



The Oriental Insurance Company Limited

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Signer: MEERA PARTHASARTHY
Date: Tue, Sep 10, 2024 12:08:10 IST
Location: NOIDA
Reason: Signing Policy for OICL

PA INDIVIDUAL POLICY SCHEDULE

Policy No. : 141500/48/2025/3889 **Prev. Policy No.** : -
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 182465838 **Issue Office Code** : 141500
Insured's Name : KARAN H SOLANKI (GSTIN: 0) **Issue Office Name** : BO AMRIT JAYANTI BHAVAN,AHM
(GSTIN: 24AAACT0627R2Z4)
Address : S/O HEMABHAI 46/456 **Address** : 2nd Floor, Amrut Jayanti Bhavan,
CHANDEABHAGA HOUSE BORD Behind Gujarat Vidhyapeeth, Off Ashram
BHAVSAR HOSTEL NAVAWADAJ Road,
AHMEDABAD 13 Ahmedabad -380 014
SUN FIRE SYSTEM AHMEDABAD GUJARAT 380014
AHMEDABAD GUJARAT 380013
Tel./Fax/Email : / / 9825327516 / NA **Tel./Fax/Email** : 27540777, 27545433 / 27541140 /
pwchandna@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000141 Agency Manager
Agent/Broker : BA0000150517 RAJESH LALBHAI SHAH
Address : 9/105 DARSHAN APPARTMENT, SHASHTRINAGAR, ANKUR
ROAD, AHMEDABAD, AHMEDABAD, GUJARAT, 380013
Tel/Fax/Email : //6351367458//raju_410@yahoo.com

Period of Insurance : FROM 12:54 ON 28/05/2024 TO MIDNIGHT OF 27/05/2025

Collection No. & Dt. : CSH 3061004765 - 28/05/2024 GST INVOICE NO :242374074 UIN :0

Gross Premium : 363 GST : 66 Stamp Duty : 25 Total : 429

Co-insurance Details : NIL

Details of Insured Persons :

| Sr. No. | Name | Relationship with Insured | Age | Sex | Section | Sum Insured | Additional Covers |
|---------|------------------------|---------------------------|-----|-----|-----------------------|-------------|-------------------|
| 1 | KARAN HEMABHAI SOLANKI | Self | 24 | M | Table of benefits I | 400000 | Medical Expenses |
| | | | | | Table of benefits III | 100000 | Loading10% |
| | | | | | | 500000 | |
| | | | | | Cumulative Bonus | 400000 | |

Additional Details of Insured Persons :

| Sr. No. | Name | Occupation | Pre-existing Disabilities | Risk Group | Assignee Name | Share % | Assignee Relationship |
|---------|------------------------|------------|---------------------------|-------------|------------------|---------|-----------------------|
| 1 | KARAN HEMABHAI SOLANKI | SERVICE | | NORMAL RISK | HEMABHAI SOLANKI | 100 | Father |

Total Sum Insured in words : Indian Rupees Five Lakhs Only

Place : AHMEDABAD

Date : 28/05/2024





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Signer: MEERA PARTHASARTHY
Date: Tue, Sep 10, 2024 12:08:10 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 141500/48/2025/3889

Total Premium in words : Indian Rupees Four Hundred Twenty-Nine Only

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website : www.orientalinsurance.org.in or on demand from policy issuing office.

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.

Where Loading for Medical Extension cover is 10%, the Policy is extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO AMRIT JAYANTI BHAVAN, AHM (GSTIN: 24AAACT0627R2Z4) on 28TH DAY OF MAY 2024.

Entered By : Nilesh Prajapati

Examined By : V R SHAH

Policy Printed By : PRTL

IP :

Digitally Signed
By

Policy Printed On : 10-SEP-24 12:11:42

MAC :

Authorised Signatory

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 Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : AHMEDABAD

Date : 28/05/2024



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The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: MEERA PARTHASARTHY
Date: Tue, Sep 10, 2024 12:44:53 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 141500/48/2025/4629

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website : www.orientalinsurance.org.in or on demand from policy issuing office.

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.

Where Loading for Medical Extension cover is 10%, the Policy is extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO AMRIT JAYANTI BHAVAN, AHM (GSTIN: 24AAACT0627R2Z4) on 07TH DAY OF JUNE 2024.

