



The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 181100/48/2024/2184	Prev. Policy No. : 132000/48/2023/2163
Cover Note No. : -	Cover Note Date : -
Insured's Code : AC0000004601	Issue Office Code : 181100
Insured's Name : Artificial Limbs Manufacturing Corporation of India (GSTIN: 09AABCA8899F1Z6)	Issue Office Name : DO I NAGPUR (GSTIN: 27AAACT0627R4ZW)
Address : ALIMCO, G T ROAD, KANPUR, KANPUR NAGAR UTTAR PRADESH - KANPUR UTTAR PRADESH 209217	Address : 15, A.D. COMPLEX , MOUNT ROAD EXTENSION, SADAR NAGPUR 440 013 NAGPUR MAHARASHTRA 440013
Tel. /Fax /Email : / / 9919129119 / jm4_fa@alimco.in	Tel. /Fax /Email : 0712-2548624, 2520389 / 0712-2533514 / 181100@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LC0000000367 M/S GREENLIFE INSURANCE BROKING PRIVATE LIMITED

Address : STREET NO-360 NEW TOWN 700156 CALCUTTA WEST BENGAL,CALCUTTA WEST BENGAL,MOB NO 6289301019 9735517363, 9830721486 OFF-033-23576344,CALCUTTA, WEST BENGAL,700156

Tel/Fax/Email : 033-23576344/9073330465/033-23576352/info@gibl.in

Period of Insurance : FROM 00:00 ON 22/08/2023 TO MIDNIGHT OF 21/08/2024

Collection No. & Dt. : CD A/C AC0000004601 **GST INVOICE NO** :2722357755 **UIN** :0

Gross Premium : 91,41,600 GST : 16,45,488 **Stamp Duty** : 1 **Total** : 1,07,87,088

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000370

TPA Name : Ericson Insurance TP

TPA Address : 4th Floor, New Vijay Cinema Building S.T.Road, Chembur
Mumbai - 400 071 (MH)
MUMBAI 400071

Telephone No : 022 - 25280280

Toll Free No : 1800222034

Fax No :

Risk Details As per attached Annexure

Sr No : 1	Emp/Dependant Name : ARTIFICIAL LIMBS MFG	SI : 156000000	No Of Dependants : 457
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Place : NAGPUR

Date : 22/08/2023



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 181100/48/2024/2184

CORP OF INDIA

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 Fifteen Crores Sixty Lakhs Only

Total Premium in words : Indian Rupees One Crore Seven Lakhs Eighty-Seven Thousand Eighty-Eight Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	22/08/2023	100	91,41,600	16,45,488	1,07,87,088	

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.

COVERAGES :

- *Sum Insured : Rs. 6 Lacs per Family
- *Family Definition: Self + Spouse
- *Geographical limit: India Only
- *Basic Hospitalization Cover-Covered from Day 1
- *Pre-existing disease -Waived for all
- *1st year/2nd year/4th Year exclusion-Waived for all
- *1st 30 days waiting period -Waived for all
- *Room Rent Capping (Per Day):1% of SI
- ICU Rent Capping (Per Day):2% of SI
- *Pre Hospitalisation Expenses:Medical Charges Upto 30 Days
- *Post Hospitalisation Expenses:Medical Charges Upto 60 Days
- *Terrorism -Covered
- *Maternity Benefit -NA
- *9 Month Waiting on Maternity -NA
- *New Born Baby -NA
- *Mid Term Addition and Deletion of Employees and Spouse-On Prorate Basis
- *Daycare Procedure-As per insured list
- *In Hospitalisation Sub Limits;
- Any one Illness Sub Limits;
- Cybernife, Stem Cell, Robotic Sugery & Cochlear Implants - As per insured list

- *Ambulance charges 3000/-per case
- *Cataract -10% of S.I. Subject to Maximum 24000/- per eye
- *Hernia -10% S.I subject to Maximum 30000/-
- *Hysterctomy 10% of SI subject to Maximum Rs. 30000.

*Following Major Surgeries upto 70% of SI subject to maximum of Rs. 420000/- for Cancer, Brain Tumour, Pace Maker

Place : NAGPUR

Date : 22/08/2023



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Implantation, HIP Replacement, Knee/ Joint Replacement

- *All Reimbursement Claims to be paid to the Employee directly.
- *Cashless Facility & TPA -Network Hospital
- *Non-Network Hospital- Full Reimbursement as per 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

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 NAGPUR (GSTIN: 27AAACT0627R4ZW) on 22-AUG-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 REGIONAL OFFICE,4TH FLOOR,S.K.TOWERS,NELSON SQUARE,CHHINDWARA ROAD. 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 : AMOL K DHABARDE

For and on behalf of
The Oriental Insurance Company Limited

Examined By : V.B.INGLE

Policy Printed By :464023

IP :

Policy Printed On :22-AUG-23 16:15:28

MAC :

Authorised Signatory

Place : NAGPUR

Date : 22/08/2023



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