



**Mediclaim Insurance Policy(Individual) POLICY SCHEDULE**

IRDA UIN NO.: OICHLIP446V032021

<b>Policy No.</b> : 423100/48/2022/838	<b>Prev. Policy No.</b> : 423100/48/2021/664
<b>Cover Note No.</b> : -	<b>Cover Note Date</b> : -
<b>Insured's Code</b> : 67691207	<b>Issue Office Code</b> : 423100
<b>Insured Name</b> : SANDEEPKISHOR SAVARDEKAR (GSTIN: 0)	<b>Issue Office Name</b> : DO 11 BANGALORE (GSTIN: 29AAACT0627R4ZS)
<b>Address</b> : A-7, LAXMI VILAS, 80, 8TH CROSS, ASHOK NAGAR, BSK01 - - BANGALORE KARNATAKA 560050	<b>Address</b> : 663, 1st Floor 1st Main, Defence Colony, 100 Feet Road Indira Nagar 1st Stage BANGALORE KARNATAKA 560038
<b>Tel./Fax/Email</b> : 9449821070 / / 9449821070 / rsandeep2@rediffmail.com	<b>Tel./Fax/Email</b> : 080-25256147 and 25251749 / 25215662 / shanthi.j@orientalinsurance.co.in

**Agent/Broker Details**

**Dev.Off.Code** : NZ000000242 AGENCY MANAGER DO XI BANGALORE  
**Agent/Broker** : BA0000126609 RADHIKA K NAYAK  
**Address** : 40/1, 'MAHALASA', 1ST FLOOR, 3RD CROSS,,MARAPPA GARDEN, BENSON TOWN,,BANGALORE-560046,BANGALORE,KARNATAKA,560046  
**Tel/Fax/Email** : //9845196599//kknayak1966@yahoo.co.in

Period of Insurance : FROM 00:00 ON 27/06/2021 TO MIDNIGHT OF 26/06/2022

Collection No. & Dt. : CC 5141001526 - 16/06/2021 GST INVOICE NO :292099565 UIN :0

Gross Premium : 22,106 Service Tax : 3,980 Stamp Duty : .5 Total : 26,086

Co-insurance Details : Nil

**TPA Details :**

**TPA ID** : YA0000000338  
**TPA Name** : M/s Raksha Health Insurance TPA Private Limited  
**Address** : Raksha Health Insurance TPA Pvt Ltd. Unit No. DTJ 425, 4th Floor, Plot No. 11, DLF Tower B, Jasola, New Delhi-110025  
**Telephone No** : NEWDELHI  
**Toll Free No.** : 18001801444, 0129 - 4289999,  
**FAX No.** : 2564377, 360

**Particulars of the Persons covered :** Number of persons covered : 1

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	SANDEEP KISHOR SAVARDEKAR	M	02/05/1968	53	Self		8,00,000		

**Nominee Details**

Place : BANGALORE

Date : 16/06/2021



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



# The Oriental Insurance Company Limited

Attached to and forming part of policy number 423100/48/2022/838

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
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Total Premium in words : Indian Rupees Twenty-Six Thousand Eighty-Six Only

The insurance under this policy is extended to cover risks of :  
Domiciliary Hospitalisation Cover.

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.

Policy enhance from 5lacs to 8lacs with effect from 26.06.2020

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 11 BANGALORE (GSTIN: 29AAACT0627R4ZS) on 16-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
423100/48/2015/543	27-JUN-14	26-JUN-15	OIC	5,00,000
423100/48/2016/408	27-JUN-15	26-JUN-16	The Oriental Insurance Company Ltd.	5,00,000
423100/48/2017/388	27-JUN-16	26-JUN-17	The Oriental Insurance Company Ltd.	5,00,000
423100/48/2018/392	27-JUN-17	26-JUN-18	The Oriental Insurance Company Ltd.	5,00,000
423100/48/2019/408	27-JUN-18	26-JUN-19	The Oriental Insurance Company Ltd.	5,00,000
423100/48/2020/412	27-JUN-19	26-JUN-20	The Oriental Insurance Company Ltd.	5,00,000
423100/48/2021/664	27-JUN-20	26-JUN-21	The Oriental Insurance Company Ltd.	8,00,000

Place : BANGALORE



IRDA-REGNO-556

Date : 16/06/2021

For and on behalf of  
The Oriental Insurance Company Limited

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Authorised Signatory

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

Page 2 of 3

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# The Oriental Insurance Company Limited

Attached to and forming part of policy number 423100/48/2022/838

Claim History Data	Claimant Name	Claim No.	Claim OS	Claim Paid
Policy no.				

"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 44/45, Leo Shopping Complex, 1st Floor Floor, Residency Road Cross, BANGALORE. 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."

For and on behalf of  
The Oriental Insurance Company Limited

Entered By : 460401

Authorised Signatory

Place : BANGALORE



IRDA-REGNO-556

Date : 16/06/2021

For and on behalf of  
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Page 3 of 3

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