



The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 510000/48/2024/29	Prev. Policy No. : -
Cover Note No. : -	Cover Note Date : -
Insured's Code : AB0000054011	Issue Office Code : 510000
Insured's Name : CLASSKLAP PRIVATE LIMITED (GSTIN: 36AADCB8311M1ZK)	Issue Office Name : CBRO DELHI (GSTIN: 07AAACT0627R1Z1)
Address : PLOT NO.2/5, SSS Nagar West Marredpally Bhd West Marredpally Police Stn, SECUNDERBAD, Hyderabad, Telangana, 500026 HYDERABAD TELANGANA 500026	Address : CORPORATE BUSINESS REGIONAL OFFICE, NBCC CENTRE, 3RD FLOOR NEAR HOTEL CROWN PLAZA NEW DELHI DELHI 110020
Tel. /Fax /Email : 0 / 0 / NA	Tel. /Fax /Email : 011-43172316 -17-18-19-20-21 / 0 / sunmeetsachdeva@orientalinsurance.co. in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LF0000000008 3118 (earlier PIONEER INSURANCE SERVICES P LTD)

Address : 1219 MAKER CHAMBERS V,NARIMAN POINT MUMBAI 400021,MOB NO
9820856038,MUMBAI,MAHARASHTRA,400021

Tel/Fax/Email : 022-66186635/9833843775/022-22049195/

Period of Insurance : FROM 00:00 ON 13/04/2023 TO MIDNIGHT OF 31/03/2024

Collection No. & Dt.: CD A/C AB0000054011 GST INVOICE NO :072228344 UIN :0

Gross Premium : 10,00,000 GST : 1,80,000 Stamp Duty : 1 Total : 11,80,000

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000347

TPA Name : PARAMOUNT HEALTH SER

TPA Address : A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE,
THANE WEST, 400 604.

THANE 400604

Toll Free No : 1800-22-6655

Telephone No : 022-66444600 TOLL FREE:
1800-22-6655

Fax No : 022-66444754-755

Risk Details

As per attached Annexure

Sr No : 1	Emp/Dependant Name : TOTAL 349 (137 EMP + 212	SI : 54800000	No Of Dependants : 349
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Place : NEW DELHI

Date : 13/04/2023



IRDA-REGNO-556

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

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

Page 1 of 3

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The Oriental Insurance Company Limited

Attached to and forming part of policy number 510000/48/2024/29

DEPENDENTS)
PERSONS
COVERED

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
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Total Sum Insured in words : Indian Rupees Five Crores Forty-Eight Lakhs Only

Total Premium in words : Indian Rupees Eleven Lakhs Eighty Thousand Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	13/04/2023	100	10,00,000	1,80,000	11,80,000	

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 operating offices as well as Company's website.

THE CORRECT POLICY PERIOD BE READ AS : 01.04.2023 TO 31.03.2024 23:59 HRS

TERMS & COVERAGES ;

1. Family Definition : Family Floater(Self + Spouse + 3 dependent children upto the age of 25) 1+4
2. Sum Insured : 4 Lakhs Flat For All
3. Parents Sum Insured Restriction : Not Applicable
4. 1st, 2nd, 3rd & 4th Year Exclusion. : Waived for all
5. 1st 30 Days Exclusion : Waived for all
6. Pre-Existing Disease Waiver : Waived for all
7. Maternity Benefits - Limit & Coverages : "Covered for Rs.50000/- For normal delivery and Rs.50000/- For C-Section. Maternity covered for only first 2 children. Maternity covered for Self & spouse Covered for Rs.50000/- For normal delivery and Rs.50000/- For C-Section.
8. Pre & post natal expenses : Upto 5k with in Maternity Limit
9. New Born Baby Coverage From Day 1 : Up to the Floater Sum Insured from Day 1.
10. 9 Months Waiting Period for Maternity : Waived for all
11. Room Rent & Restriction : No Capping
12. Proportionaten deduction clause : Not Applicable
13. Pre-Hospitalization Coverage : 30 Days pre-hospitalization
14. Post-Hospitalization Coverage : 60 days post-hospitalization
15. Domiciliary Hospitalization Cover : Not Applicable
16. Congenital Internal Disease : Internal Congenital Diseases covered.
17. Corporate Buffer : 10 Lakhs Restricted to 2lacs per family and Critical Illness
18. Diseases/aliment capping : Not applicable
19. Cataract Capping : Not applicable
20. Co-payment : Not Applicable
21. Day care procedures : Covered
22. Other Condition :

Place : NEW DELHI

Date : 13/04/2023



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Page 2 of 3

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- : 1) Ayush- Covered in Govt. Recognised hospitals only upto 25% of Sum Insured.
- : 2) Family Transportation Benefit- Covered upto Rs. 5,000/-
- : 3) Nursing Allowance-Covered for INR 100 per day upto a maximum of 15 days with a deductible of 2 days
- : 4) Hospital Cash -Hospital Cash Benefit is covered for Rs 500 per day for 7 days Only if Hospitalisation is more than 5 days
- : 5) Emergency Air Ambulance is covered with per event limit of INR 50000
- : 6) Psychiatric or Mental Disorder treatment - Policy also covers hospitalization arising out of Psychiatric ailments within a limit of Rs 50000 .
- 23. Refractive Error Correction : Covered if correction index is +/- 6.5 D
- 24. Cashless Facility : Covered
- 25. Emergency Ambulance Charges : INR 1000/- per person
- 26. Addition & Deletion : Employee / New Joinees will be covered from DOJ and his/her dependants will be covered from employee's DOJ , If received on the subsequent month subject to sufficient CD balance. Also deletion amount will not be refunded in case of claim reported.

- 27. GIPSA PPN rate applicable.
- 28. Reasonable and Customary Clause.
- 29. INCREMENTAL CLAUSE : Capping on room rent is linked with Consultation charge/Surgeon fee/Anesthesia charges / Charge by specialist / Procedure charge and other expenses shall be deducted in proportionate to room rent charges.

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 CBRO DELHI (GSTIN: 07AAACT0627R1Z1) on 13-APR-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 . 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 : Sh.Narender Kumar
Examined By : S.S.YADAV

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By :239411 IP :
Policy Printed On :13-APR-23 15:48:30 MAC :

Authorised Signatory

Place : NEW DELHI

Date : 13/04/2023



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Page 3 of 3

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