

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

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

Policy No.	: 141100/48/2	021/3677	Prev. Policy No.	: -		
Cover Note No.	: -		Cover Note Date	: -		
Insured's Code	: 108220532		Issue Office Code	: 141100		
Insured Name	: KALPESH G	FPANDYA (GSTIN:)	Issue Office Name	: AHMEDABAD 24AAACT062		
Address	: 9, HITENDRA F P T COLLEG PALDI AHMEDABA -	-	Address	NEAR INCOM	ABAD , NAVDEEP BUII IE TAX CHAR RA OGUJARAT 3800	STA
	AHMEDABA	D GUJARAT 380007				
Tel./Fax/Email	: 9925238571 kalpeshp17.k	/ / / ‹p@gmail.com	Tel./Fax/Email	079-27543873	5 /27543627 /2754 3 / ntalinsurance.co.i	
Agent/Broker D						
Agent/Broker D	etails					
Dev.Off.Code		7 141100 Direct				
-	: NA000000459	07 141100 Direct 50 ALKESH K. SHAH				
Dev.Off.Code	: NA000000459 : BA000006045 : A\48,ASHOK	0 ALKESH K. SHAH TENAMENT, OPP CAD		,AHMEDABAD,	GUJARAT,38005	50
Dev.Off.Code Agent/Broker Address Tel/Fax/Email	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//;	0 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yaho	oo.co.in	· · ·	GUJARAT,38005	50
Dev.Off.Code Agent/Broker Address Tel/Fax/Email	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:1	50 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yaho 5 ON 18/06/2020 TO M	DO.CO.IN	21		50
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurant Collection No. & E	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004	5 ON 18/06/2020 TO M	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241	21 9147353 UI	IN :0	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurant Collection No. & E	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:1	50 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yaho 5 ON 18/06/2020 TO M	DO.CO.IN	21 9147353 UI		
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurant Collection No. & D Gross Premium	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 :	5 ON 18/06/2020 TO M	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241	21 9147353 UI	IN :0	5 0 14,300
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurant Collection No. & D Gross Premium	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 :	5 ON 18/06/2020 TO M	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241	21 9147353 UI	IN :0	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurant Collection No. & E Gross Premium Co-insurance Det	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 : ails : Nil	5 ON 18/06/2020 TO M	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241	21 9147353 UI	IN :0	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurand Collection No. & D Gross Premium Co-insurance Det TPA Details :	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//3 ce : FROM 18:19 ot. : CC 3052004 : ails : Nil	0 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yaho 5 ON 18/06/2020 TO M 4465 - 18/06/2020 12,118 GST	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241 2182 Stamp D	21 9147353 UI	IN :0	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurand Collection No. & E Gross Premium Co-insurance Det TPA Details : TPA ID	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 : ails : Nil	O ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yaho 5 ON 18/06/2020 TO M 4465 - 18/06/2020 12,118 GST	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241 2182 Stamp D	21 9147353 UI	IN :0	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurance Collection No. & D Gross Premium Co-insurance Det TPA Details : TPA ID TPA Name	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 : ails : Nil	60 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yah 5 ON 18/06/2020 TO M 4465 - 18/06/2020 12,118 GST YA0000000331 M/S VIPUL MEDCORP	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241 2182 Stamp D TPA PVT LTD HASE V	21 9147353 UI	IN :0 .5 Total :	
Dev.Off.Code Agent/Broker Address Tel/Fax/Email Period of Insurance Collection No. & D Gross Premium Co-insurance Det TPA Details : TPA ID TPA Name	: NA000000459 : BA000006045 : A\48,ASHOK : 9377311344//a ce : FROM 18:19 ot. : CC 3052004 : ails : Nil	60 ALKESH K. SHAH TENAMENT, OPP CAD alkeshkshah_19@yah 5 ON 18/06/2020 TO M 4465 - 18/06/2020 12,118 GST YA0000000331 M/S VIPUL MEDCORP 515, UDYOG VIHAR, P	DO.CO.IN IDNIGHT OF 17/06/202 GST INVOICE NO :241 2182 Stamp D TPA PVT LTD HASE V	21 19147353 UI Duty :	IN :0 .5 Total :	



Authorised Signatory

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.

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

Page 1 of 3

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



Attached to and forming part of policy number 141100/48/2021/3677

-	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR
1	PARINDA K PANDYA	Female	02/01/1997	23	Dependant Child		10	
2	HINA K PANDYA	Female	15/10/1968	51	Spouse Unemployed		10	
3	ANMOL K PANDYA	Female	10/07/2004	15	Dependant Child		10	
4	KALPESH G PANDYA	Male	17/12/1967	52	Self		10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*
HINA K PANDYA	Spouse Unemployed	51	F
Optional Cover			
		Value	<u> </u>
LIFE HARDSHIP BENER	IT NO		
RESTORATION OF S	I NO		

Total Premium in words : Indian Rupees Fourteen Thousand Three Hundred 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.

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 :	AHMEDABAD	
Date :	18/06/2020	IRDA



For and on behair or The Oriental Insurance Company Limited For and on behalf of

Authorised Signatory

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.

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

Page 2 of 3

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



Attached to and forming part of policy number 141100/48/2021/3677

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 I (GSTIN: 24AAACT0627R2Z4) on 18-JUN-20.

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

Claim History Data

Policy no. Claimant Nam Claim No. Claim OS Claim Paid	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	:	BA0000060450	
Policy Printee	d By :	OICL	IP :
Policy Printed	d On :	18-JUN-20 18:14:30	MAC :

For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory



For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

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.

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

Page 3 of 3

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