

Oriental Cancer Protect Policy is now available on OICL Portal

Available for all users under Buy Online-Health Policies-Cancer Protect Policy.

Users can purchase the policy by inputting basic details of Primary Insured, Nominee (optional) and insure multiple family members using Add Other Insured tab.

The eligible Sum Insured slabs are mentioned below. Sum Insured of the dependents should be less than or equal to Primary Insured.

AGE	ELIGIBLE SUM INSURED (INR)
<= 50 years	5, 10, 15, 20, 25 & 50 Lakhs
ABOVE 50 Years	5 & 10 Lakhs

Insured age of the Primary Insured and Dependents (other than children) can be 18 to 65 years. Dependent Child's age should be between 3 months and 25 years.

Insurance Details

Start date *	28/09/2022	End date *	27/09/2023
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Primary insured details

Relationship *	<input type="text" value="Self"/>	Name of the insured *	<input type="text"/>
Gender *	<input type="text" value="Male"/>	Date of birth *	<input type="text"/>
Are you A smoker (aggregate)/ Are you in the habit of chewing/Tobacco /Pan Masala or any other intoxicant?*	<input type="radio"/> Yes <input checked="" type="radio"/> No	Age (Year/Month) *	<input type="text"/>
Pre-existing ailments	<input type="radio"/> Yes <input checked="" type="radio"/> No	Sum Insured (In Lakhs.) *	<input type="text" value="Sum Insured (In Lakhs.)"/>
Add Nominee		Oriental health policy *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Add Other Insured Yes No [ADD MORE INSURED](#)

Relationship	<input type="text" value="Select relation"/>	Name of the insured	<input type="text"/>
Gender	<input type="text" value="Select gender"/>	Date of birth	<input type="text"/>
Are you A smoker (aggregate)/ Are you in the habit of chewing/Tobacco /Pan Masala or any other intoxicant?*	<input type="radio"/> Yes <input checked="" type="radio"/> No	Age (Year/Month) *	<input type="text"/>
Pre-existing ailments	<input type="radio"/> Yes <input checked="" type="radio"/> No	Sum Insured (In Lakhs.) *	<input type="text" value="Sum Insured (In Lakhs.)"/>
Add Nominee		<input type="radio"/> Yes <input checked="" type="radio"/> No	

Select your branch office

OICL Office State *	<input type="text" value="Select State"/>	City/Town *	<input type="text" value="Select City"/>
Branch/Office *		<input type="text" value="Select branch"/>	

TPA/NON-TPA

Do you wish to opt for TPA services? Yes No

You get 5.5% discount , if you opt out of TPA service