



The Oriental Insurance Company Ltd.

Regd.Office:Oriental House,P.B.No.7037,A-25/27,Asaf Ali Road, New Delhi-110 002

CIN No. U66010DL1947GOI007158

Oriental Critical Illness Policy

Customer Information Sheet

(Description is illustrative and not exhaustive)

S No.	TITLE	DESCRIPTION	Refer to policy clause number
1.	Product Name	Oriental Critical Illness Policy	
2.	What am I covered for?	Cover for up to 22 Critical Illness on undergoing specified procedure or on diagnosis of an illness of specified severity.	2.
		<div> <div>Plan A</div> <div> Critical Illnesses covered <ol style="list-style-type: none"> 1. Cancer of specified severity 2. Myocardial infarction (first heart attack) 3. Open chest CABG 4. Cpen heart replacement or repair of heart valves 5. Coma of specified severity 6. Kidney failure requiring regular dialysis 7. Stroke resulting in permanent symptoms 8. Major organs/ bone marrow transplant 9. Permanent paralysis of limbs 10. Motor neurone disease with permanent symptoms 11. Multiple sclerosis with persisting symptoms. </div> </div> <div> <div>Plan B</div> <div> Critical Illnesses covered <ol style="list-style-type: none"> 1. Cancer of specified severity 2. Myocardial infarction (first heart attack) 3. Open chest CABG 4. Cpen heart replacement or repair of heart valves 5. Coma of specified severity 6. Kidney failure requiring regular dialysis 7. Stroke resulting in permanent symptoms 8. Major organs/ bone marrow transplant 9. Permanent paralysis of limbs 10. Motor neurone disease with permanent symptoms 11. Multiple sclerosis with persisting symptoms. 12. Angioplasty 13. Benign brain tumour 14. Blindness 15. Deafness 16. End stage lung failure 17. End stage liver failure 18. Loss of speech 19. Loss of limbs 20. Major head trauma 21. Primary (ideopahic) pulmonary hypertension 22. Third degree burns </div> </div>	2.B.1 2.B.2 2.B.3 2.B.4 2.B.5 2.B.6 2.B.7 2.B.8 2.B.9 2.B.10 2.B.11 2.B.1 2.B.2 2.B.3 2.B.4 2.B.5 2.B.6 2.B.7 2.B.8 2.B.9 2.B.10 2.B.11 2.B.12 2.B.13 2.B.14 2.B.15 2.B.16 2.B.17 2.B.18 2.B.19 2.B.20 2.B.21 2.B.22
3.	Sum Insured	A. The Sum Insured slabs available under the policy are:- i. For Insured age upto 50 years - Minimum Rs. 2.0 lacs and maximum Rs. 50.0 lacs.	

		Ii. For Insured age above 50 years- Minimum Sum Insured is Rs.2.0 lakhs, and maximum Rs.20.0 lacs, in multiples of Rs.2.0 lakhs.	
4.	<i>What are the major exclusions in the policy?</i>	<ol style="list-style-type: none"> 1. Critical Illness prior to Inception 2. Non Payable Conditions 3. Congenital external disease, Genetic Disorders 4. Sterility, Infertility, Assisted Conception 5. Pregnancy 6. Non Prescribed Drug 7. Drug abuse and addiction 8. Hazardous and adventure Sports 9. Suicide and Self Inflicted Injury 10. AIDS, HIV 11. Cosmetic Treatment, Plastic Surgery, Sex Change, Hormone Replacement Therapy 12. Massages, Spa, Steam Bath, Naturopathy, Experimental Treatment. 13. Breach of Law 14. War Group Perils 15. Radioactivity <p>(Note: The above is a partial listing of the policy exclusions. Please refer to the policy for complete details)</p>	4A 4K 4K 4K 4J 4K 4F 4F 4K 4K 4K 4K 4G 4L 4M
5.	<i>What are the Additional Benefits ?</i>	1. Medical Second Opinion Benefit upto 1% of Sum insured in a policy period subject to maximum of Rs.10000 for Sum Insured upto Rs. 20 lacs and Rs.20000 for Sum Insured upto Rs.50 lacs.	2.A
6.	<i>Waiting period</i>	Claim shall not be payable in respect of: <ol style="list-style-type: none"> 1. Any Critical Illness, as specified in the policy, which incepts or manifests during the first 3 months of the inception of the Policy. 2. Any Critical Illness, if the insured person does not survive the survival period of 30 days. 3. Critical Illness due to pre-existing conditions shall be payable after 4 years of continuous coverage, subject to the limit specified in the Policy document and prospectus. 	3.35,4.B 3.33,4.C 3.29,4.A
7.	<i>Payment Basis</i>	Fixed amount on the occurrence of a covered event.	2
8.	<i>Renewal Conditions</i>	<ol style="list-style-type: none"> 1. The policy can be renewed every year (if it is a annual policy) OR after every three years (if it is a long term policy) throughout the lifetime of the insured person by mutual consent. However, if a claim has been made for an insured, for that particular insured the policy is not renewable. 2. The company is not bound to give notice that it is due for renewal. 3. Renewal of the policy cannot be denied other than on grounds of fraud, moral hazard or misrepresentation or noncooperation. 4. In the event of break in the policy a grace period of thirty days is allowed. 	8.9
9.	<i>Cancellation</i>	<ol style="list-style-type: none"> A. The insured may cancel this policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired policy period as per the rates detailed in the policy document. B. The Company may cancel the policy at any time on grounds of fraud, moral hazard, misrepresentation, non-cooperation or non- disclosure by the insured, by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of fraud, moral hazard, mis-representation, non-cooperation or non-disclosure by the insured. <p><i>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the policy.</i></p>	8.10

