

Address

# Mediclaim Insurance Policy(Individual) POLICY SCHEDULE

IRDA UIN NO.: OICHLIP446V032021

Policy No. : 182100/48/2023/4500 Prev. Policy No. : 182100/48/2022/4455

Cover Note No. : - Cover Note Date :

Insured's Code : 47120765 Issue Office Code : 182100

Insured Name · MANISH DALICHAND PARAKAH Issue Office Name · DO II AURANGABAD (GSTIN:

(GSTIN: 0) 27AAACT0627R4ZW)

PLOT NO 32/A, N-3, CIDCO Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR,

AURANGABAD ABC EAST, BESIDE PROZONE

MALL,

MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA

AURANGABAD MAHARASHTRA 431003

431003

Tel./Fax/Email : / / 9422979999 / Tel./Fax/Email : 0240-2331985, 2332454 / 0240--

manish7799@gmail.com 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 17/01/2023 TO MIDNIGHT OF 16/01/2024

Collection No. & Dt. : CC 8718004473 - 09/01/2023 GST INVOICE NO :2721718047 UIN :0

Gross Premium : 29,226 Service Tax : 5,260 Stamp Duty : .5 Total : 34,486

Co-insurance Details : Nil

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

TPA Details:

TPA ID YA000000370

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. :

Particulars of the Persons covered: Number of persons covered: 2

Place: AURANGABAD Date: 09/01/2023

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



### Attached to and forming part of policy number 182100/48/2023/4500

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MANISH DALICHAND PARAKH	М	21/11/1971	51	Self	NO	10,00,000		
2	ROMA	F	10/11/2001	21	Dependant Child		5,00,000		

### **Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nomines	M/F/TG*
Total Premium in words	: Indian Rupees Thirty-Four Th	housand Four Hundred	Eighty-Six Only

The insurance under this policy is extended to cover risks of:

Domiciliary Hospitalisation Cover.

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 operaing offices as well as Company's website.

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 09-JAN-23.

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

Place: AURANGABAD Date: 09/01/2023



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### Attached to and forming part of policy number 182100/48/2023/4500

182100/48/2016/6190	17-JAN-16	16-JAN-17	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2017/5295	17-JAN-17	16-JAN-18	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2018/4808	17-JAN-18	16-JAN-19	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2019/4822	17-JAN-19	16-JAN-20	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2020/4798	17-JAN-20	16-JAN-21	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2021/6904	17-JAN-21	16-JAN-22	The Oriental Insurance Company Ltd.	15,00,000
182100/48/2022/4455	17-JAN-22	16-JAN-23	The Oriental Insurance Company Ltd.	15,00,000

### **Claim History Data**

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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"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."

> For and on behalf of The Oriental Insurance Company Limited

Entered By **RAJESH ACCEL** Examined By: **RAJESH ACCEL** 

**Authorised Signatory** 

Place: **AURANGABAD** Date: 09/01/2023





For and on behalf of

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

**Authorised Signatory** 

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