



**Oriental
Insurance**

**THE ORIENTAL INSURANCE COMPANY
LIMITED**

Regd. Office: Oriental House, A-25/27, AsafAli
Road, New Delhi-110002 CIN
No.U66010DL1947GOI007158

Customer Information Sheet
Description is illustrative and not
exhaustive

Sl. No	Title	Description	Refer to Policy Clause No.
1	Product Name	Oriental Mediclaim Insurance Policy (Individual)	
2	Policy No		
3	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4	Sum Insured (Basis) Along with Amount	<ul style="list-style-type: none">• Individual Basis (i.e., Sum Insured and Cumulative Bonus shall apply separately on each Insured Person)• Sum Insured option from Rs. 1 lac to Rs. 50lacs.	
5.	Policy Coverage (what the Policy covers	<ul style="list-style-type: none">• Hospital admission of minimum 24 hours• Related medical expenses incurred 30 days prior to hospitalization & 60 days from date of discharge.• Specified / Listed procedures requiring less than 24 hours hospitalization (day care)• Cover for 22 critical illnesses.• Ambulance Charges• Donor Expenses• Ayurveda, Yoga, Siddha, Unani and Homeopathic treatment.• Air ambulance• OPD benefit for dental and ophthalmic cover,• Medical Second Opinion• Daily hospital cash• PA as optional cover	3.1


ORIENTAL MEDICLAIM INSURANCE POLICY (INDIVIDUAL)
UIN: OICHLIP23084V042223

		<ul style="list-style-type: none"> • Voluntary co-pay option • Family discount • Portal Discount • HIV/AIDS • Mental Illness • Telemedicine • Pre and Post hospitalization expenses covered upto 30 and 60 days 	
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6	Exclusions (what the policy does not cover)	<ul style="list-style-type: none"> • Any hospital admission primarily for investigation / diagnostic purpose • Sex change surgery ,cosmetic surgery& plasticsurgery, • Pregnancy (except ectopic), infertility • Hazardous or Adventure Sport • Refractive error, cosmetic dental surgeries • Unproven Treatments • Substance abuse, self-inflicted injuries, • Breach of law • Any kind of admission fees, registration fees levied by the hospital • Treatment outside India • External congenital diseases. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	4
7	Waiting period -Time period during which specified diseases/treatments are not covered -It is counted from the beginning of the policy coverage	<ul style="list-style-type: none"> • Pre-existing diseases: Covered after 48 months • Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) • Specific waiting periods: <ol style="list-style-type: none"> 1. 90 days for named diseases. 2. 12 months for named diseases (clause 4.3(i & ii)) 3. 24 months for disease at (clause 4.3 (iii to xxii)) 4. 48 months for diseases (clause 4.3 (xxiii to xxiv)) 	4.1 4.2 4.3

8	<p>Financial Limit of Coverage .</p> <p>I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii) Co-payment (it is</p>	<ul style="list-style-type: none"> • Upto sum insured. <p>A. HOSPITALISATION BENEFITS</p> <p>i. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home: Not exceeding 1 % of the Sum Insured per day</p> <p>ii. Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home.: Not exceeding 2% of the Sum Insured per day.</p> <p>iii. Ambulance service charges as herein after defined.: Rs.2,000 OR 1% of the sum insured whichever is less per hospitalization subject to aggregate expenses not exceeding Rs. 4,000 under the policy.</p> <p>iv. Daily Hospital Cash Allowance 0.1% of the sum insured per day subject to maximum of 6 days per insured person during the entire policy period. Deductible of 2 days shall apply for each hospitalization.</p> <p>B. DOMICILIARY HOSPITALISATION BENEFITS</p> <p>i. Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines &Drugs, Diagnostic Material and Dialysis, Chemotherapy, Nursing expenses.: 20% of the Sum Insured subject to maximum Rs.50,000 per Insured Person, during the entire policy period.</p> <p>ii. Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.): Maximum Rs.5,000/- actually incurred on immunization injections in</p>	<p>3.1</p> <p>3.1. 3</p>

	<p>a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>iii) Deductible (it is a specified amount :</p> <p>Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv) any other limit (as applicable)</p>	<p>any one Policy Period. This will be part of Domiciliary Hospitalization limits as specified. For the purpose of this clause the conditions for Domiciliary Hospitalization benefit shall not apply.</p> <ul style="list-style-type: none"> • Option of voluntary co-payment of 10% and 20% with corresponding premium discount of 10% and 20% respectively on SI of Rs. 2.0 lacs and above. 	
9	<p>Claims/ claim Procedure</p>	<p>For Cashless Service: Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim: Policy issuing Office /TPA</p> <ul style="list-style-type: none"> • Cashless services for covered expenses in Network hospitals • Reimbursement of admissible expenses <p>Web link for following :</p> <p>1. Network Hospital Details:</p> <p>https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true</p>	5.2 2

		<p>2. Help Line Number:</p> <p> Toll free : 1800118485/011-33208485</p> <p>3. Hospitals which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/en/net-work-hospitals</p> <p>4. Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true</p>	
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10	Policy servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2 . Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	
11	Grievances/ Complaints	<ul style="list-style-type: none"> • www.orientalinsurance.org.in • E-mail: csd@orientalinsurance.co.in • IRDAI Integrated Grievance Management System https://igms.irda.gov.in • Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document. <p><u>Ombudsman website:</u> http://ecoi.co.in/ombudsman.html</p>	
12	Things to remember	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>B. Renewable Conditions</p> <ul style="list-style-type: none"> • Grace period of 30 days • Policy is ordinarily renewable <p>Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c. Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d. Right to port the policy from one company to another company – www.orientalinsurance.co.in</p> <p>e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>f. Insurer to specify the norms on TAT – Please refer to clause 9 of the CIS of policy document.</p> <p>Moratorium Period: After Completion of eight continuous years under the policy no look back to be</p>	

		<p>applied. This period of eight year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract .</p> <p>Renewal Benefits : Health check up benefit for every block of 3 claim free policy years for the insured persons up to 1% of average sum insured subject to maximum Rs. 5000/-per insured person</p>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of Material Information during the policy period such as change in occupation.</p>	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder