

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

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

Policy No. : 411401/48/2018/1678 **Prev. Policy No.** : 411401/48/2017/1763
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 3996804 **Issue Office Code** : 411401
Insured Name : NIRMAL J. SHAH (GSTIN: 33AANPS4238F1ZL) **Issue Office Name** : CBO 10 TONDIARPET (GSTIN: 33AAACT0627R3Z4)
Address : 62, E.V.K. SAMPATH ROAD, 322, VAIBHAV APARTMENTS, CHENNAI **Address** : 69 WEST MADHA CHURCH ROAD APPAVOO TOWERS 1ST FLOOR ROYAPURAM CHENNAI TAMIL NADU 600013
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CHENNAI TAMIL NADU 600007
Tel./Fax/Email : NULL / / 9381007823 / NULL **Tel./Fax/Email** : (044) 23458244, 25952856, 25952866 / (044) 23458245 / schandrasekaran@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000000553 NIMISH R.SHAH
Agent/Broker : BA0000046711 MINAL SHAH
Address : 62 EVK SAMPATH ROAD, 322 VAIBHAV APPARTMENTS, VEPERY CHENNAI 600007, CHENNAI, TAMIL NADU, 600007
Tel/Fax/Email : 044 - 26618688/9381007823//NA

Period of Insurance : FROM 00:00 ON 11/02/2018 TO MIDNIGHT OF 10/02/2019
Collection No. & Dt. : CC 5009007165 - 31/01/2018 **GST INVOICE NO** : 331610182910
Gross Premium : 38,901 GST **7002 Stamp Duty** : .5 **Total** : 45,903
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. :

Number of persons covered 5 **Plan Type** GOLD Plan **Sum Insured** 100000

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	NIRMAL J SHAH	M	01/12/1978	39	Self	NIL	0	0

Place : CHENNAI
Date : 31/01/2018



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	MINAL N SHAH	F	03/02/1980	38	Spouse Unemployed	NIL	0	0
3	JAANVI .N.SHAH	F	28/12/2010	7	Dependant Child	NIL	0	0
4	CHANDRA J. SHAH	F	24/12/1954	63	Dependant Parents	NIL	0	0
5	VEER NIRMAL SHAH	M	11/04/2016	1	Dependant Child	.	0	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 Forty-Five Thousand Nine Hundred Three 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.

Place : CHENNAI

Date : 31/01/2018



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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 CBO 10 TONDIARPET (GSTIN: 33AAACT0627R3Z4) on 31-JAN-18.

- 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
2010/2878	11-FEB-10	10-FEB-11	OIC	150000
411401/48/2011/2788	11-FEB-11	10-FEB-12	The Oriental Insurance Company Ltd.	1000000
411401/48/2012/2778	11-FEB-12	10-FEB-13	The Oriental Insurance Company Ltd.	1000000
411401/48/2013/2254	11-FEB-13	10-FEB-14	The Oriental Insurance Company Ltd.	1000000
411401/48/2014/2896	11-FEB-14	10-FEB-15	The Oriental Insurance Company Ltd.	1000000
411401/48/2015/2685	11-FEB-15	10-FEB-16	The Oriental Insurance Company Ltd.	1000000
411401/48/2016/2349	11-FEB-16	10-FEB-17	The Oriental Insurance Company Ltd.	1000000
411401/48/2017/1763	11-FEB-17	10-FEB-18	The Oriental Insurance Company Ltd.	1000000

Place : CHENNAI
Date : 31/01/2018



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Claim History Data	Claimant Nam	Claim No.	Claim OS	Claim Paid
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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 P.B.NO.1877 U.I.L BUILDING III FLOOR,NO.4, ESPLANADE OPP.ESPLANADE POLICE STN.,,. 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 : BA0000046711

Policy Printed By : PRTL

Policy Printed On : 31-JAN-18 21:58:37

IP :

MAC :

For and on behalf of
The Oriental Insurance Company Limited



General Manager
Authorised Signatory

Place : CHENNAI

Date : 31/01/2018



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For and on behalf of
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General Manager
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