

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

CORONA KAVACH POLICY-ORIENTAL INSURANCE

SI. No.	TITLE Product Name	DESCRIPTION	Refer to policy clause number			
1.		Corona Kavach Policy-Oriental Insurance				
2.	What am I covered for	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	4.1,4.4,4.5			
		b. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4.1			
		c. Home Care treatment expenses- Costs of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	4.2			
		d. AYUSH Coverage- Medical expenses incurred on hospitalization for Covid under AYUSH Treatment	4.3			
		e. Hospital Daily Cash	5.1			
3.	What are the Major exclusions in	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:				
	the policy	a. Admission primarily for investigation & evaluation	7.1			
		 b. Admission primarily for rest Cure, rehabilitation and respite care 	7.2			
		c. Day Care treatment and OPD treatment	7.6			
4.	Waiting period	Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded6.1				
5.	Payment basis	The Base Cover is on indemnity basis and Optional Cover is on Benefit Basis.				
6.	Cancellation	The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the	9.9			

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7.	Claims	a. F	For Cashless Service:		8.1,8.2		
		b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.			nents to		
		Sl. No	Type of Claim	Prescribed Time limit			
		1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital			
		2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment			
		3	Reimbursement of Home Care expenses	Within thirty days of date of discharge from hospital			
8	Policy Servicing	For de	etails on claim procedure pl	ease refer the policy doc	ument.		
	Grievances/C omplaints	t+of+ ffc050) a. IR htt b. Ins Or Po	07/Lis 10 5tem - isurance ure-B of				
0	Insured's Rights	TAT for Pre-Auth is 48 hours and Settlement of reimbursement claims within 30 days of receipt of last necessary document.					
		Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.					
9 10	Insured's Obligations		. Non-disclosure may result in	claim not being paid.			

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