



## The Oriental Insurance Company Limited

### HAPPY FAMILY FLOATER POLICY-2024 POLICY SCHEDULE

OICHLIP25046V062425

<b>Policy No.</b>	: 171600/48/2026/5787	<b>Prev. Policy No.</b>	: 171600/48/2025/6028
<b>Cover Note No.</b>	: -	<b>Cover Note Date</b>	: -
<b>Insured's Code</b>	: 68221143	<b>Issue Office Code</b>	: 171600
<b>Insured Name</b>	: CHANDRESH KANUBHAI VEKARIYA (GSTIN: 0)	<b>Issue Office Name</b>	: BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4)
<b>Address</b>	: 78, SHANTINIKETAN SOCIETY, B/H MATRUSHAKTI SOCIETY, PUNAGAM,SURAT SURAT GUJARAT 395010	<b>Address</b>	: 3RD FLOOR, BOYCE BUILDING OPP. T & TV HIGH SCHOOL, TIMALIYAWAD, NANPURA SURAT SURAT GUJARAT 395003
<b>Tel./Fax/Email</b>	: 8735015422 / / 8735015422 / NA	<b>Tel./Fax/Email</b>	: 0261-2472321/2472271/2471277 / 0261-2471277 / 171600@orientalinsurance.co.in

#### Agent/Broker Details

**Dev.Off.Code** : NA0000004056 DIRECT  
**Agent/Broker** : BA0000143118 RINAL M KUMBHANI  
**Address** : 4, DHANLAXMI SOCIETY, NEAR ASHADEEP SCHOOL,,NANA VARACHHA, SIMADA  
NAKA,,SURAT,SURAT,GUJARAT,395006  
**Tel/Fax/Email** : 9825275044//hiteshitaliya1@gmail.com

Period of Insurance : FROM 00:00 ON 15/07/2025 TO MIDNIGHT OF 14/07/2026

Collection No. & Dt. : CC 3226006070 - 14/07/2025 GST INVOICE NO :2424267878 UIN :0

Gross Premium : 25,932 GST 4,668 Stamp Duty : .5 Total : 30,600

Co-insurance Details : Nil

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

#### TPA Details :

TPA ID : YA0000000347  
TPA Name : PARAMOUNT HEALTH SERVICES & INSURANCE TPA  
Address : PRIVATE LIMITED  
A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE, THANE WEST, 400 604.  
Telephone No : THANE 400604 Toll Free No. : 1800-22-6655  
022-66444600 TOLL FREE: FAX No. : 022-66444754-755  
1800-22-6655

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Number of persons covered : 3 Plan Type : SILVER Plan Sum Insured : 200000

Particulars of the Persons covered :

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	CHANDRESH KANUBHAI VEKARIYA	M	10/02/1986	39	Self		10	
2	KANUBHAI VEKARIYA	M	01/01/1959	66	Dependant Parents		10	
3	CHAMPABEN VEKARIYA	F	01/06/1965	60	Dependant Parents		10	

## Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
SHITALBEN VEKARIYA	REL_03		F

## Optional Covers

	Yes / No	Remarks/Value
GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	NO	
RESTORATION OF SUM INSURED	NO	
PERSONAL ACCIDENT COVER: (WORLD <sub>2</sub> 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 Thirty Thousand Six Hundred Only

"The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website [www.orientalinsurance.org.in](http://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).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals.

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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
171600/48/2016/7338	15-JUL-15	14-JUL-16	The Oriental Insurance Company Ltd.	200000
171600/48/2017/7709	15-JUL-16	14-JUL-17	The Oriental Insurance Company Ltd.	200000
171600/48/2018/6898	15-JUL-17	14-JUL-18	The Oriental Insurance Company Ltd.	200000
171600/48/2019/7051	15-JUL-18	14-JUL-19	The Oriental Insurance Company Ltd.	200000
171600/48/2020/6456	15-JUL-19	14-JUL-20	The Oriental Insurance Company Ltd.	200000
171600/48/2021/5126	15-JUL-20	14-JUL-21	The Oriental Insurance Company Ltd.	200000
171600/48/2022/5218	15-JUL-21	14-JUL-22	The Oriental Insurance Company Ltd.	200000
171600/48/2023/4768	15-JUL-22	14-JUL-23	The Oriental Insurance Company Ltd.	200000
171600/48/2024/4571	15-JUL-23	14-JUL-24	The Oriental Insurance Company Ltd.	200000
171600/48/2025/6028	15-JUL-24	14-JUL-25	The Oriental Insurance Company Ltd.	200000

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## The Oriental Insurance Company Limited

