

ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE

IRDA UIN NO.:OICHLIP23084V042223

Policy No. : 182100/48/2023/5464 **Prev. Policy No.** : 182100/48/2022/5585
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 18820070 **Issue Office Code** : 182100
Insured Name : ANILKUMAR K AGRAWAL (GSTIN: 0) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : C/O KAILASHPRASAD, AMBICA NIWAS **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
Tel./Fax/Email : / / 0 / NA **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--2332454 / santosh.k@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC0000000281 M/S JAINUINE INSURANCE BROKERS PVT LTD
Address : 4th Floor Office No. E-5, Aurangabad Business Centre, Kesarsingpura Adalat,,AURANGABAD MAHARASHTRA -431001,AURANGABAD,MAHARASHTRA,431001
Tel/Fax/Email : 02572225747/8888841491//

Period of Insurance : FROM 00:00 ON 18/03/2023 TO MIDNIGHT OF 17/03/2024

Collection No. & Dt. : CHQ 8718005577 - 15/03/2023 GST INVOICE NO :2721912826 UIN :0

Gross Premium : 38,495 Service Tax : 6,929 Stamp Duty : .5 Total : 45,424

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.** :

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

Place : AURANGABAD



IRDA-REGNO-556

Date : 15/03/2023

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 182100/48/2023/5464

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	ANILKUMAR K AGRAWAL	M	09/01/1959	64	Self	NO	4,50,000		
2	MR. USABEN A AGRAWAL	F	02/10/1963	59	Spouse Unemployed	NO	4,50,000		

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
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Total Premium in words : Indian Rupees Forty-Five Thousand Four Hundred Twenty-Four 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 operating 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 15-MAR-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
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Place : AURANGABAD



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141102/48/2016/15521	07-MAR-16	06-MAR-17	OICL	
141102/48/2015/15217	07-MAR-15	06-MAR-16	OICL	
182400/48/2017/3003	07-MAR-17	06-MAR-18	The Oriental Insurance Company Ltd.	13,50,000
182100/48/2018/5705	13-MAR-18	12-MAR-19	The Oriental Insurance Company Ltd.	9,00,000
182100/48/2019/5928	15-MAR-19	14-MAR-20	The Oriental Insurance Company Ltd.	9,00,000
182100/48/2020/6049	17-MAR-20	16-MAR-21	The Oriental Insurance Company Ltd.	9,00,000
182100/48/2021/8472	18-MAR-21	17-MAR-22	The Oriental Insurance Company Ltd.	9,00,000
182100/48/2022/5585	18-MAR-22	17-MAR-23	The Oriental Insurance Company Ltd.	9,00,000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2022/5585	ANILKUMAR K AGRAWAL	182100/48/2023/00000599	0	2,200
182100/48/2022/5585	ANILKUMAR K AGRAWAL	182100/48/2023/00000560	0	24,367
182100/48/2022/5585	ANILKUMAR K AGRAWAL	182100/48/2023/00000622	0	6,700

"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 : MR RAJENDRA GAIKWAD
Examined By : Srividya Nair

Authorised Signatory

Place : AURANGABAD
Date : 15/03/2023



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