

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

**UIN: OICHLIP21063V012021**

<b>Policy No.</b> : 191100/48/2021/12038	<b>Prev. Policy No.</b> : -
<b>Cover Note No.</b> : -	<b>Cover Note Date</b> : -
<b>Insured's Code</b> : 121114708	<b>Issue Office Code</b> : 191100
<b>Insured Name</b> : SANDIP DINKAR NISTANE (GSTIN: 22AACCV0174DIZW)	<b>Issue Office Name</b> : DO 1 RAIPUR (GSTIN: 22AAACT0627R3Z7)
<b>Address</b> : M/s VNR SEEDS PRIVATE LIMITED Corporate Centre, Canal Road Crossing, Canal Road Crossing, - RAIPUR CHATTISGARH 492001	<b>Address</b> : 2nd Floor, Chawla Complex, Sai Nagar, Devendra Nagar Road, Raipur RAIPUR CHATTISGARH 492004
<b>Tel./Fax/Email</b> : 0771-4350005 / / vspl.hr@vnrseeds.com	<b>Tel./Fax/Email</b> : 0771-4057320 / / vijay.bende@orientalinsurance.co.in

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

**Dev.Off.Code** :  
**Agent/Broker** : LC0000000198 SALASAR SERVICES INSURANCE BROKERS P LTD  
**Address** : 23A NETAJI SUBHAS ROAD,6TH FLOOR,KOLKATTA 700001,CALCUTTA,WEST  
BENGAL,700001  
**Tel/Fax/Email** : 03332943438/03332943438//

**Period of Insurance** : FROM 16:57 ON 21/12/2020 TO MIDNIGHT OF 01/10/2021

**Collection No. & Dt.** : CD A/C AB0000047967 **GST INVOICE NO** :2219193382 **UIN** :0

**Gross Premium** : 457 **GST** 82 **Stamp Duty** : .5 **Total** : 539

**Co-insurance Details** : Nil

**TPA Details :**

**TPA ID** : YA0000000335  
**TPA Name** : M/S MEDSAVE HEALTH INSURANCE TPA LTD.  
**Address** : F-701 A, LADO SARAI, MEHRAULI BEHIND GOLF COURSE info@medsave.in  
DELHI 110030  
**Telephone No** : **FAX No.** :  
**Toll Free No.** : 1800111142, 39001234, 011-29521061-66 **Email** :

**Plan Type** : INDIVIDUAL PLAN

**Number of persons covered** : 1

**Add-On Covers** : YES

**Hospital Daily Cash**

**Place** : RAIPUR  
**Date** : 21/12/2020



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

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

Page 153 of 716

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

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	SANDIP DINKAR NISTANE	M	07/03/1984	36	Self			1,00,000

Total Premium in words : Indian Rupees Five Hundred Thirty-Nine 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 : RAIPUR  
Date : 21/12/2020



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

**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](mailto:csd@orientalinsurance.co.in). Exclusive e-mail id for grievance redressal of senior citizens is [oihealthservice@orientalinsurance.co.in](mailto:oihealthservice@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](http://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 21-DEC-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 : 21/12/2020



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

Entered By : VIJAY KUMAR BENDE

Examined By : VIJAY KUMAR BENDE

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : 558184

IP :

Policy Printed On : 21-DEC-20 17:27:48

MAC :

Authorised Signatory

---

Place : RAIPUR



IRDA-REGNO-556

Date : 21/12/2020

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