



# The Oriental Insurance Company Limited

## NAGRIKSURAKSHA INDIVIDUAL POLICY SCHEDULE

**Policy No.** 182000/48/2025/866 **Prev. Policy No.** 182100/48/2024/550  
**Cover Note No** : - **Cover Note Dt** : -  
**Insured's Code** : 130852049 **Issue Office Code** : 182000  
**Insured's Name** : SHYAM PRASAD SHIVJI SAHU (GSTIN: 0) **Issue Office Name** : BO OSMANPURA CIRCLE  
AURANGABAD (GSTIN: 27AAACT0627R4ZW)  
**Address** : Plot no. 145,gut no-48,Jay Gajanan Nagar,Garkheda Parisar,Aurangabad **Address** : OFFICE NO. 3 & 4, 1st FLOOR, SAI SQUARE, OSMANPURA CIRCLE, AURANGABAD 431001  
- -  
AURANGABAD MAHARASHTRA 431001 AURANGABAD MAHARASHTRA 431601  
**Tel /Fax /Email** : / / 9422205626 / sham@jainuineinsurance.co.in **Tel /Fax /Email** :

### 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 12:00 ON 10/05/2024 TO MIDNIGHT OF 09/05/2025

Collection No & Dt : CHQ 8714000899 - 10/05/2024 GST INVOICE NO :272380829 UIN :0

Gross Premium : 338 GST 60 Stamp Duty : 0 Total : 398

Coinsurance Details : NIL

### Particulars of the Persons Covered

| Sr. No. | Name of Person Covered   | Age | Relationship | Occupation | Disabled/Injured/Sick | Sum Insured                   |                             | Cumulative bonus |
|---------|--------------------------|-----|--------------|------------|-----------------------|-------------------------------|-----------------------------|------------------|
|         |                          |     |              |            |                       | Personal Accident Section 80% | Hospitalisation Section 20% |                  |
| 1       | SHYAM PRASAD SHIVJI SAHU | 49  | Self         | OTHERS     |                       | 4,00,000                      | 1,00,000                    | 50,000           |

### Assignee Details

| Sr. No. | Name                     | Assignee Name          | Share % | Relationship    |
|---------|--------------------------|------------------------|---------|-----------------|
| 1       | SHYAM PRASAD SHIVJI SAHU | VIKAS SHYAMPRASAD SAHU | 100     | Dependant Child |

**Total Sum Insured in words : Indian Rupees Five Lakhs Only**

Place : AURANGABAD



IRDA-REGNO-556

Date : 10/05/2024



# The Oriental Insurance Company Limited

Attached to and forming part of policy number **182000/48/2025/866**

0240 - 2332019, 2323364 / /  
182000@orientalinsurance.co.in

Total Premium in words : Indian Rupees Three Hundred Ninety-Eight 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 issuing office.

The policy shall pay for hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient 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).


In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at AURANGABAD on 10TH DAY OF MAY 2024.

Entered By : MR RAJENDRA GAIKWAD

Examined By : MR. AVINASH DESHPANDE

Policy Printed By: 707333 IP:  
Policy Printed On: 10-MAY-24 15:57:52 MAC:

Digitally Signed  
By  
Authorised Signatory

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.  
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 : 10/05/2024



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