

**CORONA KAVACH POLICY - ORIENTAL INSURANCE INDIVIDUAL PLAN POLICY
SCHEDULE**

UIN: OICHLIP21063V012021

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| Policy No. : 143102/48/2021/1496 | Prev. Policy No. : - |
| Cover Note No. : - | Cover Note Date : - |
| Insured's Code : 116217831 | Issue Office Code : 143102 |
| Insured Name : RUTABEN DHARMESHKUMAR SONI (GSTIN:) | Issue Office Name : BO IDAR (GSTIN: 24AAACT0627R2Z4) |
| Address : PANDYA ATREET BHANDARI VADO AT PO TAL VADALI DIST SABARKATHA 383235 - - SAGAR GUJARAT 383235 | Address : THE ORIENTAL INSURANCE COMPANY LIMITED 1st Floor, The Idar Taluka Co-op P&S Union Ltd., Tower Road IDAR GUJARAT 383430 |
| Tel./Fax/Email : / / 9426750675 / PARMARASHVIN4492@GMAIL.COM | Tel./Fax/Email : 02778-250289 / / 143102@orientalinsurance.co.in |

Agent/Broker Details POSP/CPSC/MIC RO agent details

Dev.Off.Code : NA0000005894 MR.S.L.PATEL
Agent/Broker : BA0000138132 ASHVINKUMAR VIRCHANDBHAI PARMAR
Address : AT & POST : MANIYOR,,TALUKA : IDAR,,DISTT : SABARKANTHA,IDAR,GUJARAT,383430
Tel/Fax/Email : 9924383443//parmarashvin4492@gmail.com

Period of Insurance : FROM 16:59 ON 07/10/2020 TO MIDNIGHT OF 19/04/2021
Collection No. & Dt. : CC 3083002335 - 07/10/2020 **GST INVOICE NO** :2419555256 **UIN** :0
Gross Premium : 2,270 GST **408 Stamp Duty** : .5 **Total** : 2,678
Co-insurance Details : Nil

TPA Details :

TPA ID : YA0000000334
TPA Name : M/S MD INDIA HEALTH INSURANCE TPA PVT. LTD.
Address : MD INDIA HOUSE, SURVEY NO.147/8 Sr. Bo. 46/1, Espace, A2 Blg, 4th floor, Pune Nagar Road, Vadgaonsheri, Pune 411014 customercare@mdindia.com, info@mdindia.com
Telephone No : PUNE 411038
Toll Free No. : 18002331166, 18002334446
FAX No. :
Email :

Plan Type : INDIVIDUAL PLAN

Number of persons covered : 2

Add-On Covers : YES

Place : IDAR
Date : 07/10/2020



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

Hospital Daily Cash

Discounts allowed: NO

Particulars of the Persons covered :

| Sr. No. | Name of The Persons | Gender | Date of Birth | Age | Relationship With Proposer | Occupation | Pre-Existing Diseases | Sum Insured (INR) |
|---------|-----------------------------------|--------|---------------|-----|----------------------------|------------|-----------------------|-------------------|
| 1 | RUTABEN DHARMESHKUMA R SONI | F | 15/09/1980 | 40 | Self | | 0 | 5,00,000 |
| 2 | KHUSHI DHARMESHKUMA R SONI | F | 06/12/2005 | 14 | Dependant Child | | 0 | 5,00,000 |

Total Premium in words : Indian Rupees Two Thousand Six Hundred Seventy-Eight Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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.

The policy shall pay for hospitalisation expenses for medical/surgical treatment taken as an in-patient or home care treatment at any Nursing Home/Hospital in INDIA as defined in the policy for COVID.

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"

Place : IDAR



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Policy History Data

| Policy No. | Period From | Period To | Insurer Name | Sum Insured |
|------------|-------------|-----------|--------------|-------------|
|------------|-------------|-----------|--------------|-------------|

Claim History Data

| Policy no. | Claimant Name | Claim No. | Claim OS | Claim Paid |
|------------|---------------|-----------|----------|------------|
|------------|---------------|-----------|----------|------------|

DISCLAIMER OF CLAIM: If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

GRIEVANCE REDRESSAL: When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim thereunder, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oiclhealthservice@orientalinsurance.co.in.

If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO IDAR (GSTIN: 24AAACT0627R2Z4) on 07-OCT-20.

Place : IDAR
Date : 07/10/2020



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1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Entered By : BA0000138132

Policy Printed By : OICL

Policy Printed On : 07-OCT-20 17:29:29

IP :

MAC :

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : IDAR

Date : 07/10/2020



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