CORONA KAVACH POLICY - ORIENTAL INSURANCE INDIVIDUAL PLAN POLICY SCHEDULE

Policy No.	: 191100/48/2021/4468	Prev. Policy No. : -		
Cover Note No.	: -	Cover Note Date : -		
Insured's Code	: 112161186	Issue Office Code : 191100		
Insured Name	: MAHESH KUMAR CHAUHAN (GSTIN: 0)	Issue Office Name : DO 1 RAIPUR (GSTIN: 22AAACT0627R3Z7)		
Address	 Corporate Centre, Canal Road Crossing,Canal Road Crossing, - 	Address : 2nd Floor, Chawla Complex, Sai Nagar, Devendra Nagar Road, Raipur RAIPUR CHATTISGARH 492004		
	RAIPUR CHATTISGARH 492001			
Tel./Fax/Email	: 07714350005 / / vspl.hr@vnrseeds.com	Tel./Fax/Email : 0771-4057320 / / vijay.bende@orientalinsurance.co.in		
Agent/Broker D	Details POSP/CPSC/MIC RO agent dea	ttils		
Dev.Off.Code	:			
Agent/Broker	: LC0000000198 SALASAR SERVICE	S INSURANCE BROKERS P LTD		
Address	: 23A NETAJI SUBHAS ROAD,6TH F BENGAL,700001	LOOR,KOLKATTA 700001,CALCUTTA,WEST		
Tel/Fax/Email	[:] 03332943438/03332943438//			
Period of Insuran	ce : FROM 14:15 ON 25/08/2020 TO N			
		INVOICE NO :221990238 UIN :0		
Gross Premium	: 610 GST	110 Stamp Duty : .5 Total : 720		
Co-insurance Det				
TPA Details :				
TPA ID	YA000000335			
TPA Name	: M/S MEDSAVE HEALT	M/S MEDSAVE HEALTH INSURANCE TPA LTD.		
Address	: F-701 A, LADO SARAI, DELHI 110030	MEHRAULI BEHIND GOLF COURSE info@medsave.in		
Telephone No	:	FAX No. :		
Toll Free No. :	1800111142, 39001234 29521061-66	, 011- Email		
Plan Type : IND	DIVIDUAL PLAN			
Number of perse	ons covered : 1			
Add-On Cover	s : YES			
	Hospital Daily Cash			
Place : RAIPUF	R	For and on behalf of		
Date : 25/08/20	020	GNO-556 The Oriental Insurance Company Limited		
This is an electron	ically generated document (Policy			

UIN: OICHLIP21063V012021

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

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

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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	MAHESH KUMAR CHAUHAN	Μ	20/08/197	7 43	Self			1,00,000

Total Premium in words : Indian Rupees Seven Hundred Twenty 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 operaing 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 : RAIPUR Date : 25/08/2020





For and on behalf of The Oriental Insurance Company Limited

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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 DO 1 RAIPUR (GSTIN: 22AAACT0627R3Z7) on 25-AUG-20.

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.

Place : RAIPUR Date : 25/08/2020



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Entered By:VIJAY KUMAR BENDEExamined By:VIJAY KUMAR BENDE		For and on behalf of The Oriental Insurance Company Limited
Policy Printed By : 558184	IP :	
Policy Printed On: 25-AUG-20 15:28:21	MAC :	
		Authorised Signatory

Place : RAIPUR Date : 25/08/2020





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