

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

Policy No. : 112500/48/2015/2945 **Prev. Policy No.** : -
Cover Note No. : 1100009286 **Cover Note Date** : 20/02/2015
Insured's Code : AB0000034475 **Issue Office Code** : 112500
Insured's Name : SHREE HUMAD JAIN SAMAJ **Issue Office Name** : MCDO 22
Address : 188, 3RD FLOOR, KALBADEVI ROAD., OPP.COTTON EXCHANGE,MUMBAI
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Address : ORIENTAL BUILDING, 3RD FLOOR, ABOVE LIC OF INDIA, M. G. ROAD, FORT, MUMBAI - 400001.
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MUMBAI MAHARASHTRA 400001
Tel./Fax/Email : / / 0 / NA **Tel./Fax/Email** : (022) 22044301/4302 / 22853323 / 24 / (022) 22043700 /

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC0000000393 IRM INSURANCE BROKERS PRIVATE LIMITED
Address : C/905, TRADE WORLD, KAMALA MILLS COMPOUND, SENAPATI BAPAT MARG LOWER PARAL(WEST), MUMBAI, MAHARASHTRA, 400013
Tel/Fax/Email : 9702204043//info.mumbai@irminsurance.in

Period of Insurance : FROM 00:00 ON 20/02/2015 TO MIDNIGHT OF 19/02/2016

Collection No. & Dt. : CD A/C AB0000034475

Gross Premium : 4,95,040 Service Tax : 61,187 Stamp Duty : 1 Total: 5,56,227

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000347
TPA Name : Paramount Health Serv
TPA Address : Calcutta
CALCUTTA 700001 Toll Free No : 1
Telephone No : 22 Fax No :

Risk Details

Total Sum Insured in words : Indian Rupees Four Crores Seventy-Six Lakhs Only

Total Premium in words : Indian Rupees Five Lakhs Fifty-Six Thousand Two Hundred Twenty-Seven Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached .

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

Day care surgeries to be covered and any other (undefined day care surgeries) treatment as inpatient for less than 24 hrs. to be considered on merits based on nature of treatment & usage of facilities of the hospital.

New born baby cover from day 1 (enrolment upto 30 days from date of birth). Room rent is restricted to 1% of SI & for ICU 2% of SI & related expenses shall be paid according to entitled room category. Internal congenital diseases covered.

No capping or waiting period on any diseases except for cataract claim @Rs.24000/- per eye. Maternity Benefits covered from day one (waiver of 9 month waiting period) max. limit Rs.35,000/- for normal & caesarian delivery. Ambulance charges covered @ Rs.2,000/- per incident. Cover on account of terrorism activities deleted. coverage for epidemic break. Claim intimation not applicable & claim submission within 40 days. No Co-payment. Age 0 - 85 years.

Place : MUMBAI

Date : 20/03/2015



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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

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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.

4.1-Waiver of Pre-existing diseases; 4.2-Waiver of first 30 days; 4.3-Waiver of 1-4 years exclusion; pre hospitalisation period for claim upto 30 days and that of post hospitalisation upto 60 days; S.I. Rs. 2,00,000/- per member.

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 MCDO 22 on 21-MAR-15

Entered By : T.JAGATHESWARI
Examined By : N G RAMACHANDRA RAO

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : MUMBAI
Date : 20/03/2015



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