



**द ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड**  
(भारत सरकार का उपक्रम आई. आर. डी. ए. रजि. क्र. 556)



**THE ORIENTAL INSURANCE COMPANY LTD.**  
(Govt. of India Undertaking I.R.D. Regd. No. 556)

This Document is Digitally Signed

Signer: SUNITA TULI NAGPAL  
Date: 27/07/2023 15:05:13 IST  
Location: NOIDA  
Reason: Signing Policy OICL

**HAPPY FAMILY FLOATER POLICY-2021 POLICY SCHEDULE**

UIN: OICHLIP22010V042223

<b>Policy No.</b> : 182100/48/2024/1652	<b>Prev. Policy No.</b> : 182100/48/2023/1803
<b>Cover Note No.</b> : -	<b>Cover Note Date</b> : -
<b>Insured's Code</b> : 50024949	<b>Issue Office Code</b> : 182100
<b>Insured Name</b> : CHAMPAKLAL H. VOHERA (GSTIN: 0)	<b>Issue Office Name</b> : DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW)
<b>Address</b> : 201, TILAKMUDRA FLATS, NR.MEDI SURJ HOSPITAL, MITHAKHALI, AHMEDABAD	<b>Address</b> : OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA, AURANGABAD MAHARASHTRA 431003
<b>Tel./Fax/Email</b> : 9825066245 / / 9825066245 / uniwecare@gmail.com	<b>Tel./Fax/Email</b> : 0240-2331985, 2332454 / 0240-2332454 / santosh.k@orientalinsurance.co.in



**CONSOLIDATED STAMP DUTY PAID VIDE  
GOVERNMENT NOTIFICATION No.  
MUDRANK - 2004/CRM1 DT:31/12/2004  
NO SEPARATE STAMPS REQUIRED  
KIDE GRNMH012245064202122M  
Dt:27/07/2022**

**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, Kesarsingpur Adalat,,AURANGABAD MAHARASHTRA -431001,AURANGABAD,MAHARASHTRA,431001  
**Tel/Fax/Email** : 02572225747/8888841491//

**"Claims Intimated/reported/ lodged under this Policy On or after 17.10.2022 shall be dealt by the following Office :-  
The Oriental Insurance Company Ltd.,SVC Aurangabad OFFICE NO.1 AND 2 [P] 3RD FLOOR, ABC EAST, BESIDE PROZONE MALL, MIDC AREA, CHIKALTHANA, AURANGABAD-431003 PHONE:0240-2332454**

**Period of Insurance** : FROM 00:00 ON 27/07/2023 TO MIDNIGHT OF 26/07/2024  
**Collection No. & Dt.** : CHQ 8718001609 - 27/07/2023 **GST INVOICE NO** :2722294544  
**Gross Premium** : 40,955 GST **7372 Stamp Duty** : .5 **Total** : 48,327  
**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** : 2 **Plan Type** GOLD Plan **Sum Insured** : 600000

**Particulars of the Persons covered :**

**Place** : AURANGABAD  
**Date** : 27/07/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

**पंजीकृत एवं मुख्य कार्यालय:** ओरिएण्टल हाऊस, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002 **कृपया समस्त पत्राचार पॉलीसी जारीकर्ता कार्यालय से करें।**  
**Regd. Head Office:** Oriental House, A-25/27, Asaf Ali Road, New Delhi-110 002 **Address all communications to Policy Issuing Office**  
अन्य जानकारी के लिए कृपया संपर्क करें/For any information Please Call : टोल फ्री नं./Toll Free No. 1800118485 **नॉन टोल फ्री नं./Non Toll Free No. 011-33208485**  
**वेब साइट / Website:** www.orientalinsurance.org.in **सी.आई.एन. नं./ CIN** U66010DL1947GOI007158



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Signer: SUNITA TULI NAGPAL  
Date: Thu Jul 27 2023 15:05:13 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 182100/48/2023-1552

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	CHAMPAKLAL H. VOHERA	M	11/11/1959	63	Self		0	
2	MINAXIBEN C. VOHERA	F	01/06/1963	60	Spouse Unemployed		0	

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
MINAXIBEN	REL_03	59	F

**Optional Covers**

	Yes / No	Remarks/Value
GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	NO	
RESTORATION OF SUM INSURED	NO	
PERSONAL ACCIDENT COVER: (WORLD & 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 Forty-Eight Thousand Three Hundred Twenty-Seven Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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).

**"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 : 27/07/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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Authorised Signatory

पंजीकृत एवं मुख्य कार्यालय: ओरिएण्टल हाऊस, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002 ■ कृपया समस्त पत्राचार पॉलीसी जारी कर्ता कार्यालय से करें।  
Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110 002 ■ Address all communications to Policy Issuing Office  
अन्य जानकारी के लिए कृपया संपर्क करें/For any information Please Call : टोल फ्री नं./Toll Free No. 1800118485 ■ नॉन टोल फ्री नं./Non Toll Free No. 011-33208485  
■ वेब साइट / Website: www.orientalinsurance.org.in ■ सी.आई.एन. नं./ CIN U66010DL1947GO1007158



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(Govt. of India Undertaking I.R. D. A. Regd. No. 556)

Signer: SUNITA TULI NAGPAL  
Date: 27/07/2023 10:51:16  
Location: NOIDA  
Reason: Signing Policy 401CL

Attached to and forming part of policy number 182100/48/2022/1852

- 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.

