



ORIENTAL SUPER HEALTH TOP UP-INDIVIDUAL PLAN POLICY SCHEDULE

UIN :OICHLP18067V011819

Policy No. : 182100/48/2024/3988 **Prev. Policy No.** : 182100/48/2023/4498
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 149159693 **Issue Office Code** : 182100
Insured Name : MANISH PARAKH (GSTIN: 0) **Issue Office Name** : BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW)
Address : 32 A, N-3, CIDCO, NEAR JAIN MANDIR, AURANGABAD **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 11/01/2024 TO MIDNIGHT OF 10/01/2025
Collection No. & Dt. : CC 8718003884 - 08/01/2024 **GST INVOICE NO** :2722284453954 **UIN** :0
Gross Premium : 3,042 **Service Tax** : 548 **Stamp Duty** : .5 **Total** : 3,590

Co-insurance Details : Nil

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

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

Place : AURANGABAD
Date : 08/01/2024





The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3988

Base Policy details for each insured person :

Insurance Company	Policy No	From Date	To Date	Sum Insured
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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
 Toll Free No. : PUNE 411038
 Telephone No : 1800 209 7777, 1800 209 7800 FAX No. :
 Email :

Plan Type : INDIVIDUAL PLAN

Number of persons covered : 1

Particulars of the Persons covered :

Sr. No.	Name of insured person	Sex	Age	Relationship	Date of Birth	Pre-existing disease	Sum Insured (INR)	Deductible
1	MANISH DALICHAND PARAKH	M	52	Self	21/11/1971	DIABETES, ANGIOPLASTY, 182100/48/2021/6904	15,00,000	10,00,000

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
ROMA	Dependant Child	20	F

*Trans Gender

Total Premium in words : Indian Rupees Three Thousand Five Hundred Ninety Only

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: www.orientalinsurance.org.in or on demand from policy issuig office.

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. 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"

Place : AURANGABAD

Date : 08/01/2024



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The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3988

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
182100/48/2022/4458	11-JAN-22	10-JAN-23	The Oriental Insurance Company Ltd.	1500000
182100/48/2023/4498	11-JAN-23	10-JAN-24	The Oriental Insurance Company Ltd.	1500000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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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 oidhealthservice@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 BO CHIKAL THANA AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 08-JAN-24.

Place : AURANGABAD

Date : 08/01/2024



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The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/3988

Entered By : MR RAJENDRA GAIKWAD
Examined By : KANCHUMARTI BHARAT BABU


Policy Printed By : OICL IP :

Policy Printed On : 21-FEB-24 17:35:18 MAC :

Digitally Signed
By
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 and through other digital platforms including Whatsapp(Send "Hi" to  9560711200)

Place : AURANGABAD

Date : 08/01/2024



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