GROUP MEDICLAIM TAILORMADE POLICY SHEDULE UIN : OICHLGP449V022021



Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name : TPA Address : Telephone No :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills, HYDERABAD 500034 040- 23556262 Rist As per atta Emp/Dependant : 2	3 3 rd and 4th floor, Toll Free Fax No k Details ched Annexure 791 SELF + 2374 SI : 4 EP (5165)	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills, HYDERABAD 500034 040- 23556262 Rist As per atta Emp/Dependant : 2	008 Stamp Duty : 1 3 3 rd and 4th floor, Toll Free Fax No k Details ched Annexure 791 SELF + 2374 SI : 4	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name : TPA Address :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills, HYDERABAD 500034 040- 23556262 Risl	008 Stamp Duty : 1 3 3 rd and 4th floor, Toll Free Fax No k Details	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name : TPA Address :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills, HYDERABAD 500034 040- 23556262	008 Stamp Duty : 1 3 3 rd and 4th floor, Toll Free Fax No	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name : TPA Address :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills, HYDERABAD 500034	008 Stamp Duty : 1 3 3 rd and 4th floor, Toll Free	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I Aditya JR Towers 8-2-120 / 86/9 A& E Banjara Hills,	008 Stamp Duty : 1	Total : 5,25,95,278
Gross Premium Co-insurance Def TPA Details : TPA ID : TPA Name :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350 FAMILY HEALTH PLAN I	008 Stamp Duty : 1	
Gross Premium Co-insurance Def TPA Details : TPA ID :	: 4,45,72,270 GST : 80,23,0 tails : NIL YA0000000350		
Gross Premium Co-insurance Def TPA Details :	: 4,45,72,270 GST : 80,23,0 tails : NIL		
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Tel/Fax/Email	: ////		
Address	:		
Agent/Broker	:		
Dev.Off.Code	: NA0000002596		
Agent/Broker D	Details		u@orientalinsurance.co.in
Tel. /Fax /Email	: 04712328654 / / 8547638030 / CEGLTVM@GMAIL.COM	Tel. /Fax /Email	: 0471-4010305; 0471-4010109 / 0 / 441200@orientalinsurance.co.in/miniven
	TRIVANDRUM KERALA 695033		TRIVANDRUM KERALA 695023
	KERALA		PAZHAVANGADI
	THIRUVANANTHAPURAM		THAKARAPARAMBU ROAD
Address	: JALA BHAVAN	Address	: ROHINI BUILDING
nsured's Name	KERALA WATER AUTHORITY(PENSIONERS) (GSTIN 32AAALK1670LAZW)		: DO I TRIVANDRUM (GSTIN: 32AAACT0627R3Z6)
nsured's Code	: AE000002531	Issue Office Code	
	: 44000037327	Cover Note Date	
Cover Note No.		Prev. Policy No.	- Reason: Signing Policy for C
Policy No. Cover Note No.	: 441200/48/2023/64	Dray Dallay	Location: NOIDA

Place : TRIVANDRUM

Date :

26/04/2022



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



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

Page 1 of 3

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Total Sum Insured in words : Indian Rupees Fifty-Five Crores Eighty-Two Lakhs Only Total Premium in words : Indian Rupees Five Crores Twenty-Five Lakhs Ninety-Five Thousand Two Hub Craign Stopphy Eight Only

Installment Details								
Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks		
1	01/04/2022	50	2,22,86,135	40,11,504	2,62,97,639			
2	30/09/2022	50	2,22,86,135	40,11,504	2,62,97,639			

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

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.

Family consist of Self+Spouse+differently abled dependent children if any, Waiver of Exclusion Clause 4.1, 4.2 and 4.3 Room rent restricted to 2% of sum insured and ICU 3% of Sum insured.

Disease capping - Cataract Rs 35000/- per eye, Hernia/Hysterectomy/Piles Fistula/Prostate-surgery- Rs 70000/-Ayurvedic treatment taken in govt Ayurvedic hospitals or hospitals accredited by NABH Limited to 20% of the sum insured

The second installment will be due on 30/09/2022

All the following procedures, will be covered in the policy within the sub-limits in the complete policy period which is as defined below: Name of the Procedure (Sub Limits) :

A. Uterine Artery Embolization and HIFU (Per policy period: Up to INR 50,000.);B. Balloon Sinuplasty (Up to INR 40,000); C. Deep Brain stimulation (Up to INR 20,000) :D. Oral chemotherapy (INR 50,000) :

E.Immunotherapy-Monoclonal Antibody to be given as Injection (INR 20,000) ;F. Intra vitreal injections (INR 20,000) : G. Robotic surgeries(INR 20,000): H.Stereotactic radio surgeries (INR 20,000) ; I.Bronchial Thermoplasty (INR 20,000) J. Vaporization of the prostrate (Green laser treatment or holmium laser treatment)-(INR 20,000) :K. IONM - (Intra Operative Neuro Monitoring) -(INR 20,000) ; L. Stem cell therapy: Hematopoietic stem cells (INR 20,000) Proportionate Clause not applicable

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 DO I TRIVANDRUM (GSTIN: 32AAACT0627R3Z6) on 26-APR-22

"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 'METRO PALACE', NORTH RAILWAY STATION ROAD,, KERALA. 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 : GEETHAKUMARI S

Place : TRIVANDRUM

Date :

26/04/2022



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



For and on behalf of The Oriental Insurance Company Limited

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Authorised Signatory

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This Document is Digitally Signed

Examined By : REMADEVI V	т	For and on besigner GEETHA SANTHASEELAN Date: Yue, Apr 26, 2022 4:04:14 IST The Oriental Insurance Company Oliver Reason: Signing Policy for OICL
Policy Printed By :901521	IP :	_
Policy Printed On :26-APR-22 14:03:38	MAC :	

Authorised Signatory

Place : TRIVANDRUM

Date :

26/04/2022



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



For and on behalf of The Oriental Insurance Company Limited

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