



HAPPY FAMILY FLOATER POLICY-2021 POLICY SCHEDULE

UIN: OICHLIP22010V042223

Policy No. : 182100/48/2024/5143 **Prev. Policy No.** : 182100/48/2023/5481
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 60228343 **Issue Office Code** : 182100
Insured Name : MR.ROHIT O. KEDIA (GSTIN: 0) **Issue Office Name** : BO CHIKAL THANA AURANGABAD
(GSTIN: 27AAACT0627R4ZW)
Address : A/P: CAMA PLOTS STATION ROAD **Address** : OFFICE NO.1 AND 2 [P] 3RD FLOOR,
AKOLA. ABC EAST, BESIDE PROZONE
DIST: AKOLA MALL,
- MIDC AREA, CHIKALTHANA
AKOLA MAHARASHTRA 444001 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 31/03/2024 TO MIDNIGHT OF 30/03/2025

Collection No. & Dt. : DC_I_IND 8718004992 - 26/03/2024 GST INVOICE NO :2722284654785 UIN :0

Gross Premium : 25,420 GST 4576 Stamp Duty : .5 Total : 29,996

Co-insurance Details : Nil

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

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 Toll Free No. : 1800222034
Telephone No : 022 - 25280280 FAX No. :

Number of persons covered : 4 **Plan Type** : GOLD Plan **Sum Insured** : 600000

Particulars of the Persons covered :

Name of The

Place : AURANGABAD

Date : 26/03/2024





Attached to and forming part of policy number 182100/48/2024/5143

Sr. No.	Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	MR.ROHIT O. KEDIA	M	08/08/1975	48	Self	NO		
2	SAU LEENA R. KEDIA	F	24/02/1977	47	Spouse Unemployed	NO		
3	MR. KRISHNA R. KEDIA	M	31/08/1999	24	Dependant Child	NO		
4	MR. DEEPAK R. KEDIA	M	26/10/2004	19	Dependant Child	NO		

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*

Optional Covers

	Yes / No	Remarks/Value
GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	NO	
RESTORATION OF SUM INSURED	NO	
PERSONAL ACCIDENT COVER: (WORLD ₂ 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-Nine Thousand Nine Hundred Ninety-Six 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 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).

Place : AURANGABAD

Date : 26/03/2024



IRDA-REGNO-556



Attached to and forming part of policy number 182100/48/2024/5143

"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"

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
182400/48/2015/3979	29-MAR-15	28-MAR-16	OICL	600000
182400/48/2016/4420	29-MAR-16	28-MAR-17	The Oriental Insurance Company Ltd.	600000
182400/48/2017/3233	29-MAR-17	28-MAR-18	The Oriental Insurance Company Ltd.	600000
182100/48/2018/6112	31-MAR-18	30-MAR-19	The Oriental Insurance Company Ltd.	600000
182100/48/2019/5946	31-MAR-19	30-MAR-20	The Oriental Insurance Company Ltd.	600000
182100/48/2020/6340	31-MAR-20	30-MAR-21	The Oriental Insurance Company Ltd.	600000
182100/48/2021/8564	31-MAR-21	30-MAR-22	The Oriental Insurance Company Ltd.	600000
182100/48/2022/5527	31-MAR-22	30-MAR-23	The Oriental Insurance Company Ltd.	600000
182100/48/2023/5481	31-MAR-23	30-MAR-24	The Oriental Insurance Company Ltd.	600000

Claim History Data

Place : AURANGABAD

Date : 26/03/2024



IRDA-REGNO-556



Attached to and forming part of policy number 182100/48/2024/5143

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182400/48/2015/3979	MR.ROHIT O. KEDIA	182400/48/2016/000599	.00	
182400/48/2015/3979	MR.ROHIT O. KEDIA	182400/48/2016/000642	.00	2,74,98.00
182400/48/2016/4420	MR.ROHIT O. KEDIA	182400/48/2018/000087	.00	58,68.00
182100/48/2018/6112	MR.ROHIT O. KEDIA	182100/48/2019/000287	.00	1,44,45.00
182100/48/2018/6112	MR.ROHIT O. KEDIA	182100/48/2019/000350	.00	1,14,45.00
182100/48/2018/6112	MR.ROHIT O. KEDIA	182100/48/2019/000312	.00	
182100/48/2019/5946	MR.ROHIT O. KEDIA	182100/48/2020/00000414	.00	61,09.00

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. Exclusive e-mail id for grievance redressal of senior citizens is 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, 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 26-MAR-24.

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 : MR RAJENDRA GAIKWAD

Examined By : KANCHUMARTI BHARAT BABU

Policy Printed By : 740225

IP :

Policy Printed On : 27-MAR-24 14:47:12

MAC :

Authorised Signatory

Place : AURANGABAD

Date : 26/03/2024




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Attached to and forming part of policy number 182100/48/2024/5143

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

Place : AURANGABAD

Date : 26/03/2024



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