BBDITM

Babu Banarasi Das Institute of Technology & Management, Lucknow

Student Mediclaim and Personal Accident Policy

The institution Mediclaim and personal accident policy framed with an objective to support the student in case of emergency or any severe medical complication/treatment.

This policy has insured of Rs.25000/- per student for Mediclaim & Rs.1,00,000/- per student for personal accident on same rate.

Rs.189/- per student and GST @18%= Rs. 233.02

The main features of the policy for students are as under:

1. Student Mediclaim policy tailor-made for the students.
2. Risk cover under policy of Rs.25000/- per student.
3. Room rent under this policy of Rs. 1000/- per day.
4. Nursing charges of Rs 100/-per day.
5. ICU charges of Rs. 2000/- per day.
6. Nursing charges for ICU of Rs. 2000/- per day.
7. Ambulance charges of Rs.350/- (in case of emergency)
8. No cap in the policy like doctor's fee, surgery charges, Medicines, investigation and room halting charges etc. The reimbursement is up to sum insured i.e. 25000/-
9. There is no waiting period under this policy, all type of claim will be payable from very first day, even for first year students as well.
10. Personal accident covers for Rs. 1 lac per student in the unfortunate case of accidental death or permanent total disabled of the student.

Director
BBDITM, Lucknow

Babu Banarasi Das Institute of Technology & Management, Lucknow

Student Mediclaim and Personal Accident Policy

To,

Date: / /

The Dean – Student Welfare
Babu Banarasi Das Institute of Tech. & Mgmt.,
Lucknow

Respected Sir,

I am submitting herewith Medical Reimbursement claim of Rs. .....

(in words .....) on account of Medical Expenditure incurred by me for treatment of Self duly verified by AMA/ Hospital.

Enclosures:

1. Prescriptions and Reports .....pages
2. Details of Receipts asgiven below in .....pages:

S.No.	Cash Memo / Bill Receipt No.	Amount (inRs.)
Total :		

Declaration: I hereby certify that the amount claimed by me as detailed above has been paid by me and not claimed from any other organization.

Yours Faithfully,

Signature: .....

Name: .....

Admission No.: .....

Mobile No.:.....

Student's Bank Account Details:

1) Bank Name & Address:

2) Bank Account No. :

3) IFSC Code:

Director
BBDITM, Lucknow

Digitally Signed
Signer: TASHMI RAMAN SINGH
Date: Wed, Mar 2, 2022 15:29:35 IST
Location: NOIDA
Reason: Signing Policy for OICL

GPA - NAMED POLICY SCHEDULE

IRDA/NL-HLT/OIC/P-P/V.1/457/13-14

Policy No	: 221301/48/2022/1718	Prev.Policy No.	
Cover Note No	221301/0718	Cover Note Date	: 16/02/2022
Insured's Code	AF0000000574	Issue Office code	221301
Insured's Name	BBD EDUCATION SOCIETY (GSTIN 0)	Issue Office Name	CBO 1 LUCKNOW (GSTIN: 09AAACT0627R4ZU)
Address	BABU BANARSI DAS INSTITUTE OF TECHNOLOGY AND MANAGEMENT 55 KHA BABU BANARSI DAS NAGAR LUCKNOW	Address	ABOVE INDUSIND BANK LALABAGH LUCKNOW UTTAR PRADESH 226001
Tel /Fax /Email	LUCKNOW UTTAR PRADESH 226001	Tel /Fax /Email	0522-2624909 / / shalini.pawah@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000005669 DIRECT

Agent/Broker : BA0000128635 PRATIBHA RAWAT

Address : C/107 , AZAD NAGAR , BALAGANJ,LUCKNOW,UTTAR PRADESH,226001

Tel/Fax/Email : //8564076137//N/

Period of Insurance FROM 00:00 ON 17/02/2022 TO MIDNIGHT OF 16/02/2023

Collection No & Dt : CD A/C AF0000000574 GST INVOICE NO :0920522495 UIN :0

Gross Premium : 36,676 GST : 6602 Stamp Duty : 1000 Total : 43,278

Co-insurance Details : NIL

Number of persons covered	2180
Total Sum Insured	218000000
AOA Limit	100000

Details of Insured Persons :

