

Oriental Critical Illness Policy is now available on OICL Portal

Available for all users under Buy Online-Health Policies-Oriental Critical Illness Policy.

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

Insured age of the Primary Insured and Dependents (other than children) should be 18 to 45 years. When Dependent Child is selected, it is mandatory to select the Dependent Child Status.

Oriental insurance **PRITHVI, AGNI, JAL, AKASH**
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 856 CIN - UK601001194760007158 Toll free : 1800118485/011-33208485 (normal charges apply) FONT SIZE English हिंदी

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Oriental Critical Illness Policy

Insurance Details **Premium Calculation** **Personal Details** **Make Payments**

Insurance Details

Long term * 3 YEAR 1 YEAR Plan Type *
Start Date * End Date *

Primary insured details

Relationship with Primary insured * Sum Insured (In Lakhs.) *
Name of the insured * Gender *
Date of Birth * Age *
Pre-existing ailments * Yes No ****Primary insured age should be between 18 to 45 years.****

Add Nominee Yes No

Other Insured Yes No

Select your branch office

OICL Office State * City/Town * Branch/Office *

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](#)

Declaration

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

Yes No

CALCULATE PREMIUM