

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

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

Policy No. : 171300/48/2018/9404 **Prev. Policy No.** : 171300/48/2017/9689
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 25865926 **Issue Office Code** : 171300
Insured Name : MERCHANT SANJAY D. (GSTIN:) **Issue Office Name** : DO 3 VADODARA (GSTIN: 24AAACT0627R2Z4)
Address : B/9 MATHURA NAGRI OLD PADRA ROAD **Address** : 3RD FLOOR, VANIJYA BHAVAN RACE COURSE, VADODARA
- **GUJARAT 390007**
- **BARODA 390020**
Tel./Fax/Email : 9426764555 / 9426764555 / sanjaylicgc@yahoo.co.in **Tel./Fax/Email** : 2335825 / 2352814 / 2335824 / 0265-2358762 / 171300@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ000000498 AGENCY MANAGER DO3
Agent/Broker : BA0000079521 MERCHANT SANJAY D
Address : B/9,MATHURANAGARI, B/H.NAND COMPLEX, OLD PADRA ROAD, VADODARA.,BARODA,GUJARAT,390007
Tel/Fax/Email : 0265-2345084//sanjaylicgc@yahoo.co.in

Period of Insurance : FROM 00:00 ON 12/11/2017 TO MIDNIGHT OF 11/11/2018

Collection No. & Dt. : CC 3215010201 - 07/11/2017

Gross Premium : 10,983 GST 1976 Stamp Duty : .5 Total : 12,959

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, Vadgaonsneri, Pune 411014 customercare@mdindia.com, info@mdindia.com
Telephone No : PUNE 411038 Toll Free No. : 18002331166, 18002334446
FAX No. :

Number of persons covered 3 Plan Type SILVER Plan Sum Insured 300000

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	MERCHANT SANJAY D.	M	08/08/1963	54	Self		10	0

Place :
Date : 07/11/2017



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.

General Manager
Authorised Signatory

2	MERCHANT HEMA SANJAY	F	04/02/1966	51	Spouse Unemployed	10	0
3	MERCHANT HEANNY SANJAY	F	07/07/1997	20	Dependant Child	10	0

Nominee Details

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

Optional Cover

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

Total Premium in words : Indian Rupees Twelve Thousand Nine Hundred Fifty-Nine 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 operating offices as well as Company's website.

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 3 VADODARA (GSTIN: 24AAACT0627R2Z4) on 07-NOV-17.

Place :
Date : 07/11/2017



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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
171300/48/2015/11598	12-NOV-14	11-NOV-15	OIC DO-3, VADODARA	
171300/48/2016/11360	12-NOV-15	11-NOV-16	The Oriental Insurance Company Ltd.	300000
171300/48/2017/9689	12-NOV-16	11-NOV-17	The Oriental Insurance Company Ltd.	300000

Claim History Data

Policy no.	Claimant Nam	Claim No.	Claim OS	Claim Paid
171300/48/2015/11598	MERCHANT SANJAY D.	171300/48/2016/003005	.00	88,50.00
171300/48/2017/9689	MERCHANT SANJAY D.	171300/48/2018/002380	.00	1,39,14.00
171300/48/2017/9689	MERCHANT SANJAY D.	171300/48/2018/002381	.00	1,43,32.00
171300/48/2017/9689	MERCHANT SANJAY D.	171300/48/2018/003470	4,50.00	
171300/48/2017/9689	MERCHANT SANJAY D.	171300/48/2018/003471	3,78.00	
171300/48/2017/9689	MERCHANT SANJAY D.	171300/48/2018/003469	15,49.00	

"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 MEZZANINE FLOOR, A.G. CHAMBERS,,UNIVERSITY ROAD, FATEHGUNJ, VADODARA,,. 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."

Place :
Date : 07/11/2017



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Entered By : sanjaylicgic@yahoo.co.in

Policy Printed By : PRTL

IP :

Policy Printed On : 07-NOV-17 12:55:45

MAC :

For and on behalf of
The Oriental Insurance Company Limited



General Manager
Authorised Signatory

Place :

Date : 07/11/2017



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For and on behalf of
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General Manager
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