



The Oriental Insurance Company Limited

ORIENTAL MEDICLAIM INSURANCE POLICY(INDIVIDUAL) - 2024 POLICY SCHEDULE

IRDA UIN NO.:OICHLIP25048V052425

Policy No.	: 171600/48/2026/10033	Prev. Policy No.	: 171600/48/2025/10231
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 139963368	Issue Office Code	: 171600
Insured Name	: SHARDABEN V. GAJERA (GSTIN: 0)	Issue Office Name	: BO NANPURA SURAT (GSTIN: 24AAACT0627R2Z4)
Address	: 150-SUVIDHA RAW HOUSE, DSIMADAGAM, SURAT SURAT GUJARAT 395003	Address	: 3RD FLOOR, BOYCE BUILDING OPP. T & TV HIGH SCHOOL, TIMALIYAWAD, NANPURA SURAT SURAT GUJARAT 395003
Tel./Fax/Email	: / / 9275111079 / NA	Tel./Fax/Email	: 0261-2472321/2472271/2471277 / 0261-2471277 / 171600@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code	: NA0000004056 DIRECT
Agent/Broker	: BA0000143118 RINAL M KUMBHANI
Address	: 4, DHANLAXMI SOCIETY, NEAR ASHADEEP SCHOOL,,NANA VARACHHA, SIMADA NAKA,,SURAT,SURAT,GUJARAT,395006
Tel/Fax/Email	: 9825275044//hiteshitaliya1@gmail.com

Period of Insurance : FROM 00:00 ON 24/09/2025 TO MIDNIGHT OF 23/09/2026

Collection No. & Dt. : CC 3226010620 - 23/09/2025 GST INVOICE NO :2424373247 UIN :0

Gross Premium : 18,041 0 Stamp Duty : .5 Total : 18,041

Co-insurance Details : Nil

Channel of Sale	Yes/No
1.Online	YES
2.Fresh	NO
3.Renewal	YES

TPA Details :

TPA ID	YA0000000347
TPA Name	: PARAMOUNT HEALTH SERVICES & INSURANCE TPA
Address	: PRIVATE LIMITED
	A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE, THANE WEST, 400 604.
Telephone No	: THANE 400604 Toll Free No. : 1800-22-6655 022-66444600 TOLL FREE: 1800-22-6655 FAX No. : 022-66444754-755

Place : SURAT

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Particulars of the Persons covered : Number of persons covered : 1

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Sum Insured (INR)	Co-Pay (%)	PA Capital Sum Insured (INR)
1	SHARDABEN V. GAJERA	F	09/11/1968	56	Self		4,00,000		

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
NILESHBHAI V. GAJERA	Dependant Child		M

Total Premium in words : Indian Rupees Eighteen Thousand Forty-One Only

The insurance under this policy is extended to cover risks of :
Domiciliary Hospitalisation Cover, Daily cash allowance.

Deductible : Nil

The insurance under this policy is subject to conditions, clauses, warranties, exclusion which are available on Company website: www.orientalinsurance.org.in or on demand from policy issuing office.

The policy shall pay for hospitalisation expenses for medical/surgical treatment taken as an in-patient at any Nursing Home/Hospital in INDIA as 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.

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 ab initio (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 NANPURA SURAT (GSTIN: 24AAACT0627R2Z4) on 23-SEP-25.

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1.Claim to be reported within 48 hrs of admission but before discharge.

2.Claim documents to be submitted within 15 days of discharge.

For complete details please refer to policy condition.

3.The insured is advised to visit:

i. <https://orientalinsurance.org.in/policies-related-document>

for policy terms & conditions and customer Information Sheet.

ii. <https://orientalinsurance.org.in/network-hospitals>

for List of Network Hospitals.

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
171600/48/2021/11681	25-SEP-20	24-SEP-21	OICL	
171600/48/2020/10871	25-SEP-19	24-SEP-20	OICL	
171600/48/2019/11400	25-SEP-18	24-SEP-19	OICL	
171600/48/2022/8705	24-SEP-21	23-SEP-22	The Oriental Insurance Company Ltd.	4,00,000
171600/48/2023/8600	24-SEP-22	23-SEP-23	The Oriental Insurance Company Ltd.	4,00,000
171600/48/2024/8142	24-SEP-23	23-SEP-24	The Oriental Insurance Company Ltd.	4,00,000
171600/48/2025/10231	24-SEP-24	23-SEP-25	The Oriental Insurance Company Ltd.	4,00,000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid

"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 MEZZANINE FLOOR, A.G. CHAMBERS,,UNIVERSITY ROAD, FATEHGUNJ, VADODARA,,. 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 : BA0000143118

Digitally Signed
By
Authorised Signatory

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Date : 23/09/2025



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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 digital platforms including Whatsapp(Send "Hi" to  9560711200).

