



**ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE**

IRDA UIN NO.:OICHLIP23084V042223

**Policy No.** : 182100/48/2024/3014 **Prev. Policy No.** : 182100/48/2023/3232  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 166485712 **Issue Office Code** : 182100  
**Insured Name** : VEENA RAJEEV BAJORIYA **Issue Office Name** : BO CHIKAL THANA AURANGABAD  
(GSTIN: 0) (GSTIN: 27AAACT0627R4ZW)  
**Address** : BHARTI APARTMENT, DARWHA **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,  
ROAD, YAVATMAL ABC EAST, BESIDE PROZONE  
- MALL,  
- MIDC AREA, CHIKALTHANA  
YEOTMAL MAHARASHTRA 445001 AURANGABAD MAHARASHTRA  
431003  
**Tel./Fax/Email** : / / 7038780426 / **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--  
brvedant@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 07/11/2023 TO MIDNIGHT OF 06/11/2024

Collection No. & Dt. : CC 8718003024 - 06/11/2023 GST INVOICE NO :272290845 UIN :0

Gross Premium : 14,266 Service Tax : 2,568 Stamp Duty : .5 Total : 16,834

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 :** Number of persons covered : 1

Place : AURANGABAD



IRDA-REGNO-556

Date : 06/11/2023

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule)..The Policy document duly stamped will be sent by

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

Authorised Signatory



# The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3014

| 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       | VEENA RAJEEV<br>BAJORIYA | F      | 17/05/1968    | 55  | Self                       | 182101/48/2<br>022/948<br>(BP) | 5,00,000          |            |                              |

## Nominee Details

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

Total Premium in words : Indian Rupees Sixteen Thousand Eight Hundred Thirty-Four 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 BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 06-NOV-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 | Insurer Name  | Sum Insured |
|--------------------|-------------|-----------|---------------|-------------|
| 182101/48/2022/948 | 06-NOV-21   | 05-NOV-22 | OICL BO JALNA |             |

Place : AURANGABAD

Date : 06/11/2023



IRDA-REGNO-556

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The Oriental Insurance Company Limited

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Authorised Signatory

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

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# The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3014

|                     |           |           |                                     |          |
|---------------------|-----------|-----------|-------------------------------------|----------|
| 182100/48/2023/3232 | 07-NOV-22 | 06-NOV-23 | The Oriental Insurance Company Ltd. | 5,00,000 |
|---------------------|-----------|-----------|-------------------------------------|----------|

## Claim History Data

| Policy no. | Claimant Name | Claim No. | Claim OS | Claim Paid |
|------------|---------------|-----------|----------|------------|
|------------|---------------|-----------|----------|------------|

"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



IRDA-REGNO-556

Date : 06/11/2023

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