

ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE IRDA UIN NO.:OICHLIP23084V042223

A/P/- MARWADI GALLI, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 Tel./Fax/Email I // 8421191130 / Tel./Fax/Email I // 8421191130 / Tel./Fax/Email Dev.Off.Code Agent/Broker Details Dev.Off.Code I Address I 4th Floor Office No. E-5, Aurangabad Business Centre, Kesarsingpura Adatat, AURANGABAD MAHARASHTRA -431001, AURANGABAD, MAHARASHTRA, 431001 Tel/Fax/Email I 0257225747/888841491// Period of Insurance I EROM 00:00 ON 24/10/2023 TO MIDNIGHT OF 23/10/2024 Collection No. & Dt. C 8718002597 - 09/10/2023 GST INVOICE NO :272217773 UIN :0 Gross Premium I Channel of Sale I Channel of Sale I Channel of Sale I PA Details I TPA Details I TPA Name I Ericson Insurance TPA PVL Ltd. Address I H Floor, New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH MUMBAI 400071 Tel Fax No. I Devended the Persons covered : Number of persons covered : 1 Particulars of the Persons covered : Number of persons covered : 1 Place AURANGABAD I Palic I Og10/2023 I Devended to the I Devended Company Limite The I Devended Company Limite I Place : AURANGABAD I Palic I Og10/2023 I Devended I Devend	Policy No.	: 182100/48/2024/2586	Prev. Policy No. :	182100/48/2023/2802
Insured Name : USHA DINESH KABRE (GSTIN: 0) Issue Office Name : BO CHIKAL THANA AURANGAI (GSTIN: 27AAACT0627R42W) Address : 2012, GANPATI PRASAD Address : OFFICE NO. 1 AND 2 (P) 3RD FI APC-MARWADI GALLI, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 MULA, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 MULA, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 MULA, Gagent/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 24/10/2023 TO MIDNIGHT OF 23/10/2024 Collection No. & Dt. : CC 8718002597 - 09/10/2023 GST INVOICE NO :272217773 UIN :0 Gross Premium : 25.635 Service Tax : 4.614 Stamp Duty : .5 Total : 3 Co-insurance Details : Nil TPA Details : TPA Details : TPA ID : YA0000000370 TPA Name : Ericson Insurance TPA Pvt. Ltd. Address : 4th Floor Office New PA Pvt. Ltd. Address : 4th Floor (New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH MUMBAI 400071 Toll Free No. : 180022034 Telephone No : 022 - 25280280 FAX No. : Particulars of the Persons covered : Number of persons covered : 1 Places: AURANGABAD	Cover Note No.	: -	Cover Note Date :	-
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A/P/- MARWADI GALLI, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 Tel./Fax/Email : // 8421191130 / strplerandol@gmail.com strplerandol@gmail.com Tel./Fax/Email : 0240-2331985, 2332454 / 0240- 2332454 / santosh.k@orientalinsurance.co. Agent/Broker Details Dev.Off.Code : Agent/Broker Details : 01: 0257225747/8888841491// Period of Insurance : FROM 00:00 ON 24/10/2023 TO MIDNIGHT OF 23/10/2024 Collection No. & Dt. : CC 8718002597 - 09/10/2023 GST INVOICE NO :272217773 UIN :0 Gross Premium : 25,535 Service Tax : 4,614 Stamp Duty : .5 Total : .3 Co-insurance Details : Nil Channel of Sale Yes/No 1.Online YES 2.Fresh NO 3.Renewal YES TPA Details : TPA Details : 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 : 1 Place : AURANGABAD Date : 09/10/2023 Muther Address : Particulars of the Persons covered : Number of persons covered : 1 Place : AURANGABAD Channel do cument (Policy Schedule)The Policy document duly stamped will be sent by	Insured Name	: USHA DINESH KABRE (GSTIN: 0)	•	
A/P/ MARWADI GALLI, AT-ERANDOL, DIST-JALGOAN, JALGAON MAHARASHTRA 425109 Tel./Fax/Email : //8421191130 / svrplerandol@gmail.com svrplerandol@gmail.com svrplerandol@gmail.com Tel./Fax/Email : 0240-2331985, 2332454 / 0240- 2332454 / santosh.k@orientalinsurance.co. 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 : 02572225747/8989841491// Period of Insurance : FROM 00:00 ON 24/10/2023 GST INVOICE NO :272217773 UIN :0 Gross Premium : 25,635 Service Tax : 4,614 Stamp Duty : .5 Total : 3 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. : Particulars of the Persons covered : 1 Place : AURANGABAD Date : 09/10/2023 W INSURE OF Parts : The Oriental Insurance Company Limite This is an electronically generated document (Policy Schedule)The Policy document duly stamped will be sent by	Address	: 2012, GANPATI PRASAD		OFFICE NO.1 AND 2 [P] 3RD FLOOR,
JALGAON MAHARASHTRA 425109 AURANGABAD MAHARASHTRA 431003 Tel./Fax/Email : / / 8421191130 / svrplerandol@gmail.com Tel./Fax/Email : 2040-2331985, 2332454 / 0240- 2332454 / santosh.k@orientalinsurance.co. Agent/Broker LC0000000281 M/S JAINUINE INSURANCE BROKERS PVT LTD		A/P/- MARWADI GALLI,	MALL,	
discont intervention Tel./Fax/Email 431003 Tel./Fax/Email 0240-2331985, 2332454 / 0240-2340 / 02572217773 / UIN :0 TPA Details : TPA ID YA0000000370 TPA Name : Ericson Insurance TPA Pvt. Ltd. Address :: Prefere No. ::				
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n case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485. Authorised Signatory				Authorised Signatory

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

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 182100/48/2024/2586

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existi Disease	0	nsured NR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MRS USHA D KABRE	F	27/01/1952	71	Self	NO	3,0	00,000		
N	ominee Details									
Ν	ame Of the Nominee	Relation	nship With th	ne Ins	ured Age Of the	Nominee	M/F/TG*			
M	R. PRASAD D KABRE	Dependa	ant Child		31	Ν	1			

Total Premium in words : Indian Rupees Thirty Thousand Two Hundred Forty-Nine 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 operaing 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 BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 09-OCT-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	Insu	irer Name	Sum Insured
182100/48/2	2019/3258	22-OC	T-18	21-OCT-19	OIC	DO II A'BAD	
Place : Date :	AURANGABAD 09/10/2023			IRDA-REGN	O-556	For and on b The Oriental Insurance C	

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In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

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Authorised Signatory

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Attached to and forming part of policy number 182100/48/2024/2586

182100/48/2020/3559	24-OCT-19	23-OCT-20	The Oriental Insurance Company Ltd.	8,00,000
182100/48/2021/5292	24-OCT-20	23-OCT-21	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2022/3247	24-OCT-21	23-OCT-22	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2023/2802	24-OCT-22	23-OCT-23	The Oriental Insurance Company Ltd.	3,00,000
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

LC000000281 Entered By :

Authorised Signatory

Place : AURANGABAD Date : 09/10/2023



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

Authorised Signatory

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In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

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

Page 3 of 3

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