

## HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

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

<b>Policy No.</b>	: 131300/48/2019/18978	<b>Prev. Policy No.</b>	: 131300/48/2018/18293
<b>Cover Note No.</b>	: -	<b>Cover Note Date</b>	: -
<b>Insured's Code</b>	: 7786934	<b>Issue Office Code</b>	: 131300
<b>Insured Name</b>	: MR. BHANUSHALI GITESH DAYALJI (GSTIN: 0)	<b>Issue Office Name</b>	: DO GHATKOPAR (GSTIN: 27AAACT0627R4ZW)
<b>Address</b>	: RONAK OIL DEPOT, TEMBIPADA NAKA, NR.BMC SCHOOL, BHANDUP W, MUMBAI. CONVERTED FROM IND.MED.POL.NO.131300/48/2017/1 8131 CORRECT PERIOD OF INSURANCE FROM 19/03/2019 TO 13/03/2020. MUMBAI-400078	<b>Address</b>	: SHOP ZONE, 5TH FLOOR M G ROAD GHATKOPAR (WEST) MUMBAI MAHARASHTRA 400086
<b>Tel./Fax/Email</b>	: / / 0 / NA	<b>Tel./Fax/Email</b>	: 022 25021162,9969069579 / 022-25147092 / 131300@orientalinsurance.co.in;shank ariyer@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** : NA0000001654 DIRECT  
**Agent/Broker** : BA0000033709 MAHESH.K.THAKKAR  
**Address** : 5,SIDHDHATH MISHRA CHAWL,GARTAN PADA,,HANUMAN NAGAR, DAHISAR EAST,MUMBAI,MAHARASHTRA,400068  
**Tel/Fax/Email** : 088 28888058/088 28888058//maheshkthakkar@yahoo.co.in

**Period of Insurance** : FROM 00:00 ON 19/03/2019 TO MIDNIGHT OF 18/03/2020  
**Collection No. & Dt.** : CHQ 9241098418 - 19/03/2019 **GST INVOICE NO** :271711437212 **UIN** :0  
**Gross Premium** : 17,307 GST 3116 **Stamp Duty** : .5 **Total** : 20,423  
**Co-insurance Details** : Nil

### TPA Details :

**TPA ID** : YA0000000338  
**TPA Name** : M/s Raksha Health Insurance TPA Private Limited  
**Address** : 15/5, MATHURA ROAD, FARIDABAD crcm@rakshatpa.com; it@rakshatpa.com FARIDABAD 121003  
**Telephone No** : **Toll Free No.** : 18001801444, 0129 - 4289999,  
**FAX No.** : 2564377, 360

**Number of persons covered** 4 **Plan Type** GOLD Plan **Sum Insured** 600000  
**Particulars of the Persons covered** :

**Place** : MUMBAI  
**Date** : 18/03/2019



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

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. BHANUSHALI GITESH DAYALJI	M	15/10/1977	41	Self		0	
2	MRS.KRISHNA G.BHANUSHALI	F	14/10/1977	41	Spouse Unemployed		0	
3	RONAK G.BHANUSHALI	M	05/06/1998	20	Dependant Child		0	
4	RISHI G.BHANUSHALI	M	25/09/2006	12	Dependant Child		0	

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*
MRS.KRISHNA G.BHANUSHALI	Spouse Unemployed	40	F

**Optional Cover**

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

Total Premium in words : Indian Rupees Twenty Thousand Four Hundred Twenty-Three 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.

21 days delay condoned subject to NO CLAIMS PAYABLE for the period from 22/02/2019 to 14/03/2019 for the treatment of any ailments/diseases/surgeries, if contracted and/or manifested during this period.

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 : MUMBAI  
Date : 18/03/2019



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

Page 2 of 4

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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 DO GHATKOPAR (GSTIN: 27AAACT0627R4ZW) on 18-MAR-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

Policy No.	Period From	Period To	Insurer Name	Sum Insured
131300/48/2018/18293	23-FEB-18	21-FEB-19	The Oriental Insurance Company Ltd.	600000

#### Claim History Data

Policy no.	Claimant Nam	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 TOWN CENTRE, TOWER 1,601-605, 6TH FLOOR, ANDHERI KURLA ROAD,NERA MITTAL ESTATE,ANDHERI EAST. 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 : MUMBAI  
Date : 18/03/2019



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Authorised Signatory

Entered By : Vinod Kumar  
Examined By : ANUJA A. GAJMAL

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : OICL IP :  
Policy Printed On : 18-DEC-19 11:42:01 MAC :

Authorised Signatory

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Place : MUMBAI  
Date : 18/03/2019



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