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Claim History Data	Claimant Name	Claim No.	Claim OS	Claim Paid
Policy no.				
171600/48/2018/6898	CHANDRESH KANUBHAI VEKARIYA	171600/48/2018/010533	0	17,003
171600/48/2018/6898	CHANDRESH KANUBHAI VEKARIYA	171600/48/2018/005620	0	8,749
171600/48/2018/6898	CHANDRESH KANUBHAI VEKARIYA	171600/48/2019/000297	0	4,921
171600/48/2018/6898	CHANDRESH KANUBHAI VEKARIYA	171600/48/2018/008869	0	
171600/48/2018/6898	CHANDRESH KANUBHAI VEKARIYA	171600/48/2018/006378	0	2,029
171600/48/2019/7051	CHANDRESH KANUBHAI VEKARIYA	171600/48/2019/007155	0	9,211
171600/48/2019/7051	CHANDRESH KANUBHAI VEKARIYA	171600/48/2020/000361	0	17,873
171600/48/2019/7051	CHANDRESH KANUBHAI VEKARIYA	171600/48/2020/002547	0	21,600
171600/48/2020/6456	CHANDRESH KANUBHAI VEKARIYA	171600/48/2020/00009192	0	16,164
171600/48/2022/5218	CHANDRESH KANUBHAI VEKARIYA	171600/48/2022/00007186	0	1,73,061
171600/48/2022/5218	CHANDRESH KANUBHAI VEKARIYA	171600/48/2022/00008779	0	6,281
171600/48/2024/4571	CHANDRESH KANUBHAI VEKARIYA	171600/48/2024/00003753	0	32,572
171600/48/2024/4571	CHANDRESH KANUBHAI VEKARIYA	171600/48/2024/00009250	0	2,970
171600/48/2024/4571	CHANDRESH KANUBHAI VEKARIYA	171600/48/2024/00004965	0	77,805
171600/48/2024/4571	CHANDRESH KANUBHAI VEKARIYA	171600/48/2024/00006465	0	6,839
171600/48/2025/6028	CHANDRESH KANUBHAI VEKARIYA	171600/48/2026/00002352	24,759	
171600/48/2025/6028	CHANDRESH KANUBHAI VEKARIYA	171600/48/2025/00004188	0	20,007

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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](mailto:csd@orientalinsurance.co.in). Exclusive e-mail id for grievance redressal of senior citizens is [oihealthservice@orientalinsurance.co.in](mailto: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](http://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 NANPURA SURAT (GSTIN: 24AAACT0627R2Z4) on 14-JUL-25.

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 : BA0000143118

Policy Printed By : PRTL

IP :

Policy Printed On : 14-JUL-25 10:55:34


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](http://www.orientalinsurance.org.in) and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

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# The Oriental Insurance Company Limited

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## Customer Information Sheet

Description is illustrative and not exhaustive

S.NO	Title	Description	Refer to Policy Clause No.
1	Product Name	Happy Family Floater Policy - 2024	
2	Policy No	171600/48/2026/5787	
3	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4	Sum Insured (Basis ) Along with Amount	<b>Family Floater Basis:</b> *4 Plans-Silver, Gold , Diamond & Platinum-Sum Insured Hospital admission longer than 24 hours (SI) Rs.1 lac to Rs.50 lacs *SILVER PLAN : Rs.1, 2,3,4 & 5 lakh *GOLD PLAN: Rs.6,7,8,9 & 10 lakh *DIAMOND PLAN: Rs.12, 15, 18 and 20 lacs PLATINUM PLAN: Rs.,25,30, 40 and 50 lacs	3.1
5	Policy Coverage (what the Policy covers	*Related medical expenses incurred 30 days prior to hospitalization&.60 days from date of discharge. *Specified / Listed procedures requiring less than24 hours hospitalization (daycare) *Cover for 11 critical illnesses on benefit basis. *Donor Expenses when Insured is the Recipient *Organ Donor Benefit when Insured is the Donor *Medical Second Opinion on reimbursement basis *New born Baby cover. *Restoration of SI under 2 options-50% %. *Ayurveda, Siddha, Unani and Homeopathic treatment. *Optional Covers-Restoration of SI, Personal Accident, Life Hardship Survival benefit Extension of policy covering SAARC Countries.	3.1,3.2
6	Exclusions (what the policy does not cover )	i.Any disease / illness any condition arising there from other thanthose specifically covered in the policy. ii.Pre-existing diseases. iii.Any hospital admission primarily for investigation/diagnosticpurpose. iv.Sex change surgery, cosmetic surgery& plastic surgery. v.Infertility treatments. vi.Obesity and weight control. vii.Change of Gender treatments. viii.Excluded providers. ix.Hazardous or Adventure Sport.	4