10.	Claims	<p>i. The insured person or an authorised representative of insured person shall notify the Policy issuing office in writing regarding the occurrence of a Critical Illness that may give rise to a claim under the Policy, within 15 days of diagnosis or undergoing the procedure.</p> <p>ii. Documents supporting the claim shall be submitted, along with the completed proposal form, at the Policy issuing office within 30 days from the survival period.</p> <p>iii. Any claim arising under the Policy will be processed and settled by the Company.</p> <p>iv. On receipt of the final document(s) and investigation report (if required), the Company shall within a period of thirty days offer a settlement of the claim to the insured.</p> <p>v. If the Company, for any reasons, rejects a claim, it shall communicate to the insured in writing within a period of thirty days from the receipt of the document(s) and investigation report (if required).</p> <p>vi. Upon the acceptance of an offer of settlement by the insured, the payment of the amount of claim shall be made within seven days from the date of acceptance of the offer by the Company.</p> <p>vii. In the cases of delay in the payment, the Company shall pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid.</p>	6.1,6.2,6.3,6.4,6.5
11.	Policy Servicing	Policy Issuing Office	
	Grievances/ Complaints	a. www.orientalinsurance.org.in	8.19
		b. IRDAI Integrated Grievance Management System http://igms.irda.gov.in	8.20
		c. Insurance Ombudsman – Contact details of the Insurance Ombudsman have been provided in Annexure A of the policy document.	Annexure A
12.	Insured's Rights	<p>a. 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>b. Implied renewability (except on certain specific grounds)</p> <ul style="list-style-type: none"> Policy can be renewed annually throughout the lifetime of the insured person. Renewal of Policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation. <p>c. Increase in SI during the Policy term (please contact policy issuing office)</p> <ul style="list-style-type: none"> Sum insured can be enhanced only at the time of renewal, to the next slab, subject to the criteria for deciding SI. For the incremental portion of the sum insured, the waiting periods and conditions shall apply. Coverage on enhanced sum insured shall be available after the completion of waiting periods. Change of plan is allowed only at the time of renewal, subject to four years of continuous coverage with the Company and no claim reported under the Policy. For change of plan, medical reports are required to be submitted with respect to each insured person aged forty five years and above. <p>d. Turn Around Time (TAT) for issue of Pre- Auth and settlement of Claim <u>Issuance of pre-authorisation</u> – Not applicable</p> <p>I. <u>Settlement of Claim</u> – Within 30/45 days (as the case may be) from the date of receipt of last necessary document.</p>	<p>8.10</p> <p>8.9.i 8.9.iii</p> <p>8.3.I,8.8</p> <p>8.3.II</p> <p>6.4</p>
13.	Insured's Obligations	<p>1. Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in rejection of claim.</p> <p>2. Disclosure of change in Material Information during the policy period. Fresh proposal form may be submitted if required.</p>	

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.