

The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE

UIN: OICHLGP449V022021

Policy No. : 570000/48/2025/54 Prev. Policy

Cover Note Date : 01/04/2024

Issue Office Code: 570000

No.

Cover Note No.

Insured's Code

Insured's Name

: 570000100068

: AC000004671

: UNITED INDIA INSURANCE CO LTD

(GSTIN: 33AAACU5552C2ZP)

: 24, WHITES ROAD Address

ROYAPETTAH, CHENNAI 600014

CHENNAI TAMIL NADU 600014

Issue Office Name: CBO CHENNAI (GSTIN:

33AAACT0627R3Z4)

Address : NO.7, ROSY TOWERS, 2ND FLOOR,

NUNGAMBAKKAM HIGH ROAD,

CHENNAI 600034

CHENNAI TAMIL NADU 600034

: //0/NA Tel. /Fax /Email

Tel. /Fax /Email

: 044-23458239 044-23458240 / / 570000@orientalinsurance.co.in

Agent/Broker Details

: NA000000001 Dev.Off.Code

Agent/Broker **Address**

: //// Tel/Fax/Email

Period of Insurance: FROM 00:00 ON 01/04/2024 TO MIDNIGHT OF 31/03/2025

Collection No. & Dt.: CD A/C AC0000004671

GST INVOICE NO:332352343 UIN:0

Gross Premium

94,50,83,389 GST

: 17,01,15,010 Stamp Duty: 1 Total: 1,11,51,98,399

Co-insurance Details:

Coinsurance Details: OICL 34.00%, THE NEW ASSURANCE COL LTD., 33.00%,

33.00%

TPA Details:

TPA ID YA000000371

TPA Name Health Insurance TPA

TPA Address: Majestic Omnia Building, 2nd floor A-110, Sector -4

NOIDA

NOIDA 201301 Toll Free No : 1800 102 3600

1800 102 3600 Fax No : 011 49043399 Telephone No:

> **Risk Details** As per attached Annexure

Sr No: 1

Emp/Dependant: UIIC STAFF

Name

GMC-

SI: 41841200000

No Of : 0 **Dependants**

EMPLOYEES

AND

CHENNAI Place:

Date:

30/04/2024



The Oriental Insurance Company Limited

Attached to and forming part of policy number 570000/48/2025/54

RETIREES(TOTA

37996+39391=773

87)

Particulars of the Persons covered

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

Total Sum Insured in words: Indian Rupees Four Thousand One Hundred Eighty-Four Crores Twelve Lakhs Only

Total Premium in words : Indian Rupees One Hundred Eleven Crores Fifty-One Lakhs Ninety-Eight Thousand Three

Hundred Ninety-Nine Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	01/04/2024	100	94,50,83,389	17,01,15,010	111,51,98,39	99

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on

Company's website 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

The sub-limits for all the 12 ATMT (Advance Treatment

& Modern Treatment) methods will be enhanced to 50% of the Sum Insured subject to maximum of Rs.10 Lacs.

The limit for Domiciliary Hospitalization will be increased from Rs.50,000/- to Rs.1,00,000/-.

The limit for Ambulance charges in the case of transfer of patient involving inter-city travel of more than 50km. one side, will

be enhanced upto Rs.10,000/- per hospitalization.

The payment of any claim related to Cataract will be limited to Actual or maximum of Rs.one lac (inclusive of all charges,

excluding GST) for each eye, whichever is less

POLICY TERMS AND CONDITIONS AS PER GIPSA GUIDELINES OIC STAFF GMC 2024-2025

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 CBO CHENNAI (GSTIN: 33AAACT0627R3Z4) on 04-JUN-24

Place: CHENNAI

Date: 30/04/2024







The Oriental Insurance Company Limited

Attached to and forming part of policy number 570000/48/2025/54

Inst. No	Installment Date		Tax	Total	Remarks

"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. 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 : Anbarasi M Arasu

Examined By : GAGAN ARORA

Policy Printed By :63151 IP : Digitally Signed

Policy Printed On:04-JUN-24 11:43:02 MAC:

Authorised Signatory

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 and through other

Place: CHENNAI

Date: 30/04/2024

