



## HAPPY FAMILY FLOATER POLICY-2021 POLICY SCHEDULE

UIN: OICHLIP22010V042223

**Policy No.** : 182100/48/2024/3629 **Prev. Policy No.** : 182100/48/2023/4194  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 64619060 **Issue Office Code** : 182100  
**Insured Name** : MR. NAYAN SATISCHANDRA JAIN (GSTIN: 0) **Issue Office Name** : BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : A/P: 1 FLOOR, CHAITRAYAN DEEP MARKET GANDHI CHOWK CHOPDA, DIST: JALGAON **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003  
-  
-  
JALGAON MAHARASHTRA 424201  
**Tel./Fax/Email** : / / 7588404158 / NA **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--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 22/12/2023 TO MIDNIGHT OF 21/12/2024

Collection No. & Dt. : CC 8718003612 - 21/12/2023 GST INVOICE NO :2722284412021 UIN :0  
Gross Premium : 18,604 GST 3348 Stamp Duty : .5 Total : 21,952

Co-insurance Details : Nil

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

### TPA Details :

TPA ID : YA0000000334  
TPA Name : M/S MD INDIA HEALTH INSURANCE TPA PVT. LTD.  
Address : MD INDIA HOUSE, SURVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune Nagar Road, Vadgaonsheri, Pune 411014 customercare@mdindia.com, info@mdindia.com  
Telephone No : PUNE 411038 Toll Free No. : 1800 209 7777, 1800 209 7800  
FAX No. :

**Number of persons covered** : 3 **Plan Type** : SILVER Plan **Sum Insured** : 300000

Place : AURANGABAD  
Date : 21/12/2023





Attached to and forming part of policy number 182100/48/2024/3629

**Particulars of the Persons covered :**

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR. NAYAN SATISCHANDRA JAIN	M	06/12/1966	57	Self	NO		
2	MRS. SUSHMA NAYAN JAIN	F	14/12/1968	55	Spouse Unemployed	NO		
3	MR. SARTHAK NAYAN JAIN	M	03/03/1999	24	Dependant Child	NO		

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MRS. SUSHMA NAYAN JAIN	REL_03	53	F

**Optional Covers**

	Yes / No	Remarks/Value
GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	NO	
RESTORATION OF SUM INSURED	NO	
PERSONAL ACCIDENT COVER: (WORLD <sub>2</sub> WIDE)	NO	
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 Twenty-One Thousand Nine Hundred Fifty-Two Only

"The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office".

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.**

Place : AURANGABAD

Date : 21/12/2023



IRDA-REGNO-556



Attached to and forming part of policy number 182100/48/2024/3629

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.

3.The insured is advised to visit:

i. <https://orientalinsurance.org.in/en/health-products?isSelected=onlineProducts&isRefresh=true>  
for policy terms & conditions and customer Information Sheet.

ii. <https://orientalinsurance.org.in/en/network-hospitals?isSelected=onlineProducts&isRefresh=true>  
for List of Network Hospitals.

#### Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182400/48/2016/2691	11-DEC-15	10-DEC-16	OIC	200000
182400/48/2017/2232	16-DEC-16	15-DEC-17	OIC	200000
182400/48/2015/2570	04-DEC-14	03-DEC-15	OIC	200000
182100/48/2018/4358	19-DEC-17	18-DEC-18	The Oriental Insurance Company Ltd.	300000
182100/48/2019/4397	20-DEC-18	19-DEC-19	The Oriental Insurance Company Ltd.	300000
182100/48/2020/4415	20-DEC-19	19-DEC-20	The Oriental Insurance Company Ltd.	300000
182100/48/2021/6381	22-DEC-20	21-DEC-21	The Oriental Insurance Company Ltd.	300000
182100/48/2022/4148	22-DEC-21	21-DEC-22	The Oriental Insurance Company Ltd.	300000
182100/48/2023/4194	22-DEC-22	21-DEC-23	The Oriental Insurance Company Ltd.	300000

#### Claim History Data

Place : AURANGABAD

Date : 21/12/2023



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Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2018/4358	MR. NAYAN SATISCHANDRA JAIN	182100/48/2019/000762	.00	6,69,23.00
182100/48/2018/4358	MR. NAYAN SATISCHANDRA JAIN	182100/48/2019/000521	.00	

**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 21-DEC-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.

Entered By : LC0000000281

Policy Printed By : OICL

IP :

Policy Printed On : 13-JAN-24 12:09:04

MAC :

Authorised Signatory

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 Rupees

[www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) and through other

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digital platforms including Whatsapp (Send "Hi" to  9560711200)

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Place : AURANGABAD

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