

The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE UIN: OICHLGP449V022021

Policy No. : 441200/48/2024/113 Prev. Policy

No.

Cover Note No. : 44000014325 Cover Note Date : 01/04/2023 : AE0000002531 Insured's Code Issue Office Code: 441200

Insured's Name : KERALA WATER Issue Office Name: DO I TRIVANDRUM (GSTIN:

AUTHORITY(PENSIONERS) (GSTIN: 32AAACT0627R3Z6)

32AAALK1670LAZW)

: JALA BHAVAN Address Address

: IInd FLOOR, YWCA Building **THIRUVANANTHAPURAM** Opp.AG' S Office

KERALA Spencer Jn.

TRIVANDRUM KERALA 695033 TRIVANDRUM KERALA 695001

04712328654 / / 8547638030 / 0471-4050275; 0471-4010109 / 0 / Tel. /Fax /Email Tel. /Fax /Email

CEGLTVM@GMAIL.COM 441200@orientalinsurance.co.in/miniven

u@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ000000275

Agent/Broker **Address**

Tel/Fax/Email : ////

Period of Insurance: FROM 00:00 ON 01/04/2023 TO MIDNIGHT OF 31/03/2024

Collection No. & Dt.: CD A/C AE0000002531 **GST INVOICE NO:322277083** UIN:0

Gross Premium : 6.14.73.752 GST : 1,10,65,276 Stamp Duty: 1 Total: 7,25,39,028

Co-insurance Details: NIL

TPA Details:

TPA ID YA000000350

TPA Name FAMILY HEALTH PLAN I

TPA Address: Aditya JR Towers 8-2-120 / 86/9 A& B 3 rd and 4th floor,

Banjara Hills,

HYDERABAD 500034 Toll Free No : 18004254033

040-23556262 Telephone No: Fax No

> **Risk Details** As per attached Annexure

Emp/Dependant: KWA No Of Sr No: 1 : 5492 SI: 605400000 **Dependants**

Name **PENSIONERS** (3027 SELF +

TRIVANDRUM Place: For and on behalf of

The Oriental Insurance Company Limited 11/05/2023 Date:

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

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 441200/48/2024/113

2465 DEPENDENTS)

Particulars of the Persons covered

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

Total Sum Insured in words: Indian Rupees Sixty Crores Fifty-Four Lakhs Only

Total Premium in words : Indian Rupees Seven Crores Twenty-Five Lakhs Thirty-Nine Thousand Twenty-Eight Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	01/04/2023	50	3,07,36,876	55,32,638	3,62,69,514	
2	30/09/2023	50	3,07,36,876	55,32,638	3,62,69,514	

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 30/09/2023

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 (Upto 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)

The policy is subject to 15% Co-pay on all admissible claims. All other terms as per our standard GMC policy condition.

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

Place: TRIVANDRUM

Date: 11/05/2023



For and on behalf of The Oriental Insurance Company Limited

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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 11-MAY-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 '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."

VISHAL SREEDHAR S Entered By

For and on behalf of

The Oriental Insurance Company Limited

Examined By:

Policy Printed By: 901521 IP:

MAC:

MRS. MEENA KALRA

Policy Printed On:11-MAY-23 16:47:57

Authorised Signatory

TRIVANDRUM Place:

11/05/2023 Date:



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