Sr. No	Emp No./ ID No.	Name	Age	Sex	Section/Cover	Sum Insured	Additional Covers
1	BBDNIT MBTCE20190003 3	ROHIT BHARTI	18	M	Table of benefits IA	1,00,000 1,00,000	NIL
2	BBDNIT MBTCE20190003 4	SHIVESH KUMAR PANDEY	20	M	Table of benefits IA	1,00,000 1,00,000	NIL
3	BBDNIT	PRAVEEN KUMAR	22	M	Table of benefits IA	1,00,000	NIL

Place

Date 28/02/2022

IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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

Director
BBDITM, Lucknow

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

This Document is Digitally Signed

UIN : OICHLGP449V022021

Signer: RASHMI TRAMAN SINGH
Date: Tue, Apr 19, 2022 14:34:50 IST
Location: NOIDA
Reason: Signing Policy for OICL

Policy No.	221301/48/2022/1724	Prev. Policy No.	:
Cover Note No	22130170721	Cover Note Date	16/02/2022
Insured's Code	AF0000000574	Issue Office Code	: 221301
Insured's Name	BBD EDUCATION SOCIETY (GSTIN: 0)	Issue Office Name	: CBO 1 LUCKNOW (GSTIN: 09AAACT0627R4ZU)
Address	U/C BABU BANARASI DAS INSTITUTE OF TECHNOLOGY AND MANAGEMENT 55 KHA BABU BANARSI DAS NAGAR LUCKNOW LUCKNOW UTTAR PRADESH 226001	Address	: ABOVE INDUSIND BANK LALABAGH LUCKNOW UTTAR PRADESH 226001
Tel. /Fax /Email	0522-2624909 / / shalini.pawah@orientalinsurance.co.in	Tel. /Fax /Email	: 0522-2624909 / / shalini.pawah@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000005669 DIRECT

Agent/Broker : BA0000128635 PRATIBHA RAWAT

Address : C/107 , AZAD NAGAR , BALAGANJ,LUCKNOW,UTTAR PRADESH,226001

Tel/Fax/Email : //8564076137//NA

Period of Insurance : FROM 00:00 ON 17/02/2022 TO MIDNIGHT OF 16/02/2023

Collection No. & Dt. : CD A/C AF0000000574 GST INVOICE NO :0920522547 UIN :0

Gross Premium : 0 GST : 0 Stamp Duty : 0 Total: 0

Co-insurance Details : NIL

Risk Details

Total Sum Insured in words : Indian Rupees Only

Total Premium in words : Indian Rupees 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

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.

1. NORMAL ROOM RENT MAX RS. 1000/- + 15% NURSING CHARGES AND FOR ICU MAX RS. 2000/- + 15% NURSING 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 abinitio (from inception).

Place :

Date : 28/02/2022

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

Director
BBDITM, Lucknow

Attached to and forming part of policy number 221301/48/2022/1724

This Document is Digitally Signed

"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 treatment. This will help us serve you in the best possible manner"

Name: RAJIV RANJAN SINGH
Date: Tue, Apr 19, 2022 14:34:50 IST
Reason: Signing Policy for OICL

In witness whereof the undersigned being authorised by and on behalf of the Company has/have hereun to set his/their hands at CBO 1 LUCKNOW (GSTIN: 09AAACT0627R4ZU) on 19-APR-22

" 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 : MS. Shalini Pawah

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : 265012 IP :

Policy Printed On : 19-APR-22 14:34:16 MAC :

Authorised Signatory

Director
BBDITM, Lucknow

Place

Date 28/02/2022

IRDA REGNO 556

For and on behalf of
The Oriental Insurance Company Limited

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Authorised Signatory