



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

Description is illustrative and not exhaustive

Sl. No	Title	Description	Refer to Policy Clause No.
1	Product Name	ORIENTAL CANCER PROTECT	
2	Policy No		
3	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)/ BENEFIT	Clause 2
4	Sum Insured (Basis) Along with Amount	<ul style="list-style-type: none"> Sum Insured (SI) Rs.5 lacs to Rs.50 lacs 	
5.	Policy Coverage (what the Policy covers)	<ul style="list-style-type: none"> The policy shall cover treatment for Cancer taken as Inpatient or Outpatient or Day Care. Following Conventional and Advanced Treatment shall be covered in the Policy: <ul style="list-style-type: none"> Chemotherapy Radiotherapy Organ transplant, as part of Cancer treatment Onco-surgery (Surgeries for excision of cancerous tissue or removal of organs/ tissues) Proton Treatment Personalised & Targeted therapy Hormonal Therapy or Endocrine manipulation Immunotherapy including immunology agents Stem cell transplantation Bone marrow transplantation 	<p>Clause 2.1</p> <p>Clause 2(ii)</p>

ORIENTAL CANCER PROTECT
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		<ul style="list-style-type: none"> • Room Rent, boarding and nursing expenses, • Intensive Care Unit (ICU) expenses, as actuals • Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees • Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic test, X-Ray and other medical expenses related to the treatment of Cancer • Road Ambulance • Air Ambulance Services • Medical Expenses incurred for the reconstruction of affected body part to restore your essential physical functioning as a direct result of Cancer Surgery • Medical Expenses for Organ Transplant, as part of Cancer treatment • Pre-Hospitalization Medical expenses, up to 45 days • Post-Hospitalization Medical expenses, up to 90 days • Second Opinion for Surgery, the expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable up to INR 5,000 for Sum Insured of INR 5, 10 & 15 Lakhs and up to Rs. 10,000 for Sum Insured of INR 20,25 & 50 Lakhs . • Medical Expenses incurred on follow up check-up shall be payable up to Rs. 10,000 once in a Period of Insurance. • Cancer Care Benefit: If during the Period of Insurance any Insured Person is diagnosed for Cancer for first time and is in Stage IV (based on TNM classification) or advanced metastatic cancer, 50% of the Sum Insured would be paid as Critical Care Benefit in addition to the admissible claim amount 	<p>Clause 2(v)</p> <p>Clause 2.2</p> <p>Clause 2.3</p> <p>Clause 2.4</p> <p>Clause 2.5</p> <p>Clause 2.6</p> <p>Clause 2.7</p> <p>Clause 2.8</p> <p>Clause 2.9</p> <p>Clause 2.10</p> <p>Clause 2.11</p> <p>Clause 2.12</p> <p>Clause 2.13</p> <p>Clause 2.14</p>
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		<ul style="list-style-type: none"> • Geographical Extension to SAARC Countries • Telemedicine/Teleconsultation 	
6	Exclusions (what the policy does not cover)	<ol style="list-style-type: none"> 1. Any Treatment other than for Cancer. 2. Pre-Existing Condition for Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment forty eight months prior to the first policy issued by Us (as mentioned in the Schedule). 3. Cancer diagnosed/contracted by the Insured person during the first Seventy Five days of the commencement date of first Policy. 4. Any treatment directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon / ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel. 5. Plastic Surgery, cosmetic, aesthetic treatment. 6. Cost of external prosthetic devices, non-durable implants external medical equipment. 7. Dental treatment or Surgery of any kind unless necessitated due to treatment of Cancer. 8. Kaposi Sarcoma. 9. Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of Cancer for which confinement is required at a Hospital. 10. Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner. 11. Non-Allopathic treatment. 	Clause 4.1 to 4.23