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Customer Information Sheet

Description is illustrative and not exhaustive

Sl.No	Title	Description	Refer to policy clause No.
1.	Product Name	Oriental Mediclaim Insurance Policy (Individual)	
2.	Policy No	171600/48/2026/10033	
3.	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4.	Sum Insured (Basis) Along with Amount	Individual Basis (i.e., Sum Insured and Cumulative Bonus shall apply separately on each Insured Person) Sum Insured option from Rs. 1 lac to Rs. 50lacs.	
5.	Policy Coverage (what the Policy covers	Hospital admission of minimum 24 hours * Related medical expenses incurred 30 days prior to hospitalization & 60 days from date of discharge. * Specified / Listed procedures requiring less than 24 hours hospitalization (day care) * Cover for 22 critical illnesses. * Ambulance Charges * Donor Expenses * Ayurveda, Yoga, Siddha, Unani and Homeopathic treatment. * Air ambulance * OPD benefit for dental and ophthalmic cover, * Medical Second Opinion * Daily hospital cash * PAAs optional cover Voluntary co-pay option * Family discount * Portal Discount * HIV/AIDS * Mental Illness * Telemedicine * Pre and Post hospitalization expenses covered upto 30 and 60 days	3.1





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6.	Exclusions (what the policy does not cover)	<ul style="list-style-type: none"> * Any hospital admission primarily for investigation/ diagnostic purpose * Sex change surgery ,cosmetic surgery& plasticsurgery, * Pregnancy(except ectopic), infertility * Hazardous or AdventureSport * Refractive error, cosmetic dental surgeries * UnprovenTreatments * Substance abuse, self-inflicted injuries, * Breach of law * Any kind of admission fees,registration fees levied by the hospital * Treatment outside India * External congenital diseases. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	4
7.	Waiting period -Time period during which specified diseases/treatments are not covered -It is counted from the beginning of the policy coverage	<ul style="list-style-type: none"> * Pre-existing diseases: Covered after 36months * Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) * Specific waiting periods: <ul style="list-style-type: none"> 1. 90 days for named diseases. 2. 12 months for named diseases(clause 4.3(i & ii) 3. 24 months for disease at (clause 4.3 (iii to xxii) 4. 36 months for diseases (clause 4.3 (xxiii to xxiv) 	4.1 4.2 4.3
8.	Financial Limit of Coverage .I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit)	<ul style="list-style-type: none"> * Upto sum insured. A. HOSPITALISATION BENEFITS <ul style="list-style-type: none"> i. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home:Not exceeding 1 % of the Sum Insured per day ii. Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home.: Not exceeding 2% of the Sum Insured per day. iii. Ambulance service charges as herein after defined.: Rs.2,000 OR 1% of the sum insured whichever is less per hospitalization subject to aggregate expenses not exceeding Rs. 4,000 under the policy. iv. Daily Hospital Cash Allowance 0.1% of the sum insured per day subject to maximum of 6 days per insured person during the entire policy period. Deductible of 2 days shall apply for each hospitalization. 	3.1





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	<p>ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured iii) Deductible (it is a specified amount :Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>B. DOMICILIARY HOSPITALISATION BENEFITS</p> <p>i. Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines &Drugs, Diagnostic</p> <p>Material and Dialysis, Chemotherapy, Nursing expenses.: 20% of the Sum Insured subject to maximum Rs.50,000 per Insured Person, during the entire policy period.</p> <p>ii. Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.): Maximum Rs.5,000/- actually incurred on immunization injections inany one Policy Period. This will be part of Domiciliary Hospitalization limits as specified. For the purpose of this clause the conditions for Domiciliary Hospitalization benefit shall not apply.</p> <p>* Option of voluntary co-payment of 10% and 20% with corresponding premiumdiscount of 10% and 20% respectively on SI</p>	3.1. 3
9.	Claims/ claim Procedure	<p>For Cashless Service: Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim:Policy issuing Office /TPA</p> <p>* Cashless services for coveredexpenses in Network hospitals</p> <p>* Reimbursement of admissible expenses</p> <p>Web link for following :</p> <ol style="list-style-type: none"> 1. Network Hospital Details: https://orientalinsurance.org.in/network-hospitals 2. Help Line Number: Toll free : 1800118485/011-33208485 3. Hospitals which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/network-hospitals 4. Download/getting claim form https://orientalinsurance.org.in/policies-related-document 	5.2 2
10.	Policy servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2. . Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	



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11.	Grievances/ Complaints	* www.orientalinsurance.org.in E-mail: csd@orientalinsurance.co.in * IRDAI Integrated Grievance Management System https://igms.irda.gov.in * Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document. Ombudsman website: http://ecoi.co.in/ombudsman.html	
12.	Things to remember	<p>a. Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception</p> <p>B. Renewable Conditions</p> <p>* Grace period of 30 days</p> <p>* Policy is ordinarily renewable Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c. Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d. Right to port the policy from one company to another company - www.orientalinsurance.co.in</p> <p>e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>f. Insurer to specify the norms on TAT - Please refer to clause 9 of the CIS of policy document.</p> <p>Moratorium Period: After Completion of five continuous years under the policy no look back to be applied. This period of five year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract</p> <p>Renewal Benefits : Health check up benefit for every block of 3 claim free policy years for the insured persons up to 1% of average sum insured subject to maximum Rs. 5000/- per insured person</p>	
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period such as change in occupation.	



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Declaration by the Policy Holder.

I have read the above and confirm having noted the details

Place

Date

(Signature of the Policyholder)

Note

i.Web-link where the product related documents including the Customer Information sheet are available:

<https://orientalinsurance.org.in/policies-related-document>

i.In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

ii.Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.

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