PNB-ORIENTAL MEDICLAIM POLICY-2017: Group Health Insurance Product (Policy for Bank Account holders of PNB only) UIN:OICHLGP18074V011718

Policy No. : 252400/48/2020/1235 Prev. Policy : 252400/48/2019/1080

No.

Cover Note No. Cover Note Date : -

NAIR MANDI, PAKKA BAGH, HAPUR

: 79608648 Insured's Code Issue Office Code: 252400

Insured's Name : SMT. ANITA AGARWAL (GSTIN: 0) Issue Office Name: DO MEERUT (GSTIN:

09AAACT0627R4ZU)

: MOHAN LAL SUNDER AGARWAL, Address : DIVISIONAL OFFICE, 346 KHAIR Address

NAGAR, OPP. FILMISTAN CINEMA

MEERUT

UTTAR PRADESH 250002

: / / 9837483026 / NA Tel. /Fax /Email : 0121-2420657 / 0121-2422283 / Tel. /Fax /Email

Agent/Broker Details

: NA0000008717 Dev.Off.Code

U.P.

Agent/Broker : BC0000003579 PNB MAIN BR HAPUR

: PNB MAIN BR. HAPUR, GHAZIABAD, UTTAR PRADESH, 245208 **Address**

Tel/Fax/Email : 0122 2313811//NA

Period of Insurance: FROM 00:00 ON 31/05/2019 TO MIDNIGHT OF 30/05/2020

Collection No. & Dt.: CC 2203001794 - 27/05/2019 GST INVOICE NO:091810098312 UIN:0

Gross Premium 8,670 : 1,560 Stamp Duty Total: 10,230 GST

Co-insurance Details: NIL

TPA Details:

TPA Address:

TPA ID YA000000338

M/s Raksha Health Ins

TPA Name 15/5, MATHURA ROAD, FARIDABAD

crcm@rakshatpa.com 18001801444, 0129 -FARIDABAD 121003 Toll Free No : 4289999, 2564377, 360

FAX No Telephone No:

Place:

Date: 27/05/2019





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**

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

Attached to and forming part of policy number 252400/48/2020/1235

Risk Details

 Sr No : 1
 Emp : 01980001 ID
 Emp/Dependant : SMT. ANITA AGARWAL
 SI : 500000 Dependants
 No Of Dependants
 : 1

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
1	SMT. ANITA AGARWAL	Self	F	53	
2	SH. SUNDER LAL AGARWAL	Spouse Employed	M	54	

Total Sum Insured in words: Indian Rupees Five Lakhs Only

Total Premium in words : Indian Rupees Ten Thousand Two Hundred Thirty Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient 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 operaing 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 MEERUT (GSTIN: 09AAACT0627R4ZU) on 27-MAY-19

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
252400/48/2018/1453	31-MAY-17	30-MAY-18	The Oriental Insurance Company Ltd.	500000
252400/48/2019/1080	31-MAY-18	30-MAY-19	The Oriental Insurance Company Ltd.	500000

Claim History Data

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid
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Place:

Date: 27/05/2019



For and on behalf of The Oriental Insurance Company Limited

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General Manager Authorised Signatory

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

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Attached to and forming part of policy number 252400/48/2020/1235

"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 24 A, III FLOOR,NCR PLAZA,NEW CANTT ROAD,HATHIBARKALA. 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 : ankurag08@gmail.com

For and on behalf of The Oriental Insurance Company Limited

Policy Printed By :PRTL

IP:

General Manager Authorised Signatory

Policy Printed On: 27-MAY-19 03:01:49

MAC:

Place:

Date: 27/05/2019





For and on behalf of The Oriental Insurance Company Limited

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

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