



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
Regd. Office: Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road, New Delhi-110 002  
CIN No. U66010DL1947GOI007158

### **ORIENTAL DENGUE KAVACH CLAIM GUIDELINES**

The Guidelines laid down here are not exhaustive and are of general nature. The settlement of claims under this policy is totally through the digital mode. The Claim Settling Authority (Policy issuing office) can use discretion by recording the reasons.

#### **CLAIM INTIMATION/ONLINE REGISTRATION & UPLOAD OR SUBMISSION OF CLAIM DOCUMENTS:**

##### **Conditions of Claim Eligibility:**

1. The diagnosis must be confirmed by only those specific test(s) which are as defined by government authorities.
2. The test for Dengue should be conducted in a Government approved diagnostic /pathological laboratory in India under prescription from a registered medical practitioner only.
3. The lab diagnosis must have been performed after the initial waiting period of 30 days.

**Note:** Because the signs and symptoms of dengue fever are non-specific, attempting laboratory confirmation of dengue infection is important. Laboratory criteria for diagnosis include one or more of the following:

- Demonstration of a fourfold or greater change in reciprocal immunoglobulin G (IgG) or immunoglobulin M (IgM) antibody titers to one or more dengue virus antigens in paired serum samples.
- Demonstration of dengue virus antigen in autopsy tissue via immunohistochemistry or immunofluorescence or in serum samples via enzyme immunoassay (MAC-ALISA, IgG ELISA, NSI-ELISA and EIA).
- Detection of viral genomic sequences in autopsy tissue, serum, or cerebral spinal fluid (CSF) samples via reverse-transcriptase polymerase chain reaction (RT-PCR).

##### **CLAIM DOCUMENTS REQUIRED:**

1. In the event of a claim (positive detection/diagnosis of Dengue), the Insured must intimate and register the claim(s) with below mentioned mandatory documents for claim processing in

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electronic form only to be uploaded on portal facility provided by Insurance Company within 15 days of notification of claim.

2. Duly filled claim form by the Insured Person/claimant (on Portal) along with Copy of Aadhaar card or any other Govt issued photo ID proof as KYC.
3. Lab report with sign and stamp, confirming positive for Dengue fever along with Doctor's prescription (Signed and stamped with MCI Registration Number). The test for Dengue should be conducted in a Government approved diagnostic/pathological laboratory in India.
4. Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant.

**NOTE:**

- a. In case of seeking any other document for claims processing the necessary documents / clarifications as per the Policy terms have to be called for at one go and not in a piecemeal manner by the policy issuing office.
- b. Waiver of the condition (claim intimation and document submission timelines beyond 15 days) may be considered in cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

**2. RECOMMENDED CLAIM CHECKS:**

Insurance checks - evaluate patient's policy coverage issues and only if he/she passes this evaluation, should the medical evaluation be considered.

**A. INSURANCE CHECKS:**

- i. SEC 64 VB COMPLIANCE - to be ensured.
- ii. PERSON COVERAGE- whether the claimant is covered in the policy?
- iii. POLICY COVERAGE- whether the positive diagnosis of Dengue has occurred during the policy period?
- iv. WAITING PERIOD: completed or not
- v. MEDICAL CONDITION/BENEFIT COVERAGE- whether the particular medical condition is covered under the policy? Claim should not fall under any Exclusion clause of the policy.

**3. INVESTIGATION OF CLAIMS/MEDICAL OPINION**

Only such claims where suspicions are aroused in relation to disease or documentary evidence submitted or uploaded may be referred for investigation. Such reference for Medical opinion / investigation should not be made a matter of routine and should be used judiciously.

**4. COMMUNICATION OF FINAL DECISION TO THE INSURED:**

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In case the claim is repudiated, the repudiation letter to the insured must clearly and specifically state the reasons for repudiation, quoting the policy conditions / clause under which the claim has been repudiated.

**5. PAYMENT OF CLAIM**

In case of death of the insured person the amount of admissible claim should be reimbursed, as per the policy terms & conditions, to the nominee of the deceased insured, as mentioned in the Policy.

**9. FINANCIAL AUTHORITY:**

Financial limits for settlement of claim shall be as per the limits prescribed by the Company (FSO) from time to time.

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