CORONA KAVACH POLICY - ORIENTAL INSURANCE INDIVIDUAL PLAN POLICY SCHEDULE

		210001012021
Policy No.	: 191100/48/2022/218	Prev. Policy No. : -
Cover Note No.	: -	Cover Note Date : -
Insured's Code	: 129701340	Issue Office Code : 191100
Insured Name	: IMRAN KHAN (GSTIN: 0)	Issue Office Name : DO 1 RAIPUR (GSTIN: 22AAACT0627R3Z7)
Address	: M/S VNR SEEDS PRIVATE LIMITED,CORPORATE CENTRE CANAL ROAD CROSSING CANAL ROAD RAIPUR C G - - RAIPUR 492001	Address : 2nd Floor, Chawla Complex, Sai Nagar, Devendra Nagar Road, Raipur RAIPUR CHATTISGARH 492004
Tel./Fax/Email	: / / NA	Tel./Fax/Email : 0771-4057320 / / vijay.bende@orientalinsurance.co.
Agent/Broker D	etails POSP/CPSC/MIC RO agent dea	tils
Dev.Off.Code	:	
Agent/Broker	: LC0000000198 SALASAR SERVICE	S INSURANCE BROKERS P LTD

UIN: OICHLIP21063V012021

: 23A NETAJI SUBHAS ROAD 6TH FLOOR KOLKATTA 700001,6TH FLOOR KOLKATTA Address 700001,MOB NO 9674516777, 9836318793, 9830141236, 9836970832,CALCUTTA,WEST BENGAL,700001 Tel/Fax/Email : 0361-234030/0333-2943438//

Period of Insurance : FROM 00:00 ON 08/04/2021 TO MIDNIGHT OF 17/01/2022

Collection No. & Dt.	: DC_I_IND 9026	000273 - 08/04/2021	GST IN	IVOICE NO :22203885	U	IN :0	
Gross Premium	:	457 GST	82	Stamp Duty:	.5	Total :	539
Co-insurance Details	: Nil						

TPA Details :

YA000000335	
: M/S MEDSAVE HEALTH INSU	JRANCE TPA LTD.
: F-701 A, LADO SARAI, MEHF DELHI 110030	AULI BEHIND GOLF COURSE info@medsave.in
: 1800111142, 39001234, 011- 29521061-66	FAX No. : Email
	 M/S MEDSAVE HEALTH INSU F-701 A, LADO SARAI, MEHR DELHI 110030

Plan Type : INDIVIDUAL PLAN

Number of persons covered : 1

Add-On Covers :

Place :	RAIPUR	
Date :	07/04/2021	IRDA-REGNO-556

For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

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.

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

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YES

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	IMRAN KHAN	М	14/09/199	5 25	Self		NA	1,00,000

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
IMRAN KHAN	Self	25	Μ

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 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 : 07/04/2021



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Policy History Data		

Policy No.	Period From	Period To Insurer Name		Sum Insured		
Claim History Data						
Policy no.	Claimant N	ame	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 07-APR-21.

Place : RAIPUR Date : 07/04/2021



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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:NIRMAL SHRIVASTAVAExamined By:VIJAY KUMAR BENDE		For and on behalf of The Oriental Insurance Company Limited
Policy Printed By : 558184	IP :	
Policy Printed On: 08-APR-21 17:14:13	MAC :	

Authorised Signatory

Place : RAIPUR Date : 07/04/2021





For and on behalf of The Oriental Insurance Company Limited

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