**Policy History Data**

Policy No.	Period From	Period To	Insurer Name	Sum Insured
141601/48/2013/1525	04-JUL-12	03-JUL-13	The Oriental Insurance Company Ltd.	600000
141601/48/2014/1837	04-JUL-13	03-JUL-14	The Oriental Insurance Company Ltd.	600000
141601/48/2015/1955	04-JUL-14	03-JUL-15	The Oriental Insurance Company Ltd.	600000
141601/48/2016/1936	04-JUL-15	03-JUL-16	The Oriental Insurance Company Ltd.	600000
141601/48/2017/1350	04-JUL-16	03-JUL-17	The Oriental Insurance Company Ltd.	600000
141601/48/2018/1228	04-JUL-17	03-JUL-18	The Oriental Insurance Company Ltd.	600000
141601/48/2019/1264	04-JUL-18	03-JUL-19	The Oriental Insurance Company Ltd.	600000
141601/48/2020/1180	04-JUL-19	03-JUL-20	The Oriental Insurance Company Ltd.	600000
141601/48/2021/1105	04-JUL-20	03-JUL-21	The Oriental Insurance Company Ltd.	600000
182100/48/2022/1989	27-JUL-21	26-JUL-22	The Oriental Insurance Company Ltd.	600000
182100/48/2023/1803	27-JUL-22	26-JUL-23	The Oriental Insurance Company Ltd.	600000

**Claim History Data**

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
182100/48/2022/1989	CHAMPAKLAL H.	182100/48/2022/00001138	.00	11778

Place : AURANGABAD  
Date : 27/07/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

पंजीकृत एवं मुख्य कार्यालय: ओरिएण्टल हाऊस, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002 ■ कृपया समस्त पत्राचार पॉलीसी जारी कर्ता कार्यालय से करें।  
Regd. Office: U66010DL1947GOI007158. All the amounts mentioned in this policy are in Indian Rupees. ■ Address all communications to Policy Issuing Office  
अन्य जानकारी के लिए कृपया संपर्क करें/For any information Please Call : टोल फ्री नं./Toll Free No. 1800118485 ■ नॉन टोल फ्री नं./Non Toll Free No. 011-33208485  
■ वेब साइट / Website: www.orientalinsurance.org.in ■ सी.आई.एन. नं./ CIN U66010DL1947GOI007158



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Signer: SUNITA TULI NAGPAL  
Date: Jul 27, 2023 15:05:13 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 182100/48/2022/1552

182100/48/2022/1989	VOHERA CHAMPAKLAL H. VOHERA	182100/48/2022/00000863	.00	442885
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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 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 oiclhealthservice@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 DO II AURANGABAD (GSTIN: 27AAACT0627R4ZW) on 27-JUL-23.

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 : KANCHUMARTI BHARAT BABU

Examined By : KANCHUMARTI BHARAT BABU

Policy Printed By : 702951

Policy Printed On : 27-JUL-23 15:05:07

IP :

MAC :

For and on behalf of  
The Oriental Insurance Company Limited

Authorised Signatory

Place : AURANGABAD

Date : 27/07/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll

Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

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■ वेब साइट / Website: www.orientalinsurance.org.in ■ सी.आई.एन. नं./ CIN U66010DL1947GO1007158

The Oriental Insurance Company Ltd.  
 DO-2 AURANGABAD OFFICE NO.1 AND 2 [P] 3RD FLOOR,, ABC EAST, BESIDE PROZONE MALL,, MIDC AREA,  
 CHIKALTHANA , AURANGABAD , 431003  
 GST NO : 27AAACT0627R4ZW

**RECEIPT**

Bank Code : 9100(C-182100-01)  
 Posted Doc No. : 8718001609  
 Posted Doc Dt. : 27/07/2023

182100 - DO II AURANGABAD  
 51-01/8718001609  
 27/07/2023 15:04

CHAMPAKLAL H. VOHERA  
 Indian Rupees Forty-Eight Thousand Three Hundred Twenty-Seven Only

Received with thanks From Sh./Smt./ M/s.

The Sum of

Towards the following : Premium collections

SI No.	Dept. Code	Policy No.	Policy End/Ren/Dec/ Status	Claim No.	Policy Source Code	Amount Collected	C/D GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt./CC Exp. Dt.
1	48	2024/1652	New Policy		LC00000 00281	48,327.00	C	5083	AA000000000001	CHQ	Kotak Mahindra AD Bank(KMB)	AHMEDAB 003914	24/07/2023
<b>Total</b>						<b>48,327.00</b>							

**GST**

GST NO Of Insured : Rs. 7372  
 Policy Type / Zone : 0  
 HAPPY FAMILY FLOATER POLICY-2021

FOR THE



Cashier / Authorised Signatory

**48,327.00**

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque