



ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) POLICY SCHEDULE

IRDA UIN NO.:OICHLIP23084V042223

Policy No. : 182100/48/2024/4850 Prev. Policy No. : 182100/48/2023/5648

Cover Note No. Cover Note Date

Issue Office Code : 182100 Insured's Code : 54360975

Insured Name MR. SURESH S. KSHATRIYA Issue Office Name : BO CHIKAL THANA AURANGABAD

(GSTIN: 0) (GSTIN: 27AAACT0627R4ZW)

: OFFICE NO.1 AND 2 [P] 3RD FLOOR, : A/P. 31, SUNIT RAMKRUPA Address Address COLONY, NEW

ABC EAST, BESIDE PROZONE

MALL, OSMANPURA AURANGABAD.

MIDC AREA, CHIKALTHANA AURANGABAD MAHARASHTRA

JALGAON MAHARASHTRA 425001 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

: 4th Floor Office No. E-5, Aurangabad Business Centre, Kesarsingpura **Address**

Adalat,,AURANGABAD MAHARASHTRA -431001,AURANGABAD,MAHARASHTRA,431001

Tel/Fax/Email : 02572225747/8888841491//

Period of Insurance : FROM 00:00 ON 29/03/2024 TO MIDNIGHT OF 28/03/2025

Collection No. & Dt. : CHQ 8718004648 - 04/03/2024 GST INVOICE NO:2722284590477 UIN:0

Gross Premium 32,005 Service Tax: 5,760 Stamp Duty: Total: 37,765

Co-insurance Details : Nil

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

TPA Details:

TPA ID YA000000370

TPA Name Ericson Insurance TPA Pvt. Ltd.

4th Floor, New Vijay Cinema Building S.T.Road, Chembur Mumbai - 400 071 (MH) Address

> MUMBAI 400071 Toll Free No. : 1800222034

Telephone No 022 - 25280280 FAX No.

Particulars of the Persons covered: Number of persons covered :

Place: AURANGABA Date: 04/03/2024



Page 1 of 4



The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/4850

| Sr. No. | Name of The Persons | Gender | Date of Birth | Age | Relationship With Proposer | Pre-Existing Diseases | Sum Insured (INR) | Co-Pay (%) | PA Capital Sum Insured (INR) |
|------------|------------------------------------|--------|------------------|-----|----------------------------------|--------------------------|----------------------|---------------|---------------------------------|
| 1 | MR. SURESH S. KSHATRIYA | М | 19/06/1947 | 76 | Self | NO | 2,00,000 | | |
| 2 | MRS. SUNILA SURESH KSHATRIYA | F | 21/11/1955 | 68 | Spouse Unemployed | NO | 2,00,000 | | |

Nominee Details

| Name Of the Nominee | Relationship With the Insured | Age Of the Nomines | M/F/TG* |
|------------------------|-------------------------------|----------------------|-----------------|
| Total Premium in words | : Indian Rupees Thirty-Seven | Thousand Seven Hundr | ed Sixty-Five (|

The insurance under this policy is extended to cover risks of: Domiciliary Hospitalisation Cover, Daily cash allowance.

Deductible: Nil

The insurance under this policy is subject to conditions, clauses, warranties, exclusion which are available on Company website: www.orientalinsurance.org.in or on demand from 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 operaing 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).

"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"

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 04-MAR-24.

Place: AURANGABAD
Date: 04/03/2024



Page 2 of 4



The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/4850

- 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 |
|---------------------|-------------|-----------|-------------------------------------|-------------|
| 182400/48/2016/4541 | 28-MAR-16 | 27-MAR-17 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182400/48/2017/3369 | 29-MAR-17 | 28-MAR-18 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2018/5887 | 29-MAR-18 | 28-MAR-19 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2019/6194 | 29-MAR-19 | 28-MAR-20 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2020/6252 | 29-MAR-20 | 28-MAR-21 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2021/8534 | 29-MAR-21 | 28-MAR-22 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2022/5803 | 29-MAR-22 | 28-MAR-23 | The Oriental Insurance Company Ltd. | 4,00,000 |
| 182100/48/2023/5648 | 29-MAR-23 | 28-MAR-24 | The Oriental Insurance Company Ltd. | 4,00,000 |

Claim History Data

| Policy no. | Claimant Name | Claim No. | Claim OS | Claim Paid |
|---------------------|----------------------------|-------------------------|----------|------------|
| 182100/48/2023/5648 | MR. SURESH S. KSHATRIYA | 182100/48/2024/00000588 | 1,54,968 | |

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office REGIONAL OFFICE,4TH FLOOR,S.K.TOWERS,NELSON SQUARE,CHHINDWARA ROAD. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Place: AURANGABAD
Date: 04/03/2024



Page 3 of 4



The Oriental Insurance Company Limited

Attached to and forming part of policy number 182100/48/2024/4850

Entered By MR RAJENDRA GAIKWAD Examined By: KIRAN OMPARKASH PURI

Digitally Signed Ву

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: AURANGABAG Date: 04/03/2024



Page 4 of 4