



**Oriental
Insurance**

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: Oriental House, A-25/27,

Asaf Ali Road, New Delhi-110002 CIN

No.U66010DL1947GOI007158

ASTHYA POLICY-ORIENTAL

Customer Information Sheet

(Description is illustrative and not exhaustive)

S.NO	TITLE	DESCRIPTION	POLICY CLAUSE NO
1.	Product Name	SAKSHAM SWASTHYA POLICY-ORIENTAL	NA
2	Policy No		
3	Type of Insurance Product/Policy	Indemnity and Benefit	
4	Sum Insured (Basis) Along with amount	On Individual basis SI -400000/- AND 500000/-	
5.	Policy Coverage (what the policy covers)	a) Hospitalization expenses — Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post-hospitalization expenses for a period of 60 days. Time limit of 24 hrs shall not apply in respect of Day Care Treatment. b) AYUSH Coverage — Expenses incurred on hospitalization under AYUSH Treatment. c) Expenses incurred for treatment of cataract. d) Expenses incurred on hospitalization for Modern Treatment listed procedures. e) Expenses on road Ambulance are subject to a maximum of Rs. 2000/- per hospitalization.	Section 4
6.	Exclusion (what Policy Doesn't cover)	Following is a partial list of the policy exclusions, please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & evaluation b. Admission primarily for rest Cure, rehabilitation, and respite care c. Expenses related to the surgical treatment of obesity that does not fulfil certain conditions d. Change of Gender treatments e. Expenses for cosmetic or plastic surgery expenses related to any treatment necessitated due to participation in hazardous or adventure sports	Section 5

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>	<p>a. Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a Waiting period of forty-eight (48) months of continuous coverage.</p> <p>b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident</p> <p>c. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of Commencement of policy.</p> <p>d. Specified surgeries/ treatments/ diseases are covered after a specific waiting period as per policy terms and conditions.</p> <p>For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy</p> <p>e.</p> <p>f. For HIV/AIDS cover:</p> <p>i. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days shall be applicable for Benefit basis cover</p> <p>ii. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.</p> <p>iii..In case the CD4 count of insured is/goes below 150, then we will pay Rs.50,000/- as lumpsum amount to the insured.</p> <p>iv. The claim under point (c) mentioned above shall be payable once in the lifetime of the Insured Person and shall not be necessarily linked to an Inpatient Hospitalisation claim made under the policy.</p>	Section 5
8.	<p>Financial limit of coverage</p> <p>I Sub-Limit (it is pre defined limit and the insurance company will not pay any</p>	<p>1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum per day</p> <p>2. Intensive Care Unit (ICU) charges charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.</p>	

	<p>amount in excess of this limit)</p> <p>2. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>3.Deductible (it is a specified amount 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) iv) any other limit (as applicable</p>	<p>3. Up to Rs.40,000/-(including IOL), per each eye in one policy year On Cataract Treatment.</p> <p>4. Modern Treatment Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care.</p> <p>5. Ambulance Service charges covered upto 2000 per hospitalization .</p> <p>6.. Ayush: Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 50% of sum insured, during each Policy year as specified in the policy</p> <p>Co-Payment: 20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same.</p>	
9.	Claims/claim Procedure	<p>a. For Cashless Service: Hospital Network details can be obtained.</p> <p>b. For Reimbursement of claims: For reimbursement of claims the insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder</p> <p>i. Reimbursement of hospitalization ,day care and pre hospitalization expenses : within 30days of date of discharge from hospital.</p> <p>ii. Reimbursement of post hospitalization expenses : within 15 days from post hospitalization treatment.</p> <p>For details on the claim procedure please refer to the policy document.</p> <p>c. Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true</p>	Section 4

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>	Section 6.1.7
11.	Grievances/ Complain	<p>Company officials : Website: www.orientalinsurance.org.in Toll free: 1800118485 Or 011-33208485 E-mail: csd@orientalinsurance.co.in Insurance Ombudsman — The contact details Ombudsman offices have been provided as Annexure-I of the policy document</p>	Section 7
12.	Things to Remember	<p>Renewal Condition : The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, or misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years For details on the renewal please refer to the policy document</p> <p>Change of Sum Insured : Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</p> <p>Free Look Period The policy allows you a period of 15 days from the date of receipt, to review the terms and conditions, and to return the same if not acceptable.</p> <p>Cancellation a. The Insured may cancel this Policy by giving 15 days written notice and in such an event, the Company shall refund the premium on short-term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, or fraud by the Insured Person by giving 15 days written notice</p> <p>Migration and Portability.</p> <p>Grace Period : Grace Period of 15 days would be given to pay the installment premium due for the Policy</p> <p>Moratorium Period: After completion of eight continuous years under the policy no</p>	Section 6

		look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract	
13.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period such as change in occupation.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure 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