

ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE

IRDA UIN NO.:OICHLIP23084V042223

Policy No. : 182100/48/2024/3712 **Prev. Policy No.** : 182100/48/2023/3866
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 58909772 **Issue Office Code** : 182100
Insured Name : MR. OMPRAKASH G. KEDIA. **Issue Office Name** : BO CHIKAL THANA AURANGABAD
(GSTIN: 0) (GSTIN: 27AAACT0627R4ZW)
Address : A/P. CAMA PLOT, AKOLA. **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
- ABC EAST, BESIDE PROZONE
- MALL,
MIDC AREA, CHIKALTHANA
AKOLA MAHARASHTRA 444001 **Address** : AURANGABAD MAHARASHTRA
431003
Tel./Fax/Email : / / 0 / 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 31/12/2023 TO MIDNIGHT OF 30/12/2024

Collection No. & Dt. : DC_I_IND 8718003695 - 26/12/2023 GST INVOICE NO :2722284421066 UIN :0

Gross Premium : 26,727 Service Tax : 4,810 Stamp Duty : .5 Total : 31,537

Co-insurance Details : Nil

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

Place : AURANGABAD



IRDA-REGNO-556

Date : 26/12/2023

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

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

Page 1 of 3

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 182100/48/2024/3712

Particulars of the Persons covered : Number of persons covered : 2

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	MR. OMPRAKASH G. KEDIA.	M	21/01/1949	74	Self	NA	1,50,000		
2	MRS. KAMLADEVI OMPRAKASH KEDIA	F	08/08/1953	70	Spouse Unemployed	NA	1,50,000		

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
KAMLADEVI OMPRAKASH KEDIA	Spouse Unemployed	69	F
OMPRAKASH G KEDIA	Spouse Employed	73	M

Total Premium in words : Indian Rupees Thirty-One Thousand Five Hundred Thirty-Seven 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 26-DEC-23.

Place : AURANGABAD



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Page 2 of 3

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Attached to and forming part of policy number 182100/48/2024/3712

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
182400/48/2015/2772	31-DEC-14	30-DEC-15	OICL	
182400/48/2016/2790	31-DEC-15	30-DEC-16	The Oriental Insurance Company Ltd.	3,00,000
182400/48/2017/2296	31-DEC-16	30-DEC-17	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2018/4430	31-DEC-17	30-DEC-18	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2019/4405	31-DEC-18	30-DEC-19	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2020/4455	31-DEC-19	30-DEC-20	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2021/6177	31-DEC-20	30-DEC-21	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2022/4192	31-DEC-21	30-DEC-22	The Oriental Insurance Company Ltd.	3,00,000
182100/48/2023/3866	31-DEC-22	30-DEC-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

Entered By : MR RAJENDRA GAIKWAD

Examined By : KANCHUMARTI BHARAT BABU

Authorised Signatory

Place : AURANGABAD



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