



Oriental Happy Cash - Nishchint Rahein! POLICY SCHEDULE

UIN : OICHLIP25040V032425

Policy No. : 171600/48/2026/16676 **Prev. Policy No.** : 171600/48/2025/16464
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 105101639 **Issue Office Code** : 171600
Insured Name : KANTABEN PRAVINBHAI BOGHANI (GSTIN: 0) **Issue Office Name** : BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4)
Address : 27, MOMAI ROW HOUSE MOTTA VARACHHA, SURAT
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-
SURAT GUJARAT 395003 **Address** : 3RD FLOOR, BOYCE BUILDING
OPP. T & TV HIGH SCHOOL,
TIMALIYAWAD, NANPURA
SURAT
SURAT GUJARAT 395003
Tel./Fax/Email : 0 / / 9825124054 / 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 14:50 ON 13/01/2026 TO MIDNIGHT OF 12/01/2027

Collection No. & Dt. : DC_I_IND 3226017467 - 13/01/2026 **GST INVOICE NO** :2424531531 **UIN** :0
Gross Premium : 7,078 **Service Tax** : 1274 **Stamp Duty** : .5 **Total** : 8,352

Co-insurance Details : Nil

TPA Details :

TPA ID : YA0000000333
TPA Name : M/S HERITAGE HEALTH INSURANCE TPA PRIVATE
Address : LIMITED
Nicco House, 5 th Floor 2 Hare Street Kolkota heritage_health@bajoria.in
Telephone No : CALCUTTA 700001 **Toll Free No.** : 18003453477
033-22486430 **Toll free** **FAX No.** : 033-22100837
18003453477

Particulars of the Persons covered : Number of persons covered : 1

Sr. No.	Name of The Persons	Date of Birth	Age	Relationship	Sex	Daily Cash Benefit	Convalescence Benefit	Pre-Existing Disease	Premium
1	KANTABEN PRAVINBHAI BOGHANI	16/02/1962	64	Self	F	3,750	3000		7,865

Daily Cash Benefit Period : 60
Deductible Opted : 0

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
DILIPBHAI BOGHANI	Self		M

Total Premium in words : Indian Rupees Eight Thousand Three Hundred Fifty-Two Only

The insurance under this policy is extended to cover risks of :
Convalescence Benefit.

Deductible : Nil

Place : SURAT
Date : 13/01/2026



IRDA-REGNO-556



The Oriental Insurance Company Limited

Attached to and forming part of policy number 171600/48/2026/16676

The insurance under this policy is subject to conditions, clauses, warranties,exclusions which are available on Company's website:www.orientalinsurance.org.in or on demand from policy issuing office.

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 NANPURA SURAT (GSTIN: 24AAACT0627R2Z4) on 13-JAN-26.

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.

" 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 MEZZANINE FLOOR, A.G. CHAMBERS,,UNIVERSITY ROAD, FATEHGUNJ, VADODARA,,. 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."

Entered By : RAJESH ACCEL
Examined By : anup kumar

Authorised Signatory

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)





Attached to and forming part of policy number 171600/48/2026/16676

Customer Information Sheet (CIS)

S.No.	Title	Description	Refer to Policy Clause No.
1	Name of Insurance Product/Policy	Oriental Happy Cash-Nishchint Rahein! 2024	
2	Policy Number	171600/48/2026/16676	
3	Type of Insurance Product/Policy	* Benefit (where an insurance Policy pays a fixed amount Under the policy on the occurrence of a covered event	
4	Sum Insured Basis(Along With Amount)	* Daily cash Benefit Rs.500/- , Rs.1000/- , Rs.2000/- , Rs. 3000/-	
5	Policy Coverage (what the Policy Covers?)	<p>* Hospitalisation Benefit: Daily Cash Benefit as mentioned in the Schedule/Certificat of the Policy is payable for every completed24hoursofhospitalization,fo r a maximum period of 30/60days per illness.</p> <p>*ConvalescenceBenefit:ForaHospitalisat ionbeyond 30/60 consecutive days a fixed lump sum amount as the Benefits chosen is payable towards convalescence, in addition to the Daily Cash Benefit.</p> <p>* Increaseddaily Cash Benefit for females with no additional premium</p> <p>* Family Discount- (a)5%onpremiumif2memberscover ed (b)7.5%ifmorethan2members covered</p> <p>* Loyalty discount(if the insured member is holding any of the Oriental’s health policies) - 10% on premium</p> <p>* Staff Discount of 33% on premium to employees of Oriental Insurance Company.</p>	<p>2(a&b)</p> <p>6.13</p>





