



## HAPPY FAMILY FLOATER POLICY-2021 POLICY SCHEDULE

UIN: OICHLIP22010V042223

**Policy No.** : 182100/48/2024/2582 **Prev. Policy No.** : 182100/48/2023/2803  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 69089438 **Issue Office Code** : 182100  
**Insured Name** : MR ANAND ANIL KABRE (GSTIN: 0) **Issue Office Name** : BO CHIKAL THANA AURANGABAD  
(GSTIN: 27AAACT0627R4ZW)  
**Address** : A/P: MARWADI GALLI, ERANDOL **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,  
DIST: JALGAON ABC EAST, BESIDE PROZONE  
- MALL,  
JALGAON MAHARASHTRA 425109 MIDC AREA, CHIKALTHANA  
AURANGABAD MAHARASHTRA  
431003  
**Tel./Fax/Email** : / / 8421191130 / **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--  
svrplerandol@gmail.com 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 10/10/2023 TO MIDNIGHT OF 09/10/2024

Collection No. & Dt. : CC 8718002595 - 09/10/2023 GST INVOICE NO :272217707 UIN :0

Gross Premium : 32,972 GST 5934 Stamp Duty : .5 Total : 38,906

Co-insurance Details : Nil

Channel of Sale	Yes/No
1.Online	YES
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. :

**Number of persons covered** : 4 **Plan Type** : SILVER Plan **Sum Insured** : 500000

**Particulars of the Persons covered :**

**Name of The**

Place : AURANGABAD  
Date : 09/10/2023



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



Attached to and forming part of policy number 182100/48/2024/2582

Sr. No.	Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR.ANAND ANIL KABRE	M	13/08/1985	38	Self	NO	10	2,00,000
2	MRS MONA ANAND KABRE	F	14/05/1988	35	Spouse Unemployed	NO	10	2,00,000
3	MRS VAIJU A KABRE	F	11/05/1959	64	Dependant Parents	NO	10	
4	MASTER GIRI ANAND KABRE	M	30/05/2015	8	Dependant Child	NO	10	

#### Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS MONA ANAND KABRE	REL_03	33	F

#### Optional Covers

	Yes / No	Remarks/Value
GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	NO	
RESTORATION OF SUM INSURED	YES	100
PERSONAL ACCIDENT COVER: (WORLD <sub>2</sub> WIDE)	YES	400000
LIFE HARDSHIP SURVIVAL BENEFIT PLAN	NO	
WAIVER OF PROPORTIONATE DEDUCTION CLAUSE	NO	
WAIVER OF 10 % CO-PAY	NO	
		NO

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

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

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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"**

- 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
182401/48/2015/2559	29-SEP-14	28-SEP-15	OICL	500000
182400/48/2016/1949	29-SEP-15	28-SEP-16	The Oriental Insurance Company Ltd.	500000
182400/48/2017/1662	29-SEP-16	28-SEP-17	The Oriental Insurance Company Ltd.	500000
182400/48/2018/1622	29-SEP-17	28-SEP-18	The Oriental Insurance Company Ltd.	500000
182100/48/2019/3268	10-OCT-18	09-OCT-19	The Oriental Insurance Company Ltd.	500000
182100/48/2020/3187	10-OCT-19	09-OCT-20	The Oriental Insurance Company Ltd.	500000
182100/48/2021/5004	10-OCT-20	09-OCT-21	The Oriental Insurance Company Ltd.	500000
182100/48/2022/3078	10-OCT-21	09-OCT-22	The Oriental Insurance Company Ltd.	500000
182100/48/2023/2803	10-OCT-22	09-OCT-23	The Oriental Insurance Company Ltd.	500000

Place : AURANGABAD  
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Claim History Data	Claimant Name	Claim No.	Claim OS	Claim Paid
<b>Policy no.</b>				
182100/48/2019/3268	MR ANAND ANIL KABRE	182100/48/2020/00000576	.00	
182100/48/2019/3268	MR ANAND ANIL KABRE	182100/48/2020/00000575	.00	209520
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000611	.00	130456
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000812	.00	72936
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000888	.00	15169
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000639	.00	14698
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000681	.00	73594
182100/48/2020/3187	MR ANAND ANIL KABRE	182100/48/2020/00000736	.00	73283

**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 there under, 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](mailto:csd@orientalinsurance.co.in). Exclusive e-mail id for grievance redressal of senior citizens is [oihealthservice@orientalinsurance.co.in](mailto:oihealthservice@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](http://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 BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 09-OCT-23.

1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

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Authorised Signatory



Attached to and forming part of policy number 182100/48/2024/2582

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Entered By : LC0000000281

Policy Printed By : OICL

IP :

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed On : 20-NOV-23 17:22:35

MAC :

Authorised Signatory

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Place : AURANGABAD



IRDA-REGNO-556

Date : 09/10/2023

For and on behalf of  
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CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

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