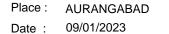
PA INDIVIDUAL POLICY SCHEDULE

| Policy No. : 182100/48/2023/4499 | | | | | Prev. Policy N | Prev. Policy No. : 182100/48/2022/4461 | | | | | |
|--|-----------------------|---------------|--|----------|-----------------------|--|--|--------|--|--------------------------|--------------------------|
| Cover Note No. : - | | | | | | Cover Note Date : - | | | | | |
| Insu | red's Code | : 47 | 121226 | | | | Issue Office Co | ode: | 182100 | | |
| Insured's Name : MRS VARSHA MANISH (GSTIN: 0) | | | | H PARAKH | | Issue Office Na | Issue Office Name : DO II AU 27AAAC | | RANGABAD (GSTIN: 0627R4ZW) | | |
| Addr | ess | : PL | OT NO 32/A | | | | Address | : | OFFICE NO.1 A | ND 2 [P] | 3RD FLOOR, |
| | | N- | 3 CIDCO | | | | | | ABC EAST, BES | IDE PRO | DZONE MALL, |
| | | - | JRANGABAD | | | | | | MIDC AREA, CH | | |
| | | | JRANGABAD I 1003 | MAHA | RASHT | RA | | | AURANGABAD 431003 | MAHARA | ASHTRA |
| Tel. | /Fax /Email | | / / 9422979999 / manish7799@gmail.com | | | | Tel. /Fax /Ema | ail : | : 0240-2331985, 2332454 / 0240 2332454 / santosh.k@orientalinsurance.co.in | | |
| Ą | gent/Broker D | etails | 6 | | | | | | | | |
| De | ev.Off.Code | : | | | | | | | | | |
| A | gent/Broker | : L0 | .0000000281 | JAINI | JINE INS | SURANG | CE BROKERS PVI | T LTD | | | |
| 1 | dress | • F -(| 63 FIRST FI O | OR. | GOLANI | MARKE | ET,JALGAON,JAL | GAON | | A.42500 | 1 |
| | | | | UI, (| oo Linii | | | | | | • |
| Te | l/Fax/Email | : 02 | 572225747// | | | | | | | | |
| Perio | od of Insurance | e : I | FROM 00:00 | ON 15 | 5/01/2023 | з то мі | DNIGHT OF 14/01/ | /2024 | | | |
| Colle | ection No. & Dt | . : (| CC 871800447 | 2 - 09 | 9/01/202 | 3 (| GST INVOICE NO | :27217 | 17977 UIN : | 0 | |
| Gros | s Premium | : | 450 | | GST | : 8 | 32 Stamp | p Duty | : 10 T | otal : | 532 |
| Co-ir | nsurance Detai | ls : | NIL | | | | | | | | |
| Deta | ils of Insured | Pers | sons : | | | | | | | | |
| Sr. | Name | | Relationship Age | | Sex | Section | | | Sum Insured | Additional Covers | |
| No. | | | with Insured | | | | | | | | |
| | | | | 46 | | | | | | oooooo Madiaal Firmanaaa | |
| 1 | I MRS VARSH MANISH | IA | Self | | М | Table of benefits III | | | 200000 Medical Expenses Loading25% | | |
| | PARAKH | | | | | | - | | 200000 |) - | |
| | | | | | | Cumula | ative Bonus | | 50625 | | |
| | itional Details | of Ir | nsured Person | ns : | | | | | | | |
| Add | | | | | | | 1 | 1 | | | |
| Add Sr. No. | Name | | Occupation | | Pre-exis Disabilit | | Risk Group | Assi | gnee Name | Share % | Assignee Relationship |

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





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.

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

Authorised Signatory

Page 1 of 2

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 182100/48/2023/4499

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 : LC000000281

For and on behalf of The Oriental Insurance Company Limited

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

Authorised Signatory

Place : AURANGABAD Date : 09/01/2023





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.

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

Authorised Signatory

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