

## PA INDIVIDUAL POLICY SCHEDULE

<b>Policy No.</b> : 182100/48/2023/4499	<b>Prev. Policy No.</b> : 182100/48/2022/4461
<b>Cover Note No.</b> : -	<b>Cover Note Date</b> : -
<b>Insured's Code</b> : 47121226	<b>Issue Office Code</b> : 182100
<b>Insured's Name</b> : MRS VARSHA MANISH PARAKH (GSTIN: 0)	<b>Issue Office Name</b> : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
<b>Address</b> : PLOT NO 32/A N-3 CIDCO AURANGABAD AURANGABAD MAHARASHTRA 431003	<b>Address</b> : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
<b>Tel. /Fax /Email</b> : / / 9422979999 / manish7799@gmail.com	<b>Tel. /Fax /Email</b> : 0240-2331985, 2332454 / 0240-- 2332454 / santosh.k@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** :

**Agent/Broker** : LC000000281 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 15/01/2023 TO MIDNIGHT OF 14/01/2024

Collection No. & Dt. : CC 8718004472 - 09/01/2023 GST INVOICE NO :2721717977 UIN :0

Gross Premium : 450 GST : 82 Stamp Duty : 10 Total : 532

Co-insurance Details : NIL

### Details of Insured Persons :

Sr. No.	Name	Relationship with Insured	Age	Sex	Section	Sum Insured	Additional Covers
1	MRS VARSHA MANISH PARAKH	Self	46	M	Table of benefits III	200000	Medical Expenses Loading25%
					Cumulative Bonus	50625	

### Additional Details of Insured Persons :

Sr. No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %	Assignee Relationship
1	MRS VARSHA MANISH PARAKH	BUSINESS		NORMAL RISK	MANISH	100	Spouse

Total Sum Insured in words : Indian Rupees Two Lakhs Twenty-Two Thousand Five Hundred Only

Total Premium in words : Indian Rupees Five Hundred Thirty-Two Only

Place : AURANGABAD

Date : 09/01/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

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 182100/48/2023/4499**

Term of Insurance: As per the Clauses written hereunder and/or attached herewith .

User Defined

Where Loading for Medical Extension cover is 10%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 25% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

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 09TH DAY OF JANUARY 2023.

Entered By : LC0000000281

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 10-FEB-23 12:18:06

MAC :

Authorised Signatory

Place : AURANGABAD

Date : 09/01/2023



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