Entered By : Mrs. Ulja Apal Shah

Examined By : V R SHAH

Policy Printed By : PRTL

IP :

Digitally Signed

By


Policy Printed On : 10-SEP-24 12:48:25

MAC :

Authorised Signatory

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 Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : AHMEDABAD

Date : 07/06/2024



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The Oriental Insurance Company Limited

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Signer: MEERA PARTHASARTHY
Date: Wed, Sep 4, 2024 17:47:31 IST
Location: NOIDA
Reason: Signing Policy for OICL

PA INDIVIDUAL POLICY SCHEDULE

Policy No. : 141500/48/2025/11376 **Prev. Policy No.** : -
Cover Note No. : - **Cover Note Date** : -
Insured's Code : 184272407 **Issue Office Code** : 141500
Insured's Name : PUSHPENDRASINH S CHAVDA **Issue Office Name** : BO AMRIT JAYANTI BHAVAN,AHM
(GSTIN: 0) (GSTIN: 24AAACT0627R2Z4)
Address : C/O ; SUN FIRE ...193 **Address** : 2nd Floor, Amrut Jayanti Bhavan,
CHANDRABHAGA HOUSING Behind Gujarat Vidhyapeeth, Off Ashram
BORD,,NAVA VADAJ, AHMEDABAD Road,
AHMEDABAD GUJARAT 380013 Ahmedabad -380 014
AHMEDABAD GUJARAT 380014
Tel. /Fax /Email : / / 9825327516 / pjkala.oicl@gmail.com **Tel. /Fax /Email** : 27540777, 27545433 / 27541140 /
pwchandna@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000009444 DIRECT EC BOPAL
Agent/Broker : BA0000146332 Mr Pravin J Kala
Address : 1, Madhuram, 4, Anandkrupa Co.op. Hsg. Society Ltd.,Opp. Bhavya Park,
Bopal,,Ahmedabad,,AHMEDABAD,GUJARAT,380058
Tel/Fax/Email : //9825327516//pjkala.oicl@gmail.com

Period of Insurance : FROM 17:50 ON 04/09/2024 TO MIDNIGHT OF 03/09/2025
Collection No. & Dt. : CC 3061013657 - 04/09/2024 **GST INVOICE NO** :2423227663 **UIN** :0
Gross Premium : 363 **GST** : 66 **Stamp Duty** : 25 **Total** : 429
Co-insurance Details : NIL

Details of Insured Persons :

| Sr. No. | Name | Relationship with Insured | Age | Sex | Section | Sum Insured | Additional Covers |
|---------|--------------------------|---------------------------|-----|-----|--|----------------------------|--------------------------------|
| 1 | PUSHPENDRA SINH S CHAVDA | Self | 33 | M | Table of benefits I Table of benefits III | 400000 100000 500000 | Medical Expenses Loading10% |
| | | | | | Cumulative Bonus | 0 | |

Additional Details of Insured Persons :

| Sr. No. | Name | Occupation | Pre-existing Disabilities | Risk Group | Assignee Name | Share % | Assignee Relationship |
|---------|--------------------------|------------|---------------------------|-------------|-----------------|---------|-----------------------|
| 1 | PUSHPENDRASI NH S CHAVDA | SERVICE | | NORMAL RISK | SIDHDHARAJ SINH | 100 | Father |

Total Sum Insured in words : Indian Rupees Five Lakhs Only
Total Premium in words : Indian Rupees Four Hundred Twenty-Nine Only

Place : AHMEDABAD

Date : 04/09/2024



IRDA-REGNO-556



The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: MEERA PARTHASARTHY
Date: Wed, Sep 4, 2024 17:47:31 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 141500/48/2025/11376

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website : www.orientalinsurance.org.in or on demand from policy issuing office.

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.

Where Loading for Medical Extension cover is 10%, the Policy is extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less.

Excess :

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).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO AMRIT JAYANTI BHAVAN, AHM (GSTIN: 24AAACT0627R2Z4) on 04TH DAY OF SEPTEMBER 2024.

Entered By : AVINASH P LIMJE

Examined By : Manoj Vinayak Jadhav

Policy Printed By : PRTL

IP :

Digitally Signed
By


Policy Printed On : 04-SEP-24 17:51:00

MAC :

Authorised Signatory

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 Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : AHMEDABAD



IRDA-REGNO-556

Date : 04/09/2024

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