



The Oriental Insurance Company Limited

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 233301/48/2022/1556	Prev. Policy No. : 235301/48/2021/1825
Cover Note No. : -	Cover Note Date : -
Insured's Code : 47281368	Issue Office Code : 233301
Insured Name : GAURAVDEEP SINGH (GSTIN: 0)	Issue Office Name : CBO 3 AMRITSAR (GSTIN:)
Address : 719/14, NEW AMARJYOTI SCHOOL, OPP. RAILWAY WORKSHOP, G.T ROAD, PUTLIGHAR, AMRITSAR The enhance sum insured Rs. two lacs treated as fresh sum insured as per policy terms and conditions	Address : 26, Kenneday Avenue, Court Road, Near PWD Rest House, Amritsar - - PUNJAB 143001
Tel./Fax/Email : / / 9356609696 / NA	Tel./Fax/Email : 0183-5093714 & 0183-5093715, 9464626516 / 0 / pavneet.singh@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000007491 DIRECT
Agent/Broker : BA0000123559 GURINDER PAL SINGH
Address : 9-A, Sewa Nagar, Near Zone No.5,,Ram Tirath Road, Amritsar,AMRITSAR,PUNJAB,143001
Tel/Fax/Email : 9914089207//na

Period of Insurance : FROM 00:00 ON 22/01/2022 TO MIDNIGHT OF 21/01/2023
Collection No. & Dt. : DU A/C AA00000000001 **GST INVOICE NO** :0320268850 **UIN** :0
Gross Premium : 31,014 **GST** 5582 **Stamp Duty** : .5 **Total** : 36,596
Co-insurance Details : Nil

TPA Details :

TPA ID : YA0000000331
TPA Name : M/S VIPUL MEDCORP TPA PVT LTD
Address : 515, UDYOG VIHAR, PHASE V GURGAON 122016
Telephone No : **Toll Free No.** : 1800 102 7477
FAX No. :

Number of persons covered : 2 **Plan Type** : GOLD Plan **Sum Insured** : 1000000

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	GAURAVDEEP SINGH	M	09/03/1986	35	Self		0	0
2	MALWINDER KAUR	F	25/04/1963	58	Dependant Parents		0	0

Place :
Date : 28/12/2021



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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.

Authorised Signatory



The Oriental Insurance Company Limited

Attached to and forming part of policy number 233301/48/2022/1556

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
AJAY PAL SINGH	Dependant Parents	64	M

Optional Cover:

	<u>Value</u>
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	NO

Total Premium in words : Indian Rupees Thirty-Six Thousand Five Hundred Ninety-Six Only

The insurance under this policy is extended to cover risks of Domiciliary Hospitalisation up to 10 % of sum insured subject to maximum Rs 50000 only (Fifty Thousand Only).

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

Personal Accident Cover, Domiciliary Hospitalisation Limit, Daily cash allowance.

Deductible : Nil

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.

Delay of two days condoned subject to not covering any disease/illness/treatment occur during the break period.

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 CBO 3 AMRITSAR (GSTIN:) on 28-DEC-21.

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.

Policy History Data

Place :

Date : 28/12/2021



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Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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The Oriental Insurance Company Limited

Attached to and forming part of policy number 233301/48/2022/1556

Policy No.	Period From	Period To	Insurer Name	Sum Insured
235301/48/2012/3298	19-JAN-12	18-JAN-13	The Oriental Insurance Company Ltd.	300000
235301/48/2013/3449	19-JAN-13	18-JAN-14	The Oriental Insurance Company Ltd.	300000
235301/48/2014/3066	19-JAN-14	18-JAN-15	The Oriental Insurance Company Ltd.	400000
235301/48/2015/2573	19-JAN-15	18-JAN-16	The Oriental Insurance Company Ltd.	500000
235301/48/2016/2496	19-JAN-16	18-JAN-17	The Oriental Insurance Company Ltd.	600000
235301/48/2017/2501	20-JAN-17	19-JAN-18	The Oriental Insurance Company Ltd.	600000
235301/48/2018/2305	20-JAN-18	19-JAN-19	The Oriental Insurance Company Ltd.	800000
235301/48/2019/2023	22-JAN-19	21-JAN-20	The Oriental Insurance Company Ltd.	1000000
235301/48/2020/1894	22-JAN-20	21-JAN-21	The Oriental Insurance Company Ltd.	1000000
235301/48/2021/1825	22-JAN-21	21-JAN-22	The Oriental Insurance Company Ltd.	1000000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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"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 SCO-109-110-111, SECTOR 17D, CHANDIGARH, . 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."

Place :

Date : 28/12/2021



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The Oriental Insurance Company Limited

Attached to and forming part of policy number 233301/48/2022/1556

Entered By : BA0000123559

Policy Printed By : OICL

IP :

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed On : 28-DEC-21 19:23:36

MAC :

Authorised Signatory

Place :

Date : 28/12/2021



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