



The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 411500/48/2024/268	Prev. Policy No. : -
Cover Note No. : 41000033753	Cover Note Date : 31/03/2023
Insured's Code : AC0000000486	Issue Office Code : 411500
Insured's Name : UNITED INDIA -HEAD OFFICE (GSTIN: 33AAACU5552C2ZP)	Issue Office Name : DO 5 CHENNAI (GSTIN: 33AAACT0627R3Z4)
Address : NO. 19, IV LANE, NUNGAMBAKKAM HIGH ROAD, CHENNAI 600034	Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in SPENCER TOWERS, IV FLOOR 770-A ANNA SALAI, P.B. NO.2447 CHENNAI TAMIL NADU 600002
Tel. /Fax /Email : 0 / 0 / NA	Tel. /Fax /Email : (044) 23458246,23458247 / (044)23458249 / v.omanaselvi@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000000476

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 AC0000000486 GST INVOICE NO :332260316 UIN :0

Gross Premium : 96,19,98,042 GST : 17,31,59,648 Stamp Duty : 1 Total : 1,13,51,57,690

Co-insurance Details : Coinsurance Details : OICL 34.00% ,THE NEW ASSURANCE COL LTD., 33.00% , 33.00%

TPA Details :

TPA ID : YA0000000371

TPA Name : Health Insurance TPA

TPA Address : Majestic Omnia Building, 2nd floor A-110, Sector -4 NOIDA

NOIDA 201301

Toll Free No : 1800 102 3600

Telephone No : 1800 102 3600

Fax No : 011 49043399

Risk Details

As per attached Annexure

Sr No : 1	Emp/Dependant Name : UIIC EMPLOYEES AND RETIREES	SI : 4000000000	No Of Dependants : 0
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Place : CHENNAI

Date : 28/04/2023



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

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The Oriental Insurance Company Limited

Attached to and forming part of policy number 411500/48/2024/268

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
1	UIIC	Self	M	48	

Total Sum Insured in words : Indian Rupees Four Hundred Crores Only

Total Premium in words : Indian Rupees One Hundred Thirteen Crores Fifty-One Lakhs Fifty-Seven Thousand Six Hundred Ninety Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	01/04/2023	100	96,19,98,042	17,31,59,648	113,51,57,690	

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

THE TERMS AND CONDITIONS OF THE POLICY IS AS PER THE GIPSA 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 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 5 CHENNAI (GSTIN: 33AAACT0627R3Z4) on 17-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 P.B.NO.1877 U.I.L BUILDING III FLOOR,NO.4, ESPLANADE OPP.ESPLANADE POLICE STN.,,. 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 : V. OMANA SELVI

Place : CHENNAI

Date : 28/04/2023



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Inst. No	Installment Date		Tax	Total	Remarks

Examined By : MRS. MEENA KALRA

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By :750298

IP :

Policy Printed On :17-MAY-23 10:25:12

MAC :

Authorised Signatory

Place : CHENNAI

Date : 28/04/2023



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