		<p>12. Any expenses relating to cost of items detailed in Annexure II.</p> <p>13. Unproven/Experimental Treatment and pharmacological regimens.</p> <p>14. Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.</p> <p>15. Treatment including investigation / diagnostic services availed outside India.</p> <p>16. Rest Cure, Rehabilitation and Respite care.</p> <p>17. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> • Custodial care either at home or in a Hospital / nursing facility for personal care either by skilled nurses or assistants or unskilled persons. • Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs. <p>18. Specified healthcare providers :</p> <ul style="list-style-type: none"> • Treatment rendered by a Medical Practitioner, which is outside his discipline or the discipline for which he is licensed. • Treatments rendered by a Medical Practitioner, who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. • Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments that are not supported by treating doctor's prescription. • Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing. 	
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		<ul style="list-style-type: none">Any non-medical expenses mentioned on our website and or attached with this policy. <p>(Note: the above is a partial listing of the policy exclusions. Pleaserefer to the policy clauses for the full listing).</p>															
7	<p>Waiting period</p> <p>-Time period during which specified diseases/treatments are not covered</p> <p>-It is counted from the beginning of the policy coverage</p>	<ol style="list-style-type: none">Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)Specific waiting periods: 24 months for named diseasesPre-existing diseases: Covered after 12 months	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 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</p>	<table><tr><td colspan="3"><ul style="list-style-type: none">Upto sum insured.</td></tr><tr><td rowspan="2">Sr. No.</td><td>INSURED COVERAGE/ BENEFIT</td><td>LIMIT OF INDEMNITY</td></tr><tr><td colspan="2">IN PATIENT HOSPITALISATION EXPENSES/BENEFITS</td></tr><tr><td>i.</td><td>Sum Insured</td><td>INR 5/10/15/20/25 & 50 Lakhs</td></tr><tr><td>ii.</td><td>Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home including nursing care, RMO charges, BMW Charges, IV Fluids/ Blood transfusion/ injection & administration charges</td><td><p>a) For Sum Insured of 5, 10 and 15 Lakhs - 1% of Sum Insured subject to maximum of INR 10000/- per Day or actual expenses incurred, whichever is less</p><p>b) For Sum Insured of 20,25 and 50 Lakhs - 1% of Sum Insured subject to maximum of INR 25000/- per Day or actual expenses incurred, whichever is less</p></td></tr></table>	<ul style="list-style-type: none">Upto sum insured.			Sr. No.	INSURED COVERAGE/ BENEFIT	LIMIT OF INDEMNITY	IN PATIENT HOSPITALISATION EXPENSES/BENEFITS		i.	Sum Insured	INR 5/10/15/20/25 & 50 Lakhs	ii.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home including nursing care, RMO charges, BMW Charges, IV Fluids/ Blood transfusion/ injection & administration charges	<p>a) For Sum Insured of 5, 10 and 15 Lakhs - 1% of Sum Insured subject to maximum of INR 10000/- per Day or actual expenses incurred, whichever is less</p> <p>b) For Sum Insured of 20,25 and 50 Lakhs - 1% of Sum Insured subject to maximum of INR 25000/- per Day or actual expenses incurred, whichever is less</p>	Clause 2
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	IN PATIENT HOSPITALISATION EXPENSES/BENEFITS																
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Which will be deducted from total claim amount (if claim amount is more than the specified amount) iv) any other limit (as applicable)	iii.	Intensive Care Unit (ICU) or Specialised Expenses as provided by the Hospital/Nursing Home.	Actuals	Clause 2.2
	iv.	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of Sum Insured & subject to Proportionate Clause wherever applicable	
	v.	Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic test, X-Ray and similar expenses related to the treatment of Cancer	As per the limits of Sum Insured subject to Proportionate Clause wherever applicable	
	vi.	Road Ambulance Cover	a) For Sum Insured of 5, 10 and 15 Lakhs – INR 3000/- per Hospitalization or actuals, whichever is less b) For Sum Insured of 20, 25 and 50 Lakhs – INR 5000/- per	

				Hospitalization or actuals whichever is less	
		vii.	Air Ambulance Cover	5% of Sum Insured	Clause 2.3
		viii.	Emergency Medical Evacuation Cover	a) For Sum Insured of 5, 10 and 15 Lakhs – 2 % of Sum Insured limited to INR 25000/- b) For Sum Insured of 20, 25 and 50 Lakhs – 2% of Sum Insured limited to INR 50000/-	Clause 2.4
		ix.	Reconstruction of Affected Body Part Post Cancer Surgery	Within the aggregate of the Sum Insured and Cumulative Bonus, if any, of the Insured Person receiving the organ.	Clause 2.5
		x.	Organ Donor Expenses – When Insured Person is Recipient	Within the aggregate of the Sum Insured and Cumulative Bonus, if any, of the Insured Person receiving the organ.	Clause 2.6
		PRE AND POST HOSPITALISATION EXPENSES/BENEFITS			
		xi.	Pre and Post Hospitalisation expenses	Medical expenses incurred 45 days prior to hospitalisation and upto 90 days post hospitalisation.	Clause 2.7 & 2.8

