



# The Oriental Insurance Company Limited

## PA INDIVIDUAL POLICY SCHEDULE

**Policy No.** : 182100/48/2024/3987 **Prev. Policy No.** : 182100/48/2023/4499  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 47121226 **Issue Office Code** : 182100  
**Insured's Name** : MRS VARSHA MANISH PARAKH (GSTIN: 0) **Issue Office Name** : BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : PLOT NO 32/A N-3 CIDCO AURANGABAD AURANGABAD MAHARASHTRA 431003 **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA 431003  
**Tel. /Fax /Email** : / / 7722082347 / manish7799@gmail.com **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 15/01/2024 TO MIDNIGHT OF 14/01/2025  
**Collection No. & Dt.** : CC 8718003883 - 08/01/2024 **GST INVOICE NO** :2722284453964 **UIN** :0  
**Gross Premium** : 500 **GST** : 90 **Stamp Duty** : 10 **Total** : 590  
**Co-insurance Details** : NIL

### Details of Insured Persons :

Sr. No.	Name	Relationship with Insured	Age	Sex	Section	Sum Insured	Additional Covers
1	MRS VARSHA MANISH PARAKH	Self	47	M	Table of benefits III	200000	
						200000	Medical Expenses Loading25%
					Cumulative Bonus	61750	

### Additional Details of Insured Persons :

Sr. No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %	Assignee Relationship
1	MRS VARSHA MANISH PARAKH	BUSINESS		NORMAL RISK	MANISH	100	Spouse

**Total Sum Insured in words** : Indian Rupees Two Lakhs Twenty-Two Thousand Five Hundred Only  
**Total Premium in words** : Indian Rupees Five Hundred Ninety Only

**Place** : AURANGABAD  
**Date** : 08/01/2024





# The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3987

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's web

## User Defined

Where Loading for Medical Extension cover is 10%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 25% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

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 08TH DAY OF JANUARY 2024.

Entered By : MR RAJENDRA GAIKWAD

Examined By : KANCHUMARTI BHARAT BABU

Policy Printed By : OICL

IP :


Policy Printed On : 21-FEB-24 17:17:44

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

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : AURANGABAD

Date : 08/01/2024



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