



# The Oriental Insurance Company Limited

## GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE

UIN : OICHLGP449V022021

Policy No.	: 271901/48/2025/2119	Prev. Policy No.	: 271901/48/2024/2224
Cover Note No.	: 271901809867	Cover Note Date	: 30/10/2024
Insured's Code	: AB0000051401	Issue Office Code	: 271901
Insured's Name	: SHRI RAMDEOBABA COLLEGE OF ENGINEERING AND MANAGEMENT (GSTIN: 27AAETS2414A1ZZ)	Issue Office Name	: BO RAMA MKT. ROHINI DELHI (GSTIN: 07AAACT0627R1Z1)
Address	: RAMDEO TEKDI, KATOL ROAD, NAGPUR- 440013	Address	: 215, RAMA MARKET PITAM PURA, NEW DELHI NEW DELHI DELHI 110034
Tel. /Fax /Email	: 0 / 0 / NA	Tel. /Fax /Email	: (011)-27011578 / (011)-7016468 / udai.prakash@orientalinsurance.co.in

### Agent/Broker Details

Dev.Off.Code :

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

Address : J618,J619,J620 and J621, 6th Floor, DLF Tower-A, District Centre, Jasola, New Delhi-110025  
011-45185500, New Delhi- 110025, MOB NO 9899887198, 8826692925, DELHI, DELHI, 110025

Tel/Fax/Email : 011-45185500/8826694516//

Period of Insurance : FROM 00:00 ON 02/11/2024 TO MIDNIGHT OF 01/11/2025

Collection No. & Dt. : CD A/C AB0000051401 GST INVOICE NO :0723753531 UIN :0

Gross Premium : 40,49,370 GST : 7,28,887 Stamp Duty: 1 Total : 47,78,257

Co-insurance Details : NIL

### TPA Details :

TPA ID : YA0000000370

TPA Name : Ericson Insurance TP

TPA Address : 11-C, Corporate Park, S.T.Road, Chembur Mumbai - 400071 (MH)

MUMBAI 400071

Toll Free No : 18002022034

Telephone No : 022 - 25280280

Fax No :

### Risk Details

As per attached Annexure

Sr No : 1	Emp/Dependant Name : SHRI RAMDEOBABA COLLEGE OF ENGINEERING	SI : 66950000	No Of Dependants : 731
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Place : NEW DELHI

Date : 11/11/2024



IRDA-REGNO-556



# The Oriental Insurance Company Limited

Attached to and forming part of policy number 271901/48/2025/2119

AND  
MANAGEMENT

## Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
1	SHRI RAMDEOBA BA COLLEGE OF ENGINEERIN G AND MANAGEME NT	Self	M	36	

Total Sum Insured in words : Indian Rupees Six Crores Sixty-Nine Lakhs Fifty Thousand Only

Total Premium in words : Indian Rupees Forty-Seven Lakhs Seventy-Eight Thousand Two Hundred Fifty-Seven Only

## Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	02/11/2024	100	40,49,370	7,28,887	47,78,257	

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

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

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 operating offices as well as Company's website.

1. Family Size - 1+5

2. Family Definition (Parents-in-Law in case of female employees) - Self + Spouse + 2 Dependent Children + 2 dependent Parents OR Parents-in-law (In case of Female Employees).

3. Sum Insured : 1.5 lac, 2 lac, 2.5 lac, 3 lac, 3.5 lac, 4 lac, 4.5 lac, 5.5 lac, 6 lac, 6.5 lac, 9.5 lac & 10 lac.

4. First 30 days exclusion ☐ Waived off.

5. 1st, 2nd, 3rd & 4th year exclusion ☐ Waived Off.

6. Pre Existing Disease - Covered from Day One.

7. New Born Baby Cover from Day1, as part of family floater (Subject to declaration & availability of slot and sufficient CD (Cash Deposit) balance with Insurance Company.) ☐ Yes.

8. Disease wise capping - Not applicable.

9. Disease wise capping limit - Special condition for cataract & hernia 25% of sum insured.

10. Cataract - In case of multifocal lens, implants will be paid up to 20% of lens cost only. Age Related Disorders & degenerative condition. ☐ Covered.

11. Pre and Post Hospitalization cover - 30 days and 60 days pre and post-hospitalization without limit.

12. Room Rental Limit - Room rent each restricted to 1% of sum insured & 2 % for ICU. Proportionate clause applicable.

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- 13.Ambulance Charges - Rs. 1000.  
14.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 anaesthesia, blood oxygen, surgical appliances, drugs, medicines, dialysis, chemotherapy, radiotherapy, x-ray, operation theatre charges etc limit: To be Waived.  
15.Internal & External Congenital Disease - External Congenital Disease not covered.  
16.Co- Pay Clause - No Co-pay.  
  
17.Claim Intimation Period - Within 15 days from date of Hospitalization.  
18.Claim Submission Period - Within 30 days from date of discharge.  
19.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.  
20.Addition & Deletion of Employee will be done from Date of Joining & Date of Leaving respectively - On Pro rata basis.  
21.Premium will be charged on per life basis.  
22.UCR/GIPSA applicable.  
23. TPA: ERICSON (VIDE MAIL DTD. 06/11/2024)

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 11-NOV-24

"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,1st 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 : MRS.MANJU KHANNA

Examined By : Surinder Singh Mehra

Policy Printed By :920673

IP :

Digitally Signed

Policy Printed On :11-NOV-24 12:48:23

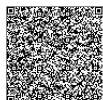
MAC :

By

Authorised Signatory

Place : NEW DELHI

Date : 11/11/2024



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## The Oriental Insurance Company Limited

Attached to and forming part of policy number 271901/48/2025/2119

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.

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

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : NEW DELHI

Date : 11/11/2024



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