



The Oriental Insurance Company Limited

HAPPY FAMILY FLOATER POLICY 2024 POLICY SCHEDULE

UIN: OICHLIP25046V062425

Policy No.	: 171600/48/2026/PRTL/149056	Prev. Policy No.	: -
Cover Note No.	: -	Cover Note Date	: -
Insured Code	: PR3858056715	Issue Office Code	: 171600
Insured Name	: PARSHOTTAMBHAI MAGANBHAI JIYANI(GSTIN:)	Issue Office Name	: 171600 : BO NANPURA SURAT(GSTIN: 24AAACT0627R2Z4)
Address	: 14, DAYARAM NAGAR, PUNAGAM-SAROLI ROAD, PUNAGAMPOST-BOMBAY MARKET, SURAT.	Address	: 3RD FLOOR, BOYCE BUILDING OPP. T & TV HIGH SCHOOL, TIMALIYAWAD, NANPURA SURAT
Tel./Fax/Email	: 7434994434//hiteshitaliya1@gmail.com	Tel./Fax/Email	: 02612472321/2472271/2471277 / 0261-2471277 / 171600@orientalinsurance.co.in

Agent/Broker Details

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



Period of Insurance : FROM 13:37 ON 07-02-2026 TO MIDNIGHT OF 06-02-2027

Collection No. & Dt. : CC 07-02-2026 UIN : OICHLIP25046V062425

Gross Premium : 26504.0 GST : 0.0 Stamp Duty : 0.50 Net Premium : 26504.0

Co-Insurance Details : Nil

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

TPA Details :

TPA ID	: YA0000000347
TPA Name	: PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED
Address	: A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE, THANE WEST, 400 604.
Telephone No.	: 7710067742 Fax No. : 022-66444754 & 755
Email	: oic.retail@paramounttpa.com

Place : SURAT
Date : 07-02-2026



IRDA-REGNO-556

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 Rupee

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Attached to and forming part of policy number 171600/48/2026/PRTL/149056

Number of persons covered :	2	Plan Type :	SILVER PLAN	Total Sum Insured :	5,00,000
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Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	PA Capital Sum Insured (INR)
1	PARSHOTTAMBHAI MAGANBHAI JIYANI	M	05-06-1969	56	Self	No	
2	DAXABEN PARSHOTTAMBHAI JIYANI	F	22-08-1980	45	Spouse	No	

Nominee Details

Name	Relationship With the Insured	Age	Gender
DAXABEN PARSHOTTAMBHAI JIYANI	SPOUSE	45	Female

Optional Covers

	Yes/No	Remarks/Value
PERSONAL ACCIDENT COVER: (WORLD WIDE)	No	
REMOVAL OF CO-PAYMENT	Yes	
RESTORATION OF SUM INSURED	No	
LIFE HARDSHIP SURVIVAL BENEFIT PLAN	No	
WAIVER OF PROPORTIONATE DEDUCTION CLAUSE	No	

Total Premium in words : Indian Rupees Twenty Six Thousand Five Hundred Four 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 ab initio (from inception).

Place : SURAT
Date : 07-02-2026



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"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 conditions.

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
-	-	-	-	-

Claim History Data

Policy No.	Claimant Name	Claimant No.	Claim OS	Claim Paid
-	-	-	-	-

Place : SURAT
Date : 07-02-2026



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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 thereunder, 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 MEZZANINE FLOOR, A.G. CHAMBERS, UNIVERSITY ROAD, FATEHGUNJ, VADODARA , VADADORA. 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 <https://bimabharosa.irdai.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 171600 : BO NANPURA SURAT(GSTIN:24AAACT0627R2Z4) on 07-02-2026.

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

Examined By : BA0000143118

Digitally Signed

By Authorised Signatory

Place : SURAT
Date : 07-02-2026



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