

# ORIENTAL SUPER HEALTH TOP UP-FAMILY FLOATER PLAN POLICY SCHEDULE

UIN:OICHLIP453V022021

**Policy No.** : 182100/48/2024/1303 **Prev. Policy No.** : 182100/48/2023/1492  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 133719430 **Issue Office Code** : 182100  
**Insured Name** : AMBRISH KACHRULAL KASAT (GSTIN: 0) **Issue Office Name** : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : MAHESH NAGAR , SAILV TQ. SAILU DIST. PARBHANI **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003  
-  
-  
PARBHANI MAHARASHTRA 431503  
**Tel./Fax/Email** : / / 8668539886 / jitumundle07@gmail.com **Tel./Fax/Email** : 0240-2331985, 2332454 / 0240--2332454 / santosh.k@orientalinsurance.co.in

## Agent/Broker Details

**Dev.Off.Code** : NZ000000777 AGENCY MANAGER  
**Agent/Broker** : BA0000128238 JEETENDRA VIJAYANAND MUNDLE  
**Address** : HOUSE NO 2-12-343, BAHADURA GATE, NEAR AMBEDKAR STATUE, MILL CORNER KOTWALPURA, AURANGABAD, AURANGABAD, MAHARASHTRA, 431001  
**Tel/Fax/Email** : 8668539886//jitumundle@yahoo.in

Period of Insurance : FROM 00:00 ON 05/07/2023 TO MIDNIGHT OF 04/07/2024

Collection No. & Dt. : CC 8718001233 - 04/07/2023 GST INVOICE NO :2722227702 UIN :0

Gross Premium : 4,035 GST 726 Stamp Duty : .5 Total : 4,761

Co-insurance Details : Nil

Whether room rent is Linked to Deductible : YES

## Loadings applied :

Entry Age Loading %	Loading for De-linking of Room Rent With Deductible %
0	0

## Discounts applicable

Family Discount %	Loyalty Discount %	Staff Discount %	Portal Discount %
0	0	0	0

Base Policy details for each insured person :

Insurance Company	Policy No	From Date	To Date	Sum Insured
-------------------	-----------	-----------	---------	-------------

Place : AURANGABAD

Date : 04/07/2023



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

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

Page 1 of 4

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 182100/48/2024/1303

**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  
Telephone No : 022 - 25280280 FAX No. :  
Toll Free No. : 1800222034 Email care@ericsontpa.com

**Plan Type :** FAMILY FLOATER PLAN

**Number of persons covered :** 5

**Particulars of the Persons covered :**

**Sum Insured :** 1000000 **Deductible** 1000000

Sr. No.	Name of The Persons	Gender M/F/TG*	Date of Birth	Completed Age	Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Deductible (INR)
1	SNEHA AMBRISH KASAT	F	30/07/1987	35	Spouse Unemployed			
2	MAHI AMBRISH KASAT	F	05/08/2016	6	Dependant Child			
3	RITI AMBRISH KASAT	F	29/07/2013	9	Dependant Child			
4	MEET AMBRISH KASAT	M	27/09/2019	3	Dependant Child			
5	AMBRISH KACHRULAL KASAT	M	21/03/1987	36	Self			

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
SNEHA AMBRISH KASAT	Spouse Unemployed		F

\*Trans Gender

Total Premium in words : Indian Rupees Four Thousand Seven Hundred Sixty-One Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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 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 : 04/07/2023



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

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

Page 2 of 4

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

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.

3.For complete details please refer to policy condition.

**Policy History Data**

Policy No.	Period From	Period To	Insurer Name	Sum Insured
182100/48/2022/1598	05-JUL-21	04-JUL-22	The Oriental Insurance Company Ltd.	1000000
182100/48/2023/1492	05-JUL-22	04-JUL-23	The Oriental Insurance Company Ltd.	1000000

**Claim History Data**

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

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 thereunder, 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. Exclusive e-mail id for grievance redressal of senior citizens is oichealthservice@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, 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 DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 04-JUL-23.

Place : AURANGABAD

Date : 04/07/2023



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

Entered By : RAJESH ACCEL

Examined By : RAJESH ACCEL

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 04-JUL-23 13:46:58

MAC :

Authorised Signatory

---

Place : AURANGABAD



Date : 04/07/2023



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