

NAGRIKSURAKSHA INDIVIDUAL POLICY SCHEDULE

Policy No. 182100/48/2024/550 **Prev. Policy No.** 182100/48/2023/499
Cover Note No : - Cover Note Dt : -
Insured's Code : 130852049 Issue Office Code : 182100
Insured's Name : SHYAM PRASAD SHIVJI SAHU (GSTIN: 0) Issue Office Name : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : Plot no. 145,gut no-48,Jay Gajanan Nagar,Garkheda Parisar,Aurangabad Address : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
- ABC EAST, BESIDE PROZONE MALL,
- MIDC AREA, CHIKALTHANA
AURANGABAD MAHARASHTRA AURANGABAD MAHARASHTRA
431001 431003
Tel /Fax /Email : / / 9422205626 / sham@jainuineinsurance.co.in Tel /Fax /Email :

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 05/05/2023 TO MIDNIGHT OF 04/05/2024

Collection No & Dt : CHQ 8718000437 - 04/05/2023 GST INVOICE NO :272272419 UIN :0

Gross Premium : 338 GST 60 Stamp Duty : 0 Total : 398

Coinsurance Details : NIL

Particulars of the Persons Covered

Sr. No.	Name of Person Covered	Age	Relationship	Occupation	Disabled/Injured/Sick	Sum Insured		Cumulative bonus
						Personal Accident Section 80%	Hospitalisation Section 20%	
1	SHYAM PRASAD SHIVJI SAHU	48	Self	OTHERS		4,00,000	1,00,000	25,000

Assignee Details

Sr. No.	Name	Assignee Name	Share %	Relationship
1	SHYAM PRASAD SHIVJI SAHU	VIKAS SHYAMPRASAD SAHU	100	Dependant Child

Total Sum Insured in words : Indian Rupees Five Lakhs Only

Total Premium in words : Indian Rupees Three Hundred Ninety-Eight Only

Place : AURANGABAD

Date : 08/07/2023



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

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Attached to and forming part of policy number **182100/48/2024/550**

0240-2331985, 2332454 / 0240--
2332454 /
santosh.k@orientalinsurance.co.in

The insurance under this policy is subject to conditions, clauses, warranties, endorsements .

The policy shall pay for hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient 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 ab initio (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 AURANGABAD on 04TH DAY OF MAY 2023.

Entered By : MR RAJENDRA GAIKWAD

For and on behalf of
The Oriental Insurance Company Limited

Examined By : KANCHUMARTI BHARAT BABU

Policy Printed By: OICL

IP:

Policy Printed On: 08-JUL-23 10:28:59

MAC:

Authorised Signatory

Place : AURANGABAD



IRDA-REGNO-556

Date : 08/07/2023

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