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6	Exclusion(What the Policy Doesn't Cover)	<div><div>* Pre-existing Disease which are excluded upto 36 months of the policy being in force. Pre-existing diseases shall be covered only after the policy has been continuously in force for 36 months.</div><div>* Admission primarily for investigation and evaluation.</div><div>* Admission primarily for rest cure, rehabilitation and respite care.</div><div>* Obesity and weight care.</div><div>* Change of Gender treatments.</div><div>* Expenses for cosmetic plastic surgery.</div><div>* Expenses for treatment necessitated due to participation in hazardous or adventure sports.</div><div>* Breach of Law.</div><div>* Excluded providers.</div><div>* Unproven Treatment</div><div>* Sterility and Infertility.</div><div>* Maternity.</div><div>* Treatment outside India.</div><div>* (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</div></div>	5
7	Waiting period i. Time Period during which specified diseases/treatments are not covered ii. It is counted from the beginning of the policy coverage	<div><div>* Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)</div><div>* Pre-existing diseases: Covered after 36 months</div></div>	4.A.B
8	Financial Limits of coverage	<div><div>* Daily cash Benefit Rs.500/- , Rs.1000/- , Rs.2000/- , Rs.3000/-</div></div>	





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9	Claims/Claims Procedure	<p>ForCashlessService:Hospital NetworkDetail sareavailableatwww.orientalinsirance.org.in For reimbursement of Claim :Policy issuing Office/TPA</p> <p>* Cashless services for covered expenses in Network hospitals * Reimbursement of admissible expenses Web link for following :</p> <p>1.Network Hospital Details:</p> <p>https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true</p> <p>2.Help Line Number Toll free : 1800118485/011-3320848</p> <p>https://orientalinsurance.org.in/en/network-hospitals</p> <p>3.Hospitals Which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/en/network-hospitals</p> <p>4.Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true</p>	
10	Policy Servicing	<p>* Company officials: Website: www. oriental insurance.org.in * Tollfree:1800118485Or011-33208485 * Policy issuing office</p>	
11	Grievances/Compl aints	<p>a.www.orientalinsurance.org.in</p> <p>IRDAI Integrated Grievance ManagementSystemhttp://igms.irda.gov.in Insurance Ombudsman Contact details of the</p> <p>Insurance Ombudsman have been provided n Annexure B of the policy document.</p> <p>https://igms.irda.gov.in/Ombudsman website:http://ecoi.co.in/ombudsman.html</p>	





12	Things to remember	<p>Cancellation: The Insured may cancel this Policy by giving 7 days' written notice, The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the insured Person, by giving 30 days' written notice.</p> <p>There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.</p> <p>Policy Renewal :</p> <ul style="list-style-type: none">* Life long renewal.* At renewal, the coverages, terms & conditions & premium may change, in which case an advance notice shall be sent to the insured.* The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation and non disclosure by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.* Grace Period of 30 days. <p>The Policy may be withdrawn at any time by the company by giving advance notice to the insured/proposer. Alternate options available shall be informed.</p> <p>* Portability is allowed only during renewal and not mid- term.</p> <p>Increase in SI during the Policy term</p> <p>Turn Around Time(TAT)for issue of Pre-Auth and settlement of \ Reimbursement.</p> <p>Cancellation</p> <ol style="list-style-type: none">1.The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the.2.The Company may cancel the Policy at any time on grounds of misrepresentation, non- disclosure of material facts fraud by the insured Person, by giving 30 days' written notice.3.There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.
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13	Insureds Obligations	<div>* Insured to disclose all pre-existing disease/s or condition/s before buying a policy</div> <div>* Non-disclosure may result in claim not being paid</div> <div>* Notice of admission to hospital should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, in case of both planned and emergency Hospitalization.</div>	
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Declaration by the Policy Holder,

I have read the above and confirm having noted the details.

Place

(Signature of the Policyholder)

Date

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.

