

ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE

IRDA UIN NO.:OICHLIP23084V042223

Policy No. : 182100/48/2023/5648	Prev. Policy No. : 182100/48/2022/5803
Cover Note No. : -	Cover Note Date : -
Insured's Code : 54360975	Issue Office Code : 182100
Insured Name : MR. SURESH S. KSHATRIYA (GSTIN: 0)	Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : A/P. 31, SUNIT RAMKRUPA COLONY, NEW OSMANPURA AURANGABAD.	Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003
-	
JALGAON MAHARASHTRA 425001	
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 29/03/2023 TO MIDNIGHT OF 28/03/2024

Collection No. & Dt. : CHQ 8718005788 - 28/03/2023 GST INVOICE NO :2721954673 UIN :0

Gross Premium : 32,005 Service Tax : 5,760 Stamp Duty : .5 Total : 37,765

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 : 28/03/2023

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 182100/48/2023/5648

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	MR. SURESH S. KSHATRIYA	M	19/06/1947	75	Self	NO	2,00,000		
2	MRS. SUNILA SURESH KSHATRIYA	F	21/11/1955	67	Spouse Unemployed	NO	2,00,000		

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 Thirty-Seven Thousand Seven Hundred Sixty-Five 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 28-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

Place : AURANGABAD

Date : 28/03/2023



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Attached to and forming part of policy number 182100/48/2023/5648

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182400/48/2016/4541	28-MAR-16	27-MAR-17	The Oriental Insurance Company Ltd.	4,00,000
182400/48/2017/3369	29-MAR-17	28-MAR-18	The Oriental Insurance Company Ltd.	4,00,000
182100/48/2018/5887	29-MAR-18	28-MAR-19	The Oriental Insurance Company Ltd.	4,00,000
182100/48/2019/6194	29-MAR-19	28-MAR-20	The Oriental Insurance Company Ltd.	4,00,000
182100/48/2020/6252	29-MAR-20	28-MAR-21	The Oriental Insurance Company Ltd.	4,00,000
182100/48/2021/8534	29-MAR-21	28-MAR-22	The Oriental Insurance Company Ltd.	4,00,000
182100/48/2022/5803	29-MAR-22	28-MAR-23	The Oriental Insurance Company Ltd.	4,00,000

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 : MR RAJENDRA GAIKWAD
Examined By : KANCHUMARTI BHARAT BABU

Authorised Signatory

Place : AURANGABAD
Date : 28/03/2023



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