

## HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

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

Policy No. : 161800/48/2020/2270 Prev. Policy No. : 161800/48/2019/2470

Cover Note No. Cover Note Date

: 69436122 Insured's Code Issue Office Code : 161800

Insured Name RAVINDRA V. TAGARE (GSTIN: 0) Issue Office Name: DO CHINCHWAD (GSTIN:

27AAACT0627R4ZW)

: Bahirwade Chambers, 1st Floor, Opp. Address G-10, GIRIRAJ HSG SOCY, BIJALI Address

NAGAR, NR GIRIRAJ GANESH Hotel Double Tree by Hilton, Above

United Bank Of India MANDIR, CHINCHWAD, PUNE 411033

Telco Road, Chinchwad-411019 PUNE MAHARASHTRA 411019 **DELAY CONDONED WITHIN** 

**COMPETETANT AUTHORITY &** CONTINUITY BENEFITS IS GIVEN. The expenses for treatment of any

disease/injury/illness contracted during the break period will not be

payable.

**PUNE** 

Tel./Fax/Email : 9766845015 / / 9766845015 /

rvtagare@yahoo.co.in

**GRACE PERIOD BY** 

: (020)-27472596 / (020)-27474853 / Tel./Fax/Email

shashikant.bansode@orientalinsuranc

e.co.in

Agent/Broker Details

: NA000000876 MAHESH T. MULCHANDANI Dev.Off.Code : BA0000121699 SONAL JETHWANI MUKESH Agent/Broker

: E-3/11 SHIRINE GARDEN, PARIHAR CHOWK, MAHARASTRA, PUNE, MAHARASHTRA, 411001 **Address** 

Tel/Fax/Email : 0//NA

Period of Insurance: FROM 00:00 ON 31/10/2019 TO MIDNIGHT OF 30/10/2020

Collection No. & Dt. : CC 3170006493 - 08/10/2019 GST INVOICE NO: 271810484490 UIN:0

Gross Premium 17.886 15,158 GST 2728 Stamp Duty: .5 Total:

Co-insurance Details : Nil

**TPA Details:** 

TPA ID YA000000333

M/S HERITAGE HEALTH INSURANCE TPA PRIVATE **TPA Name** 

LIMITED Address

Nicco House, 5 th Floor 2 Hare Street Kolkota heritage\_health@bajoria.in

CALCUTTA 700001 Toll Free No. : 18003453477 Telephone No

033-22486430 Toll free FAX No. : 033-22100837

18003453477

Number of persons covered 4 Plan Type SILVER Plan Sum Insured 400000

Place: PUNE

Date: 08/10/2019



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.

**Authorised Signatory** 

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

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## Attached to and forming part of policy number 161800/48/2020/2270

#### 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	RAVINDRA V. TAGARE	М	12/05/1969	50	Self	NO	10	4,00,000
2	JAYASHREE R. TAGARE	F	12/07/1971	48	Spouse Unemployed	NO	10	4,00,000
3	GAUTAMI R. TAGARE	F	12/12/1995	23	Dependant Child	NO	10	
4	DARSHAN R. TAGARE	М	08/02/2000	19	Dependant Child	NO	10	

### **Nominee Details**

JAYASHREE R. Spouse Unemployed 45 F	Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*
TAGARE	• · · · · · · · · · ·	Spouse Unemployed	45	F

### Optional Cover

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

Total Premium in words : Indian Rupees Seventeen Thousand Eight Hundred Eighty-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.

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: **PUNE** Date: 08/10/2019





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### Attached to and forming part of policy number 161800/48/2020/2270

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 CHINCHWAD (GSTIN: 27AAACT0627R4ZW) on 08-OCT-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
161800/48/2016/2711	05-OCT-15	04-OCT-16	The Oriental Insurance Company Ltd.	500000
161800/48/2017/2286	05-OCT-16	04-OCT-17	The Oriental Insurance Company Ltd.	500000
161800/48/2018/2883	31-OCT-17	30-OCT-18	The Oriental Insurance Company Ltd.	400000
161800/48/2019/2470	31-OCT-18	30-OCT-19	The Oriental Insurance Company Ltd.	400000

### **Claim History Data**

Policy no. Claimant Nam Claim No. Claim OS Claim Paid	
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Place: **PUNE** Date:

08/10/2019

For and on behalf of The Oriental Insurance Company Limited

For and on behalf of

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## Attached to and forming part of policy number 161800/48/2020/2270

"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 : rvtagare@yahoo.co.in

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

Policy Printed On: 16-DEC-19 21:40:10 MAC:

**Authorised Signatory** 

Place: PUNE
Date: 08/10/2019





For and on behalf of The Oriental Insurance Company Limited

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