



# The Oriental Insurance Company Limited

## Oriental Happy Cash - Nishchint Rahein! POLICY SCHEDULE

**UIN : OICHLIP25040V032425**

<b>Policy No.</b>	: 171600/48/2026/3581	<b>Prev. Policy No.</b>	: 171600/48/2025/4056
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 133494563	Issue Office Code	: 171600
Insured Name	: FALDU KISHORBHAI HARIBHAI (GSTIN: 0)	Issue Office Name	: BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4)
Address	: A-601, GALA GLORY, NR. GALA ARIA, B/H. SOBO CENTRE, BOPAL - - AHMEDABAD GUJARAT 380058	Address	: 3RD FLOOR, BOYCE BUILDING OPP. T & TV HIGH SCHOOL, TIMALIYAWAD, NANPURA SURAT SURAT GUJARAT 395003
Tel./Fax/Email	: 0 / / 9099984820 / NA	Tel./Fax/Email	: 0261-2472321/2472271/2471277 / 0261-2471277 / 171600@orientalinsurance.co.in

**Agent/Broker Details**

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

Period of Insurance : FROM 00:00 ON 29/06/2025 TO MIDNIGHT OF 28/06/2026

Collection No. & Dt. : CC 3226003685 - 06/06/2025 GST INVOICE NO :2424211056 UIN :0

Gross Premium : 1,599 Service Tax : 288 Stamp Duty : .5 Total : 1,887

Co-insurance Details : Nil

**TPA Details :**

TPA ID	YA0000000333
TPA Name	: M/S HERITAGE HEALTH INSURANCE TPA PRIVATE LIMITED
Address	: Nicco House, 5 th Floor 2 Hare Street Kolkata 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	FALDU KISHORBHAI HARIBHAI	17/06/1985	40	Self	M	3,000	3000		1,599

Daily Cash Benifit Period : 30

Deductible Opted : 0

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
FALADU VANITABEM	Spouse		F

Total Premium in words : Indian Rupees One Thousand Eight Hundred Eighty-Seven Only

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

Deductible : Nil

Place : SURAT

Date : 06/06/2025



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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 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 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"**

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 06-JUN-25.

**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 : BA0000143118

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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## 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	171600/48/2026/3581	
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 completed 24 hours of hospitalization, for a maximum period of 30/60 days per illness.</p> <p>* Convalescence Benefit: For a hospitalisation beyond 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>* Increased daily Cash Benefit for females with no additional premium</p> <p>* Family Discount- (a) 5% on premium if 2 members covered (b) 7.5% if more than 2 members 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>	2(a&b)  6.13





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





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





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12	<b>Things to remember</b>	<p><b>Cancelation:</b> 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><b>Policy Renewal :</b></p> <ul style="list-style-type: none"><li>* Life long renewal.</li><li>* At renewal, the coverages, terms &amp; conditions &amp; premium may change, in which case an advance notice shall be sent to the insured.</li><li>* 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.</li><li>* Grace Period of 30 days.</li></ul> <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>* <b>Portability</b> 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><b>Cancellation</b></p> <ol style="list-style-type: none"><li>1. The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the.</li><li>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.</li><li>3. There would be no refund of premium on cancellation on grounds of misrepresentation non-disclosure of material facts or fraud.</li></ol>	
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13	<b>Insureds Obligations</b>	<p>* Insured to disclose all pre-existing disease/s or condition/s before buying a policy</p> <p>* Non-disclosure may result in claim not being paid</p> <p>* 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.</p>	
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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.**

