

ORIENTAL SUPER HEALTH TOP UP-INDIVIDUAL PLAN POLICY SCHEDULE

UIN :OICHLP18067V011819

Policy No. : 182100/48/2023/4498	Prev. Policy No. : 182100/48/2022/4458
Cover Note No. : -	Cover Note Date : -
Insured's Code : 149159693	Issue Office Code : 182100
Insured Name : MANISH PARAKH (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : 32 A, N-3, CIDCO, NEAR JAIN MANDIR, AURANGABAD - - AURANGABAD MAHARASHTRA 431001	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 9422979999 / manish7799@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 11/01/2023 TO MIDNIGHT OF 10/01/2024

Collection No. & Dt. : CC 8718004471 - 09/01/2023 GST INVOICE NO :2721717948 UIN :0

Gross Premium : 3,042 Service Tax : 548 Stamp Duty : .5 Total : 3,590

Co-insurance Details : Nil

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

Whether room rent is Linked to Deductible : YES

Loadings applied :

Entry Age Loading %	Loading for De-linking of Room Rent With Deductible %
0	0

Discounts applicable

Family Discount %	Loyalty Discount %	Staff Discount %	Portal Discount %
0	0	0	0

Base Policy details for each insured person :

Place : AURANGABAD



IRDA-REGNO-556

Date : 09/01/2023

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

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

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IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Attached to and forming part of policy number 182100/48/2023/4498

Insurance Company	Policy No	From Date	To Date	Sum Insured
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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 FAX No. :
Telephone No : 022 - 25280280 Email : care@ericsontpa.com

Plan Type : INDIVIDUAL PLAN

Number of persons covered : 1

Particulars of the Persons covered :

Sr. No.	Name of insured person	Sex	Age	Relationship	Date of Birth	Pre-existing disease	Sum Insured (INR)	Deductible
1	MANISH DALICHAND PARAKH	M	51	Self	21/11/1971	DIABETES, ANGIOPLASTY, 182100/48/2021/69 04	15,00,000	10,00,000

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
ROMA	Dependant Child	20	F

*Trans Gender

Total Premium in words : Indian Rupees Three Thousand Five Hundred Ninety Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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.

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.

Place : AURANGABAD



IRDA-REGNO-556

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For complete details please refer to policy condition.

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182100/48/2022/4458	11-JAN-22	10-JAN-23	The Oriental Insurance Company Ltd.	1500000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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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 thereunder, 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 oiclhealthservice@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 09-JAN-23.

Entered By : RAJESH ACCEL

Examined By : RAJESH ACCEL

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 10-FEB-23 12:00:38

MAC :

Authorised Signatory

Place : AURANGABAD



IRDA-REGNO-556

Date : 09/01/2023

For and on behalf of
The Oriental Insurance Company Limited

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Authorised Signatory