# ORIENTAL SUPER HEALTH TOP UP-INDIVIDUAL PLAN POLICY SCHEDULE

UIN:OICHLP18067V011819

Policy No. : 182100/48/2024/1615 Prev. Policy No. : 182100/48/2023/1820

Cover Note No. Cover Note Date

POST-MAJALGAON, DIST-BEED

BEED MAHARASHTRA 431131

Insured's Code : 68084185 Issue Office Code : 182100

ULHAS MADHUKAR RUDRAWAR Issue Office Name: DO II AURANGABAD (GSTIN: Insured Name

27AAACT0627R4ZW)

: OFFICE NO.1 AND 2 [P] 3RD FLOOR, MAIN ROAD. OPP. NAGARPALIKA, Address Address

ABC EAST, BESIDE PROZONE

MALL,

MIDC AREA. CHIKALTHANA AURANGABAD MAHARASHTRA

431003

: 0240-2331985, 2332454 / 0240--: //0/NA Tel./Fax/Email

2332454 /

santosh.k@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code

Tel./Fax/Email

Agent/Broker : LC0000000281 M/S JAINUINE INSURANCE BROKERS PVT LTD

: 4th Floor Office No. E-5, Aurangabad Business Centre, Kesarsingpura **Address** 

Adalat., AURANGABAD MAHARASHTRA -431001, AURANGABAD, MAHARASHTRA, 431001

Tel/Fax/Email : 02572225747/8888841491//

(GSTIN: 0)

Period of Insurance: FROM 00:00 ON 26/07/2023 TO MIDNIGHT OF 25/07/2024

Collection No. & Dt. . CC 8718001569 - 25/07/2023 GST INVOICE NO: 2722287565 UIN:0

**Gross Premium** 5,617 Service Tax: 1012 Stamp Duty: .5 Total: 6,629

Co-insurance Details : Nil

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

Whether room rent is Linked to Deductible: NO

Loadings applied:

Entry Age Loading %	Loading for De-linking of Room Rent With Deductible %
0	10

## Discounts applicable

Family Discount %	Loyalty Discount %	Staff Discount %	Portal Discount %	
0	0	0	0	

Base Policy details for each insured person:

Place: **AURANGABAD** Date: 25/07/2023





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 182100/48/2024/1615

Insurance Company **Policy No** From Date To Date **Sum Insured** 

TPA Details:

TPA ID YA000000370

**TPA Name** Ericson Insurance TPA Pvt. Ltd.

4th Floor, New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH) Address

MUMBAI 400071

FAX No. Toll Free No. : 1800222034

Email care@ericsontpa.com Telephone No 022 - 25280280

INDIVIDUAL PLAN Plan Type

Number of persons covered :

## Particulars of the Persons covered:

Sr. No.	Name of insured person	Sex	Age	Relationship	Date of Birth	Pre-existing disease	Sum Insured (INR)	Deductible	
1	ULHAS MADHUKAR RUDRAWAR	М	64	Self	27/04/1959	182100/48/2021/22 31, DIABETES	8,00,000	6,00,00	0

### Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*

\*Trans Gender

: Indian Rupees Six Thousand Six Hundred Twenty-Nine Only Total Premium in words

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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 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"

- 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.

Place: **AURANGABAD** 

Date: 25/07/2023





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** 

### **Policy History Data**

Policy No.	Policy No. Period From Period		Insurer Name	Sum Insured	
182100/48/2022/1680	08-JUL-21	07-JUL-22	The Oriental Insurance Company Ltd.	800000	
182100/48/2023/1820	26-JUL-22	25-JUL-23	The Oriental Insurance Company Ltd.	800000	

### **Claim History Data**

Policy no. Claimant Name	Claim No.	Claim OS	Claim Paid
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DISCLAIMER OF CLAIM: If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

GRIEVANCE REDRESSAL: When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim thereunder, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oiclhealthservice@orientalinsurance.co.in.

If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

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 25-JUL-23.

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

For and on behalf of The Oriental Insurance Company Limited

Policy Printed By: OICL IP:

Policy Printed On: 04-SEP-23 13:25:44 MAC:

**Authorised Signatory** 

Place: **AURANGABAD** Date: 25/07/2023



For and on benair or The Oriental Insurance Company Limited For and on behalf of

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**Authorised Signatory** 

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