



The Oriental Insurance Company Limited

HAPPY FAMILY FLOATER POLICY-2024 POLICY SCHEDULE

OICHLIP25046V062425

Policy No.	: 171600/48/2025/17911	Prev. Policy No.	: 171600/48/2024/15516
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 65677390	Issue Office Code	: 171600
Insured Name	: RAVINDRA H. KORAT (GSTIN: 0)	Issue Office Name	: BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4)
Address	: A-402, SHIVALIK HEIGHTS, MOTA VARACHHA, SURAT - - SURAT GUJARAT 394101	Address	: 3RD FLOOR, BOYCE BUILDING OPP. T & TV HIGH SCHOOL, TIMALIYAWAD, NANPURA SURAT SURAT GUJARAT 395003
Tel./Fax/Email	: 0 / / 9879507116 / NA	Tel./Fax/Email	: 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 11/02/2025 TO MIDNIGHT OF 10/02/2026

Collection No. & Dt. : DU A/C AA0000000001 GST INVOICE NO :2423466047 UIN :0

Gross Premium : 49,564 GST 8922 Stamp Duty : .5 Total : 58,486

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

Number of persons covered : 6

Plan Type : SILVER Plan

Sum Insured : 500000

Place : SURAT

Date : 05/02/2025



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 171600/48/2025/17911

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	RAVINDRA H. KORAT	M	18/10/1982	42	Self		10	0
2	RESHMA	F	23/02/1981	43	Spouse Unemployed		10	0
3	DHYEY	M	30/04/2013	11	Dependant Child		10	0
4	KAVYA	F	08/05/2011	13	Dependant Child		10	0
5	HIMMATBHAI	M	29/07/1959	65	Dependant Parents		10	0
6	MANJULABEN	F	15/11/1963	61	Dependant Parents		10	0

Nominee Details

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

Optional Covers

GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES	Yes / No	Remarks/Value
RESTORATION OF SUM INSURED	NO	
PERSONAL ACCIDENT COVER: (WORLD & WIDE)	NO	
LIFE HARSHIP SURVIVAL BENEFIT PLAN	NO	
WAIVER OF PROPORTIONATE DEDUCTION CLAUSE	NO	
WAIVER OF 10 % CO-PAY	NO	
		NO

Total Premium in words : Indian Rupees Fifty-Eight Thousand Four Hundred Eighty-Six Only

"The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website www.orientalininsurance.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

Place : SURAT

Date : 05/02/2025



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 171600/48/2025/17911

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).

"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 condition.

3.The insured is advised to visit:

**i. <https://orientalininsurance.org.in/en/health-products?isSelected=onlineProducts&isRefresh=true>
for policy terms & conditions and customer Information Sheet.**

**ii. <https://orientalininsurance.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
171600/48/2015/19164	11-FEB-15	10-FEB-16	The Oriental Insurance Company Ltd.	700000
171600/48/2016/22673	11-FEB-16	10-FEB-17	The Oriental Insurance Company Ltd.	700000
171600/48/2017/22896	11-FEB-17	10-FEB-18	The Oriental Insurance Company Ltd.	500000
171600/48/2018/23032	11-FEB-18	10-FEB-19	The Oriental Insurance Company Ltd.	500000
171600/48/2019/21401	11-FEB-19	10-FEB-20	The Oriental Insurance Company Ltd.	500000
171600/48/2020/18595	11-FEB-20	10-FEB-21	The Oriental Insurance Company Ltd.	500000
171600/48/2021/20420	11-FEB-21	10-FEB-22	The Oriental Insurance Company Ltd.	500000
171600/48/2022/15350	11-FEB-22	10-FEB-23	The Oriental Insurance Company Ltd.	500000

Place : SURAT

Date : 05/02/2025



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 171600/48/2025/17911

171600/48/2023/14167	11-FEB-23	10-FEB-24	The Oriental Insurance Company Ltd.	500000
171600/48/2024/15516	11-FEB-24	10-FEB-25	The Oriental Insurance Company Ltd.	500000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
171600/48/2016/22673	RAVINDRA H. KORAT	171600/48/2017/003499	.00	12,13,27.00
171600/48/2022/15350	RAVINDRA H. KORAT	171600/48/2023/00005507	.00	32,16,94.00

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 BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4) on 05-FEB-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 : 05-FEB-25 11:08:06

MAC :

Authorised Signatory

Place : SURAT

Date : 05/02/2025



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 171600/48/2025/17911

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

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

Place : SURAT
Date : 05/02/2025



IRDA-REGNO-556