

### The Oriental Insurance Company Limited

### HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: IRDAI/HLT/OIC/P-H/V.II/450/15-16

Policy No. : 141200/48/2020/853 Prev. Policy No. : 141200/48/2019/1147

Cover Note No. Cover Note Date

: 19787821 Issue Office Code : 141200 Insured's Code

. JAYESH J KOTHARI (GSTIN: 0) Issue Office Name: AHMEDABAD DO II (GSTIN: Insured Name

24AAACT0627R2Z4)

: 1ST FLOOR, NEPTUNE TOWER, : C/11 AKSHARDHAM NR Address Address

ABOVE GIRISH COLD DRINK NEAR NEHRU BRIDGE CORNER

AHMEDABAD GUJARAT 380009 VASTRAPUR AHMEDBAD

NAGAR JUDGES BUNGLOW ROAD

**AHMEDABAD** 

**PREMCHAND** 

Tel./Fax/Email : / / 9825033099 / NA : 079 -25509165; / / Tel./Fax/Email

141200@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA000003822 Agency Manager

: BA0000050100 MR. VIJAY. VINODCHANDRA. DESAI. Agent/Broker

: C/6 VIKRAM APPTT NR SHREYAS COSSING AMBAWADI AHMEDABAD **Address** 

**380015,AHMEDABAD,GUJARAT,380015** 

Tel/Fax/Email : 9825353686//vv\_desai@yahoo.in

Period of Insurance: FROM 00:00 ON 16/04/2019 TO MIDNIGHT OF 15/04/2020

GST INVOICE NO: 241810003941 Collection No. & Dt. DU A/C AA000000001 UIN:0

Gross Premium 32,792 GST 5902 Stamp Duty: .5 Total: 38.694

Co-insurance Details : Nil

**TPA Details:** 

TPA ID YA000000371

**TPA Name** Health Insurance TPA of India Limited

Majestic Omnia Building, 2nd floor A-110, Sector -4 NOIDA Address

> NOIDA 201301 Toll Free No. : 1800 102 3600

1800 102 3600 FAX No. : 011 49043399 Telephone No

Number of persons covered 3 Plan Type **GOLD Plan Sum Insured** 1000000

Particulars of the Persons covered:

Relationship Name of The Pre-Existing Date of Age Gender Co-Pay **PA Capital** With No. Persons **Diseases** Birth Sum Insured (INR (%) **Proposer** M 21/05/1965 Self JAYESH J 53 0 **KOTHARI** F 13/04/1967 Spouse 2 SHRUTI 52 n Unemployed 22/09/1998 Dependant Child PARAM

Place: AHMEDABAD Date: 06/04/2019

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.

General Manager Authorised Signatory

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

Page 1 of 3



# The Oriental Insurance Company Limited

#### Attached to and forming part of policy number 141200/48/2020/853

#### Nominee Details

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

#### Optional Cover

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

Total Premium in words : Indian Rupees Thirty-Eight Thousand Six Hundred Ninety-Four 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:

Domiciliary Hospitalisation Limit, Personal Accident Cover, 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.

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 AHMEDABAD DO II (GSTIN: 24AAACT0627R2Z4) on 06-APR-19.

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: **AHMEDABAD** 

Date: 06/04/2019





For and on behalf of

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.

General Manager Authorised Signatory

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

Page 2 of 3



## The Oriental Insurance Company Limited

#### Attached to and forming part of policy number 141200/48/2020/853

Policy No.	Period From	Period To	Insurer Name	Sum Insured
141200/48/2016/1924	16-APR-15	15-APR-16	OIC	
141200/48/2015/1254	16-APR-14	15-APR-15	OIC IND	
141200/48/2017/1314	11-APR-16	10-APR-17	The Oriental Insurance Company Ltd.	1000000
141200/48/2018/1233	16-APR-17	15-APR-18	The Oriental Insurance Company Ltd.	1000000
141200/48/2019/1147	16-APR-18	15-APR-19	The Oriental Insurance Company Ltd.	1000000

#### **Claim History Data**

Policy no. Claimant Nam	Claim No.	Claim OS	Claim Paid
-------------------------	-----------	----------	------------

"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 3 RD FLOOR NAVJEEVAN TRUST BUILDING,B/H GUJARAT VIDYAPEETH NAVJEEVAN,TRUST BUILDING OFF ASHRAM ROAD,AHMEDABAD. 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 : BA0000050100

For and on behalf of Policy Printed By: PRTL IP: The Oriental Insurance Company Limited

Policy Printed On: 06-APR-19 15:01:36 MAC:

General Manager Authorised Signatory

Place: AHMEDABAD Date: 06/04/2019

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.

General Manager Authorised Signatory

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

Page 3 of 3