

# Oriental Insurance Mediclaim Policy (Individual) is now available on OICL Portal

Available for all users under Buy Online-Health Policies- Oriental Insurance Mediclaim Policy (Individual).

Users can purchase the policy by selecting the Sum Insured, Date of Birth, Voluntary Co-Pay, Optional Personal Accident cover Sum Insured and uploading their Photographs. Also they can insure their Dependents and key in their Nominee details.

Insured age of the Primary Insured and Dependents (other than children) should be 18 to 65 years. For Dependent Children the age should be 3 months to 18 years.

**Oriental Insurance** **PRITHVI, AGNI, JAL, AKASH**  
Sab Ki Suraksha Hamare Paas  
BICA REG. NO. 565 CM - 0460150L1847620307354

Toll free : 1800118485/011-33208485 (normal charges apply)

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### Oriental Mediclaim Insurance Policy (Individual)

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

**Primary insured details**

Date of birth \*

Gender \*

PAN number

Whether suffering from pre-existing disease(PED)? \*  Yes  No

Upload a photograph of the person to be insured \*

Please upload the passport size (preferred) photograph(Only JPG, JPEG are allowed).

**Plan details**

Sum insured\*

Do you want to add nominee?  Yes  No

Do you want to extend the coverage for Personal Accident? \*  Yes  No

**TIP: You can extend the coverage for Personal Accident also with an additional premium of Rs 60 only(per lakh/ per member)**

Start date \*

End date

Do you wish to insure your spouse?  Yes  No

Do you wish to insure your dependent children?  Yes  No

Do you wish to insure your father?  Yes  No

Do you wish to insure your mother?  Yes  No

Do you wish to insure your father-in-law?  Yes  No

Do you wish to insure your mother-in-law?  Yes  No

Have you insured your entire family?  Yes  No **Tip: You get discount if your entire family is insured**

**Details of family physician**

Name of family physician

Address of family physician

**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 receipt 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 and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/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 for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

Yes  No

**CALCULATE PREMIUM**