

Signer:
Date:
Location:
Reason:

**ORIENTAL MEDICLAIM INSURANCE POLICY (INDIVIDUAL)
POLICY SCHEDULE
UIN: OICHLIP23084V042223**

Policy No. :		Prev. Policy No. :	
Cover Note No. :	-	Cover Note Date :	
Insured's Code :		Issue Office Code :	
Insured Name :		Issue Office Name:	
Address :		Address :	-
Tel./Fax/Email :		Tel./Fax/Email :	

Agent/Broker Details

Dev.Off.Code :
Agent/Broker :
Address :
Tel/Fax/Email

Period of Insurance : FROM TO MIDNIGHT OF

Collection No. & Dt. : GST INVOICE NO : UIN :

Gross Premium : GST Stamp Duty : Total :

Co-insurance Details :

TPA Details :

TPA ID
TPA Name
Address :
Telephone No :
Toll Free No. :
FAX No. :

Number of persons covered**Sum Insured****Particulars of the Persons covered:**

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)

Place : NEW DELHI



IRDA-REGNO-556

Date :

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 1 of 6

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

Place : NEW DELHI
Date :



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Attached to and forming part of policy number

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*

Optional Cover

	Yes/No	Remarks/Value
PERSONAL ACCIDENT		
Medical Second Opinion		
Air Ambulance Cover		
Accidental Death Benefit and Total Permanent Disability cover		
OPD benefit for Dental and Ophthalmic cover		
Additional Sum Insured for critical illnesses		

Total Premium in words :

The insurance under this policy is extended to cover risks of Domiciliary Hospitalization up to 20 % of sum insured subject to maximum Rs 50000 only (Fifty Thousand Only).

The insurance under this policy is extended to cover risks of :

- hospitalisation benefits
- ambulance service charges
- daily hospital cash allowance
- pre and post hospitalization expenses
- personal accident
- medical second opinion
- air ambulance cover
- accidental death benefit and total permanent disability cover
- opd benefit for dental and ophthalmic cover
- Additional Sum Insured for critical illnesses
- telemedicine
- mental illness cover
- hiv/ aids cover:
- advanced treatments
- AYUSH Treatment

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Deductible :

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

The policy shall pay for hospitalization expenses for medical/surgical treatment taken as an in-patient at any Nursing Home/Hospital in INDIA as 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 operating 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 ab initio (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 authorized by and on behalf of the Company has/have herein to set his/their hands at DIRECT AGENT BRANCH (GSTIN: 07AAACT0627R1Z1) on 11-DEC-18.

1.Claim to be reported within 48 hrs of admission but before discharge.

2.Claim documents to be submitted within 15 days of discharge.

For complete details please refer to policy condition.

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Signer:
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Attached to and forming part of policy number

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured

Claim History Data

Policy no.	Claimant Nam	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, AsafAli Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is 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, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.**

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Entered By :

Examined By :

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By :

IP :

Policy Printed On :

MAC :

Authorised Signatory

Place : NEW DELHI



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