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		<p>x.Refractive error, cosmetic dental surgeries.  xi.Unproven Treatments.  xii.Substance abuse, self-inflicted injuries.  xiii.Breach of law.  xiv.Treatments received in health hydroçs, nature cure clinics, spas or similar establishments.  xv.Dietary supplements and substances that can be purchased without prescription.  Any kind of admission fees, registration fees levied by the hospital.  (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	
7	<p><b>Waiting period</b></p> <p>-Time period during which specified diseases/treatments are not covered</p> <p>-It is counted from the beginning of the policy coverage</p>	<p>1.Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)  2.Specific waiting periods:  24 months for named diseases (clauses aa to bb)  3.Pre-existing diseases: Covered after 36 months</p>	<p>4.1  4.2  4.3</p>
8	<p><b>Financial Limit of Coverage .</b>  I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit )</p>	<p>*Upto sum insured.  <b>A. HOSPITALISATION BENEFITS</b>  *Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home: 1 % of the Sum Insured per day  *Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home.*: 2% of the Sum Insured per day.  *Daily Hospital Cash Allowance benefit of 0.1% of SI per day, max 10 days per illness limited to 1.5% of SI in a policy period-Gold, Diamond &amp; Platinum Plan.  *Attendant Allowance- Rs.500 &amp; Rs.1000 &amp; Rs 1500 per day of hospitalization, in Gold Plan &amp; Diamond Plan &amp; Platinum Plan respectively, max 10 days per illness, limited to 15 days in a policy period- in respect of insured persons above the age of 90 days to 10 years.  *Ambulance Charges-Rs 1000 to Rs.5000 per illness, limited to Rs.3000-Rs.15000 per policy period.  *Maternity Expenses cover up to 2.5% of SI, in Diamond Plan &amp; Platinum Plan.  *<b>Air Ambulance Cover in Platinum Plan:</b> Maximum upto 5% of the SI for medical emergency cases only.  <b>B.DOMICILIARY HOSPITALISATION BENEFITS</b>  i.10% of Sum Insured, Maximum Rs.25000/- during the Policy Period in SILVER PLAN AND maximum Rs.50,000 per Insured Person, during the entire policy period for other plans.</p>	<p>3.1,  3.2    3.1.3</p>

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	<p>ii)Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>Deductible (it is a specified amount : Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount) iv) any other limit (as applicable )</p>	<p><b>ii.Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.):</b> Maximum Rs.5,000/- actually incurred on immunization injections in any one Policy Period.</p> <p>Compulsory co-payment of 10% of each &amp; every claim in SILVER PLAN ONLY.</p>	
9	<b>Claims/ claim Procedure</b>	<p>For Cashless Service: Hospital Network Details are available at <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a></p> <p>For reimbursement of Claim: Policy issuing Office /TPA *Cashless services for covered expenses in Network hospitals *Reimbursement of Admissible expenses Web link for following : 1.Network Hospital Details: <a href="https://www.orientalinsurance.org.in/network-hospitals">https://www.orientalinsurance.org.in/network-hospitals</a> 2.Help Line Number: Toll free : 1800118485/011-33208485 3.Hospitals which are blacklisted or from where no claims will be accepted by insurer. <a href="https://www.orientalinsurance.org.in/network-hospitals">https://www.orientalinsurance.org.in/network-hospitals</a> 4.Download/getting claim form <a href="https://www.orientalinsurance.org.in/policies-related-document">https://www.orientalinsurance.org.in/policies-related-document</a></p>	5.22
10	<b>Policy servicing</b>	<p>1.Company officials : Website: <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a> 2.Toll free: 1800118485 Or 011-33208485 3.Policy issuing office</p>	
11	<b>Grievances/ Complaints</b>	<p>*<a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a> E-mail: <a href="mailto:csd@orientalinsurance.co.in">csd@orientalinsurance.co.in</a> *IRDAI Integrated Grievance Management System <a href="https://igms.irda.gov.in">https://igms.irda.gov.in</a> *Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document. Ombudsman website: <a href="http://ecoi.co.in/ombudsman.html">http://ecoi.co.in/ombudsman.html</a></p>	

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12	Things to remember	<p><b>a. Free Look period</b> of 30 days from the date of receipt of the policy shall be applicable at the inception</p> <p><b>B. Renewable Conditions</b></p> <p>*Grace period of 30 days</p> <p>*Policy is ordinarily renewable</p> <p>Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c.Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d.Right to port the policy from one company to another company &amp; www.orientalinsurance.co.in</p> <p>e.Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>f. Insurer to specify the norms on TAT &amp; Please refer to clause 9 of the CIS of policy document.</p> <p><b>Moratorium Period:</b> After Completion of five continuous years under the policy no look back to be applied. This period of five year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract.</p>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of Material Information during the policy period such as change in occupation.</p>	

## Declaration by the Policy Holder,

I have read the above and confirm having noted the details

Place

Date

(Signature of the Policyholder)

## Note

i.Web-link where the product related documents including the Customer Information sheet are available:

<https://orientalinsurance.org.in/policies-related-document>

i.In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

ii.Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.

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