

ದಿ ಓರಿಯೆಂಟರ್ ಇನ್ ಪ್ರಾರೆನ್ ಕಂಪನಿ ರದೀಟರ್ ישונים במודים בכם פובים ndartie i laggion Ludine de 4.5 % 1671, 4-25.27, oney od darer, na dest - 86 663. दि ओरिएण्टल इंजयोरेंस खन्पनी लिमिटेड e ever as to push)

पंतिकृत कार्यालय : 'अंतिराम्यत स्टाउम', प्रे.सं.सं. - नुरावत 17-25/27, NUTE SHE PIT, of femile - 110 room.

THE GRENTAL DESTROYMEN COMPANY LIMITED IN SOLUTION THEORY AND THE COMPANY LIMITED Colpared & Augus Bright P. S. Michigal D. J. William Jr.

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UN: IRDADHLT/OFC/P-H/V-II/450/15-16

Policy No.

: 422207/48/2020/77

Prev. Policy No. : 422207/48/2019/178

Cover Note No.

22303088

Cover Note Date

Issue Office Code : 422207

Insured's Code Insured Name

Address.

MR.H.JAYARAMA GOWDA (GSTIN:

Issue Office Name : BO PUTTUR (GST:N

29AAACT0627R4ZS)

S/O BABU GOWDAH HIRINJA HOUSE.

Address

KRISHNA PRASAD BLDG. MAIN ROAD

POST HALENERENKI, PUTTUR TO

PUTTUR (DK

PUTTUR KARNATAKA 574201

DK

MANGALORE

Tet/Fax/Email

9448125710 / / 9448125710 / NA

Tel:/Fax/Email

(08251)230979 / 230979 /

bjagannetha@onentalinsurance co.m.

Agent/Broker Details

Dev.Off.Code : NA0000002998 ANANDA GOWDA Agent/Broker : BA0000039869 HARIPRASAD P V

Address

SIO VISHWANATH GOWDA, PUTHILA HOUSE, BALLYA VG &

POST, MANGALORE, KARNATAKA, 574201

Tel/Fax/Email : 08251-214205/9845981147//harlprasadputhila@rediffmail.com

Gross Premium

Period of Insurance | FROM 00 00 ON 09/07/2019 TO MIDNIGHT OF 68/07/2029

Collection No. & Dt. : CHQ 5108001459 - 08/07/2019 7,981 GST

GST INVOICE NO 291810197307

1435 Stamp Duty

UIN O

Total

3.417

Co-insurance Details : NV

TPA Details:

TPA ID

YA0000000338

TPA Name

M/s Raksha Health Insurance TPA Private Lended

Address

15/5, MATHURA ROAD, FARIDABAD crom@nikshatpa.com; #@rokshatpa.com FAR DABAD 121003

FAX No.

Trill Free No 18001801444, 0129 - 4289999. 2564377.368

Telephone No

Number of persons covered 4

Plan Type

SILVER Plan

Sum Insured 200000

Particulars of the Persons covered :

of par condition No. 5.4 c .: . . aim intrinstern arould be given with 45 hours of admission or before discharge.

Final bills along with original documents should submitted to the company or TFA

Date :

PUTTUR

08/07/2019

whitin Z days from the discharge for and an behalf of

This is an electronically generated document (Policy Schedule) The Policy document duly stamped will be sent by post

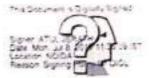
in case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485

Authorised Signitory

CIN: U66010DL1947GCi007156. All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you can buy and renew selected policies critine at www.cnemsamourance.org.in

website : www.orientalinaurance.org in, Toll Free No.: 1800 11 8485, CIN No.: U6601001, 1947GO:007158



Attached to and forming part of policy number 422207/48/2020/77

	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR
1	MR.H.JAYARAMA GOWDA	М	09/04/1969	50	Sef	NO	10	2,00,000
2	MRS B V GEETHA	F	06/04/1979	40	Spouse Employed	NO	10	2.00.000
-	G J CHIRAG HIRINJA	M	07/12/2000	18	Dependant Child	NO	10	
4	Indicate a management of	F	02/05/2005	14	Dependent Child	NO	10	

Nominee Details

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

MRS B.V. GEETHA Spouse Employed 37 F

Optional Cover

Value

LIFE HARDSHIP BENEFIT NO

RESTORATION OF SI NO

Total Premium in words : Indian Rupees Nine Thousand Four Hundred Seventeen 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 (Pity Triousand Only).

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

Personal Accident Cover, Domisliary Hospitalisation Limit.

Deductible : Nil

The insurance under this policy is subject to conditions, clauses, warranties encorsements 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 operaing offices as well as Company's website.

Place :

PUTTUR 08/07/2019

- 80

For and on behalf of The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duty 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 At the Amounts mentioned in this policy are in Indian Rupee

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