		OUT PATIENT DEPARTMENT (OPD) EXPENSES/BENEFITS			Clause 2.9
		xii.	Expenses incurred on Treatment of Cancer in OPD	Within the aggregate of the Sum Insured and Cumulative Bonus, if any.	
		DAY CARE CENTRE EXPENSES/BENEFITS			
		xiii.	Expenses incurred on Treatment of Cancer in Day Care	Within the aggregate of the Sum Insured and Cumulative Bonus, if any.	
		OTHER ADMISSIBLE EXPENSES/BENEFITS			
		xiv.	Second Opinion for Surgery	a) For Sum Insured of 5, 10 and 15 Lakhs – INR 5000/- subject to terms & conditions as per Clause b) For Sum Insured of 20, 25 and 50 Lakhs – INR 10000/- subject to terms & conditions as per Clause.	
		xv.	Post Treatment Follow Up	a) For Sum Insured of 5, 10 and 15 Lakhs – INR 5000/-	
				b) For Sum Insured of 20, 25 and 50 Lakhs – INR 10000/-	
		xvi.	CANCER CARE BENEFIT	50% of the aggregate Sum Insured and Cumulative Bonus, if any. Limited to INR 10 Lacs.	
		xvii.	CUMULATIVE BONUS	5% of Sum Insured at each renewal in respect of each claim free year of Insurance, subject to maximum of 50%.	

		xvii i.	Geographical Extension to SAARC Countries	Within the aggregate of the Sum Insured and Cumulative Bonus, if any, of the Insured Person receiving the organ.	Clause 2.13
		xix.	Telemedicine & Teleconsultation Expenses	<p>a) For Sum Insured of 5, 10,15 and 20 Lakhs – INR 2000/- per insured for a policy period.</p> <p>b) For Sum Insured of 25 and 50 Lakhs - INR 5000/- per insured for a policy period.</p>	Clause 2.14
9	Claims/ claim Procedure	<ul style="list-style-type: none"> Insured must send all communications and papers regarding a claim to the TPA at the address shown in the Schedule. Intimate TPA in writing on detection of Cancer immediately or forty-eight hours before Hospitalization. Intimate within twenty-four hours from the time of Hospitalization in case of Hospitalization due to Medical emergency. Submit the Claim Document within fifteen days from the date of Discharge from Hospital <p>Cashless Service: Contact the TPA or visit our Website at https://orientalinsurance.org.in/ for the list of Hospitals where cashless facility is available</p> <p>Web link for following :</p> <p>1. Network Hospital Details: https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true</p> <p>2. Help Line Number:  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/network-</p>			Clause 5.6

		hospitals 4. Download/getting claim form https://orientalinsurance.org.in/en/download-claimform?isSelected=policyDownload&isRefresh=true	
10	Policy servicing	1.Company officials : Website: www.orientalinsurance.org.in 2 . Toll free: 1800118485 Or 011-33208485 3.Policy issuing office	
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 I of the policy document. Ombudsman website: http://ecoi.co.in/ombudsman.html	
12	Things to remember	<ul style="list-style-type: none"> • Insured will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable. • Renewal of the Policy if insured remits the Premium to insurer prior to expiry of the Policy or within 30 days from expiry of Policy. • This policy is subject to portability guidelines issued by IRDAI and as amended from time to time. Subject to the above, Portability will be allowed only from any other Critical Illness or similar Cancer product offered by Us or other companies. Porting will not be allowed from any other product. Migration will not be allowed from any of our other products to this product 	<ul style="list-style-type: none"> • Clause 6.6 • Clause 6.8(i) • Clause 6.9

		<ul style="list-style-type: none"> • Insurer shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document. • In the case of delay in the payment of a claim, Insurer shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. • However, where the circumstances of a claim warrant an investigation in the opinion of the Insurer, insurer shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, insurer shall settle the claim within 45 days from the date of receipt of last necessary document. <p>In case of delay beyond stipulated 45 days, Insurer shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p>	<ul style="list-style-type: none"> • Clause 5.6 (F)
13	Insured's Obligations	<ul style="list-style-type: none"> • The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, mis-description or nondisclosure of any material fact / particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf. 	Clause 5.12
(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the Prospectus and Policy Document. In case of any conflict between the CIS and the Policy Document the terms and conditions mentioned in the Policy Document shall prevail.			

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder

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