This Document is Digitally Signed
Signer: DS THE ORIENTAL INSURANCE COMPANY LIMITED 01
Date: Fri, Dec 12, 2025 13:19:20 IST
Reason: Signing Policy for OICL

The Oriental Insurance Company Limited

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No.	**: 222201/48/2026/73**	**Prev. Policy No.**	**: -**
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 168847046	Issue Office Code	: 222201
Insured's Name	: BABU BANARASI DAS INSTITUTE OF TECHNOLOGY & MANAGEMENT (GSTIN:)	Issue Office Name	: BO CIVIL LINES UNNAO (GSTIN: 09AAACT0627R4ZU)
Address	: 55, BABU BANARSI DAS NAGAR, PURANA QUILA, LUCKNOW TERMS AND CONTIONS AS PER EXPIRING POLICY LUCKNOW UTTAR PRADESH 226001	Address	: 249-A/1, CIVIL LINES, UNNAO UNNAO UTTAR PRADESH 209801
Tel. /Fax /Email	: / / 0 / NA	Tel. /Fax /Email	: 0515-2820440 / 9415110342 / 0515-2820440 / shalini.pawah@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code	**: NA0000005885 BO-UNNAO, DIRECT**
Agent/Broker	**: BA0000110574 SUSHIL KR. SHUKLA**
Address	**: 6/61 SHUKLA GANJ,UNNAO,UTTAR PRADESH,209801**
Tel/Fax/Email	**: 8922085345/8922085345//sushilskg1961@gmail.com**

Period of Insurance : FROM 00:00 ON 10/09/2025 TO MIDNIGHT OF 09/09/2026

Collection No. & Dt. : CHQ 2051000531 - 09/09/2025 GST INVOICE NO :0924341484 UIN :0

Gross Premium : 3,16,824 GST : 57,028 Stamp Duty : 1 Total: 3,73,852

Co-insurance Details : NIL

Risk Details

Total Sum Insured in words : Indian Rupees Four Crores Sixty Lakhs Fifty Thousand Only

Total Premium in words : Indian Rupees Three Lakhs Seventy-Three Thousand Eight Hundred Fifty-Two Only

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

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

1. NORMAL ROOM RENT MAX RS. 2000/- + 15% NURSING CHARGES AND FOR ICU MAX RS. 2000/- + 15% NURSING CHARGES
2. THERE IS NO TPA SERVICES IN THE POLICY & NO WAITING PERIOD IN THE POLICY
3. AMBULANCE CHARGES Rs-350 PER TRIP FOR EACH STUDENT SEND FOR THE TREATMENT TO HOSPITAL SENT TO HOSPITAL FROM ANY WHERE IN THE CITY
4. SUM INSURED PER STUDENT Rs-25000/= AND NO WAITING PERIOD
5. TOTAL STUDENTS COVERED UNDER THE POLICY IS 1842

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 operaing offices as well as Company's website.

Place : UNNAO

Date : 09/09/2025

IRDA-REGNO-556

Anurag Tiwari

Digitally signed by Anurag Tiwari
DN: cn=Anurag Tiwari c=IN o=Personal
Reason: AICTE
Location: BBDITM, Lucknow
Date: 2025-12-17 13:01+05:30

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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 BO CIVIL LINES UNNAO (GSTIN: 09AAACT0627R4ZU) on 12-DEC-25

" 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 43, HAZRATGANJ,,LUCKNOW,,.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 : MS. Shalini Pawah

Examined By : MR. CHIRANJI LAL

Policy Printed By : 265012

Policy Printed On : 12-DEC-25 13:19:20

IP :

MAC :

Digitally Signed
By
Authorised Signatory

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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Date : 09/09/2025

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CUSTOMER INFORMATION SHEET

(Description is Illustrative and not exhaustive)

SI. NO	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	**Product Name**	**MEDICLAIM INSURANCE POLICY (GROUP)**	
2.	**What I am Covered For**	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	1
		b. Sum Insured- Minimum sum insured is Rs 50,000/- and in multiples of Rs 25,000/- upto Rs 2, 00,000/-. Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- upto Rs 500000/-.	12
		c. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	2a.
		I.C. Unit expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room including I.C.U. stay should not exceed total number of admission days).	2b.
		d. Road Ambulance Cover - 1% of the sum insured or Rs 2000/- whichever is less	2e.
		e.Telemedicine Expenses. f.AYUSH Coverage without any sub limits. g.Modern treatments and advanced surgeries. h.Mental illness cover Hospitalization expenses incurred for donating an organ by the donor (excluding cost of organ if any) to the insured person during the course of organ transplant will also be payable.	2B
		j. Domiciliary Hospitalisation Benefit	2A

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3.	**What are the Major exclusions in the policy**	a. Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage	
		b.Admission primarily for investigation & evaluation	
		c. Admission primarily for rest Cure, rehabilitation and respite care	
		c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions	
		d. Change-of-Gender treatments	
		e. Listed 16 major diseases (For details refer policy document)	
		f. Maternity	
		g. Expenses related to correction of refractive error less than 7.5	
		h. Unproven treatments	
		i. Sterility and infertility	
		j. Expenses for cosmetic or plastic surgery	
		k. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	
		The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions	
4.	**Waiting period**	b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.	4.1
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	4.1
		d. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months	4.1
5.	**Payment basis**	Payment on indemnity basis(Cashless / Reimbursement)	5.5
6.	**Loss sharing**	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following Sub-limits:	
		i. Room Charges (Hospitalization):	
		a. Room rent not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	
		b. I.C. Unit/ICCU expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less.	2.1 (I)
		c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.	2.1 (II)
		d. i.Disease wise capping for 20 (twenty) listed diseases. ii. Capping on 7 (seven) common procedures.	2.1 (a)

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7.	**Renewal Conditions**	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years and There will be no loading on renewals on Individual claims experience basis.	
8.	**Renewal Benefits**	b. Benefit for coverage of diseases under time bound exclusions c. Eligible for Migration or portability as per regulatory provisions.	
9.	**Cancellation**	a. The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non- disclosure of material facts, and fraud by the Insured Person by giving 30 days' written notice.	5.14
10.	**Claims/Claim Procedure**	For Cashless Service: Hospital Network Detailsare available at www.orientalinsirance.org.in For reimbursement of Claim: Policy issuing Office /TPA * Cashless service for covered expenses in Network Hospitals * Reimbursement of admissible expenses Web link for following: Network Hospital Detail: https://www.orientalinsurance.org.in/network-hospitals Helpline No : **Toll free** 1800118485/011- 33208485 Hospital which are blacklisted or for no claims will be accepted here: https://www.orientalinsurance.org.in/network-hospitals Downloading/getting claim form https://www.orientalinsurance.org.in/policies-related-document	5.6 (B)

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11.	**Policy Servicing**	1.Company officials : Website: www.orientalinsurance.org.in 2. . Toll free: 1800118485 Or 011-33208485 3.Policy issuing office	
	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	6.11 Annexure III
12.	**Things to remember**	a.Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception Lifelong renewability (except on certain specific grounds) . **B. Renwable Conditions** * Grace period of 30 days * Policy is ordinarily renewable Adjustment of premium on renewal in lieu of OMP policy. c.Right to migrate from one product to another product of the company. www.orientalinsurance.org.in d.Right to port the policy from one company to another company - www.orientalinsurance.co.in e.Change in SI during the policy term or at the time of renewal (please contact the policy issuing office) **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	6.2

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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.	

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

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

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