

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No.	: 161794/48/2022/309	Prev. Policy No.	: 161794/48/2021/255
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 67529328	Issue Office Code	: 161794
Insured Name	: Mr. ALOK GUPTA (GSTIN: 0)	Issue Office Name	: BC Ambad (GSTIN: 27AAACT0627R4ZW)
Address	: FLAT NO.501/506, ATRIUM APARTMENT, VIRAJ REALITY, SARVADNYA CHOWK, KRISHNAI NAGAR, B/H HOTEL SEVEN HEVAN, NASIK-9 MOBILE NO - 9822090887 / (CHANDAN 9822095301) NASIK-422009	Address	: Door No. 8 & 9, Ground Floor, Shree Gopalkrishna Apartment, Plot No.1, Sector K/B-1,N-H Kartik, Uttam Nagar, CIDCO, Nashik, Dist.- Nasik NASIK MAHARASHTRA 422009
Tel./Fax/Email	: 9822090887 / / 9822090887 / / alokreliable@yahoo.co.in	Tel./Fax/Email	: 02532396674 / / 161794@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000741 DIRECT BC AMBAD
Agent/Broker : BA0000146673 PARESH SURYAWANSHI
Address : FLAT NO.2, SHREE KRISHNA GLORY APPT.,OLD SAI KHEDA ROAD, GURUDATTA NAGAR, JAIL ROAD,,NASIK ROAD, NASIK -422101,NASIK,MAHARASHTRA,422101
Tel/Fax/Email : //7276276259//pareshsuryawanshi79@gmail.com

Period of Insurance : FROM 00:00 ON 06/06/2021 TO MIDNIGHT OF 05/06/2022

Collection No. & Dt. : CHQ 1031900222 - 03/06/2021

GST INVOICE NO :272099431

UIN :0

Gross Premium : 74,487 GST 13408 Stamp Duty : .5 Total : 87,895

Co-insurance Details : Nil

TPA Details :

TPA ID : YA0000000334
TPA Name : M/S MD INDIA HEALTH INSURANCE TPA PVT. LTD.
Address : MD INDIA HOUSE, SURVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune Nagar Road, Vadgaonsheri, Pune 411014 customercare@mdindia.com, info@mdindia.com
Telephone No : PUNE 411038
Toll Free No. : 1800 209 7777, 1800 209 7800
FAX No. :

Number of persons covered : 6

Plan Type : GOLD Plan

Sum Insured : 1000000

Particulars of the Persons covered :

Place : NASIK
Date : 03/06/2021



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

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

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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	Mr. ALOK GUPTA	M	10/03/1983	38	Self	NA	0	
2	DEEPIKA ALOK GUPTA	F	24/05/1985	36	Spouse Unemployed	NA	0	
3	KU. AAGYA ALOK GUPTA	F	12/09/2013	7	Dependant Child	NA	0	
4	SHRINIWAS GUPTA	M	07/07/1957	63	Dependant Parents	NA	0	
5	SHUSHMA SHRINIWAS GUPTA	F	31/10/1957	63	Dependant Parents	NA	0	
6	MAST.SANYAM ALOK GUPTA	M	19/09/2019	1	Dependant Child	NA-Newly added on 06/06/2020	0	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
DEEPIKA ALOK GUPTA	Spouse Unemployed	36	F

Optional Cover:

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

Total Premium in words : Indian Rupees Eighty-Seven Thousand Eight Hundred Ninety-Five 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.

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.

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.

Place : NASIK
Date : 03/06/2021



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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 BC Ambad (GSTIN: 27AAACT0627R4ZW) on 03-JUN-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

Policy No.	Period From	Period To	Insurer Name	Sum Insured
161794/48/2017/67	06-JUN-16	05-JUN-17	The Oriental Insurance Company Ltd.	500000
161794/48/2018/73	06-JUN-17	05-JUN-18	The Oriental Insurance Company Ltd.	1000000
161700/31/2016/1550	03-JUN-15	02-JUN-16	THE OICL, DO-I NSK	200000
161794/48/2019/91	06-JUN-18	05-JUN-19	The Oriental Insurance Company Ltd.	1500000
161794/48/2020/156	06-JUN-19	05-JUN-20	The Oriental Insurance Company Ltd.	1000000
161794/48/2021/255	06-JUN-20	05-JUN-21	The Oriental Insurance Company Ltd.	1000000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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Place : NASIK
Date : 03/06/2021



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161794/48/2019/91	Mr. ALOK GUPTA	161794/48/2019/000173	.00	
161794/48/2019/91	Mr. ALOK GUPTA	161794/48/2020/000013	.00	5,30,14.00

"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 Mayfair Towers, 1st Floor,Pune-Mumbai Road,Wakadewadi, Pune,. 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 : S C KELKAR

Examined By : Mr. Sharad N. Chavan

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 04-JUN-21 07:22:26

MAC :

Authorised Signatory

Place : NASIK

Date : 03/06/2021



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