

# The Oriental Insurance Company Limited

## **GROUP MEDICLAIM TAILORMADE POLICY SHEDULE** UIN: OICHLGP449V022021

Policy No. : 271901/48/2024/2224 Prev. Policy

No.

Cover Note No. Insured's Code

Insured's Name

: 271901809841 : AB0000051401

: SHRI RAMDEOBABA COLLEGE OF ENGINEERING AND MANAGEMENT

(GSTIN: 27AAETS2414A1ZZ)

: RAMDEO TEKDI, KATOL ROAD, Address

NAGPUR- 440013

NAGPUR MAHARASHTRA 440013

: 0 / / 0 / NA

Cover Note Date : 01/11/2023

Issue Office Code: 271901

Issue Office Name: BO RAMA MKT. ROHINI DELHI (GSTIN:

07AAACT0627R1Z1)

Address : 215,RAMA MARKET

> PITAM PURA, **NEW DELHI**

NEW DELHI DELHI 110034

Tel. /Fax /Email

(011)-27011578 / (011)-7016468 / Tel. /Fax /Email

udai.prakash@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code

: LC0000000193 M/S EMEDLIFE INSURANCE BROKING SERVICES LTD Agent/Broker

: Pottipati plaza, 2nd Floor, No.77, Nungambakkam, High Road, Chennai-600 034 TAMIL **Address** 

NADU, MOB NO 9899887198, 8826692925, CHENNAI, TAMIL NADU, 600034

: 04428264242/04428264244// Tel/Fax/Fmail

Period of Insurance: FROM 00:00 ON 02/11/2023 TO MIDNIGHT OF 01/11/2024

Collection No. & Dt.: CD A/C AB0000051401 GST INVOICE NO:0722439283209 UIN:0

Gross Premium 32,50,000 GST : 5,85,000 Stamp Duty: 1 Total: 38,35,000

Co-insurance Details: NIL

**TPA Details:** 

TPA ID YA000000347

**TPA Name** PARAMOUNT HEALTH SER

A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE, TPA Address:

THANE WEST, 400 604.

**THANE 400604** Toll Free No : 1800-22-6655

COLLEGE OF

022-66444600 TOLL FREE: Telephone No: Fax No : 022-66444754-755

1800-22-6655

**Risk Details** As per attached Annexure

**Sr No**: 1 Emp/Dependant: SHRI

Name **RAMDEOBABA**  SI: 70400000

No Of **Dependants**  : 881

**NEW DELHI** Place:

16/11/2023 Date:



For and on behalf of The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee



# The Oriental Insurance Company Limited

### Attached to and forming part of policy number 271901/48/2024/2224

ENGINEERING AND MANAGEMENT

#### Particulars of the Persons covered

Sr. No. Name Relationship Sex Age Pre-existing Ailments, If
Any

Total Sum Insured in words: Indian Rupees Seven Crores Four Lakhs Only

Total Premium in words : Indian Rupees Thirty-Eight Lakhs Thirty-Five Thousand Only

#### Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	02/11/2023	100	32,50,000	5,85,000	38,35,000	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements .

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

- 1.Family Definition 1+5, Family Definition (Parents-in-Law in case of female employees): Self + Spouse + 2 Dependent Children + 2 dependent Parents OR Parents-in-law.
- 2.Age Band No Age Limit
- 3. Policy Type (Floater / Non-Floater) Floater
- 4.Sum Insured Graded Graded sum insured- 1.5 lac, 2Lac, 2.5 lac, 3lac, 3.5 lac, 4 lac, 4.5 lac, 5 lac, 5 lac, 6 lac, 9.5 lac & 10 lac.
- 5.Cashless Facility Yes
- 6.Baby Cover from Day-1 New Born Baby Cover from Day1, as part of family floater
- 7.Pre Existing Ailments Pre Existing Disease: Covered from Day One
- 8. Waiver of 30 days waiting period Waived off
- 9. Waiver of 1st, 2nd, 3rd & 4th Year exclusion Waived, 1st & 2nd year exclusion
- 10.Room Rental Limit Room rent each restricted to 1% of sum insured & 2 % for ICU. Proportionate clause applicable.
- 11.Pre Post Hospitalization pre and Post Hospitalization cover: 30 days and 60 days pre and post hospitalization without limit.
- 12. Ambulance Charges Ambulance Charges: 1000,
- 13.Sub-Limits capped (for Room Rent+ Doctor+ Others) & Medical practitioner charges, surgeon fees, consultant fees and similar expenses limit: To be Waived, Expenses capped for anesthesia, blood oxygen, surgical appliances, drugs, medicines, dialysis, chemotherapy, radiotherapy, x-ray, operation theatre charges etc. limit
- 14.Internal Congenital Covered
- 15.External Congenital Disease ¿ External Congenital Disease: External Congenital Disease not covered
- 16. Copay No Co-pay
- 17. Ailment wise / procedure wise capping Not applicable
- 18.Day Care Procedures Covered
- 19. Special condition 1) cataract & hernia 25% of sum insured. Cataract: In case of Multifocal lens, implants will be paid up to 20% of lens cost only 2) Age Related Disorders & degenerative condition.: To be Covered
- 20.Midterm additions allowed only for new joiners, newly married spouse and new born baby. Additions subject to intimation received within 45 days. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining marriage / birth respectively. employees who joined during the previous month and premium to be charged on prorata basis from DOJ.

21.Addition & Deletion of Employee will be done from Date of Joining & Date of Leaving respectively - On Pro rata

Place: NEW DELHI

Date: 16/11/2023



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**Authorised Signatory** 

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## The Oriental Insurance Company Limited

### Attached to and forming part of policy number 271901/48/2024/2224

basis.

22. Claim Intimation - Within 15 days from date of Hospitalization.

23. Claim submission clause ¿ Claim Submission Period: Within 30 days from date of discharge

24. Premium will be charged on per life basis.

25.UCR/GIPSA applicable.

26. TPA: PARAMOUNT

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing offices as well as Company's website.

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO RAMA MKT. ROHINI DELHI (GSTIN: 07AAACT0627R1Z1) on 17-NOV-23

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office SCOPE MINAR CORE 1,DISTRICT CENTRE LAKSHMI NAGAR,Ist FLOOR,,NEW DELHI. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : SUNIL KUMAR For and on behalf of

Examined By : Surinder Singh Mehra

The Oriental Insurance Company Limited

Policy Printed By :950467

Policy Printed On :17-NOV-23 11:22:33 MAC :

Authorised Signatory

Place: NEW DELHI

Date: 16/11/2023





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