | | 4,00,000 |
| 2 | ALKA | F | 16/11/1969 | 53 | Spouse Unemployed | | | 4,00,000 |
| 3 | MINAL | F | 15/11/1999 | 23 | Dependant Child | | | 3,00,000 |
| 4 | PRANAV | M | 04/08/2006 | 16 | Dependant Child | | | 3,00,000 |

Nominee Details

| Name Of the Nominee | Relationship With the Insured | Age Of the Nominee | M/F/TG* |
|---------------------|-------------------------------|--------------------|---------|
| ALKA | REL_03 | 53 | F |

Optional Cover:

| | Yes/No | Remarks/Value |
|--|------------|----------------|
| GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES | NO | |
| RESTORATION OF SUM INSURED | NO | |
| PERSONAL ACCIDENT COVER: (WORLD₂ WIDE) | YES | 1400000 |
| LIFE HARDSHIP SURVIVAL BENEFIT PLAN | NO | |
| WAIVER OF PROPORTIONATE DEDUCTION CLAUSE | NO | |
| WAIVER OF 10 % CO-PAY | YES | |
| | | YES |

Total Premium in words : Indian Rupees Thirty-One Thousand One Hundred Fourteen Only

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

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

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Attached to and forming part of policy number 182100/48/2023/4474

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"

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 |
|---------------------|-------------|-----------|-------------------------------------|-------------|
| 182200/48/2014/7472 | 10-DEC-13 | 09-DEC-14 | The Oriental Insurance Company Ltd. | 300000 |
| 182200/48/2015/8282 | 10-DEC-14 | 09-DEC-15 | The Oriental Insurance Company Ltd. | 300000 |
| 182200/48/2016/8057 | 10-DEC-15 | 09-DEC-16 | The Oriental Insurance Company Ltd. | 300000 |
| 182200/48/2017/7623 | 09-JAN-17 | 08-JAN-18 | The Oriental Insurance Company Ltd. | 300000 |
| 182200/48/2018/7548 | 09-JAN-18 | 08-JAN-19 | The Oriental Insurance Company Ltd. | 300000 |
| 182200/48/2019/7610 | 09-JAN-19 | 08-JAN-20 | The Oriental Insurance Company Ltd. | 300000 |
| 182091/48/2020/264 | 10-JAN-20 | 09-JAN-21 | The Oriental Insurance Company Ltd. | 300000 |
| 182100/48/2021/6733 | 10-JAN-21 | 09-JAN-22 | The Oriental Insurance Company Ltd. | 300000 |
| 182100/48/2022/4636 | 19-JAN-22 | 18-JAN-23 | The Oriental Insurance Company Ltd. | 300000 |

Place : AURANGABAD

Date : 06/01/2023



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| Claim History Data | Claimant Name | Claim No. | Claim OS | Claim Paid |
|---------------------|-------------------|-------------------------|-------------|-------------|
| Policy no. | | | | |
| 182200/48/2017/7623 | MR.HITESH K.MEHTA | 182200/48/2018/001392 | .00 | |
| 182200/48/2018/7548 | MR.HITESH K.MEHTA | 182200/48/2018/001703 | .00 | 21,76,82.00 |
| 182091/48/2020/264 | MR.HITESH K.MEHTA | 182091/48/2021/00000013 | .00 | 13,22,18.00 |
| 182091/48/2020/264 | MR.HITESH K.MEHTA | 182091/48/2021/00000025 | .00 | 2,49,50.00 |
| 182091/48/2020/264 | MR.HITESH K.MEHTA | 182091/48/2021/00000001 | .00 | |
| 182100/48/2022/4636 | MR.HITESH K.MEHTA | 182100/48/2023/00000689 | .00 | 1,41,48.00 |
| 182100/48/2022/4636 | MR.HITESH K.MEHTA | 182100/48/2023/00000733 | 19,61,56.00 | |

DISCLAIMER OF CLAIM: If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

GRIEVANCE REDRESSAL: When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim there under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oihealthservice@orientalinsurance.co.in.

If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

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-JAN-23.

1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

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Date : 06/01/2023



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Authorised Signatory



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Entered By : MR RAJENDRA GAIKWAD

Examined By : SANTOSH P. KALSE

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 10-FEB-23 11:54:25

MAC :

Authorised Signatory

Place : AURANGABAD



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