

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 462900/48/2023/215 **Prev. Policy No.** : -
Cover Note No. : 46000020230001 **Cover Note Date** : 12/07/2022
Insured's Code : AB0000050707 **Issue Office Code** : 462900
Insured's Name : CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (GSTIN: 36AABTC1906A1ZG) **Issue Office Name** : DO ONGOLE (GSTIN: 37AAACT0627R4ZV)
Address : CBIT COLLEGE, KOKAPET VILLAGE RAJENDRA NAGAR, GANDIPET, HYDERABAD RANGA REDDY, TELANGANA . RANGAREDDY TELANGANA 500075 **Address** : Ground Floor, D.No.58-8-16(3), BM Apartments, Ramakurivari Street, Santhapeta, Ongole - 523001, Prakasam District ONGOLE ANDHRA PRADESH 523001
Tel. /Fax /Email : / / 0 / NA **Tel. /Fax /Email** : 08592-232423, 233307 / 9440241997 / 08592-232956 / ananda.rao@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LC0000000281 JAINUINE INSURANCE BROKERS PVT LTD

Address : F-63 FIRST FLOOR, GOLANI MARKET, JALGAON, JALGAON, MAHARASHTRA, 425001

Tel/Fax/Email : 02572225747//

Period of Insurance : FROM 00:00 ON 13/07/2022 TO MIDNIGHT OF 12/07/2023
Collection No. & Dt. : CD A/C AB0000050707 **GST INVOICE NO** :372161687 **UIN** :0
Gross Premium : 16,90,000 **GST** : 3,04,200 **Stamp Duty** : 1 **Total** : 19,94,200
Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000340
TPA Name : M/S SAFEWAY INSURANC
TPA Address : 815, Vishwasadan, District Centre, Janakpuri, oriental@safewaytpa.in DELHI 110058 **Toll Free No** : 1800 -102-5671
Telephone No : **Fax No** :

Risk Details As per attached Annexure

Sr No : 1 **Emp/Dependant Name** : Coverage of 586 lives (Emp : 166 & Dependents : 420) **SI** : 49800000 **No Of Dependants** : 586

Place : ONGOLE
Date : 25/07/2022



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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Attached to and forming part of policy number 462900/48/2023/215

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 Four Crores Ninety-Eight Lakhs Only
Total Premium in words : Indian Rupees Nineteen Lakhs Ninety-Four Thousand Two Hundred Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	13/07/2022	100	16,90,000	3,04,200	19,94,200	

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.

(1) Family Size : 1+3 (Self + Spouse + two dependent child). age group : 0 to 60 (2) Sum Insured per family : Rs.3 lakh per family (3) Waiver of pre-existing diseases (4) New born baby is covered from day one within family SI (5) Additions/Deletion premium collected on pro-rate basis. New additions are covered from the date of joining subject to sufficient CD balance as on date.(6) Waived for 30 days, 1st year, 2nd year and 4th years exclusions (7) Pre and post hospitalisation are 30 and 60 days respectively (8) Co-pay : Nil (9) Room rent : 2% of SI per day for Normal and 4% of SI per day for ICU (10) Ambulance charges upto Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period(10) Cataract limit: Rs.20,000/- per eye (11) No Ailment Capping. (12) No of families : 166 families/ 586 lives (Total Sum insured : Rs.498 Lakhs). (13) Home care treatment for COVID19 covered upto Rs.15000/- per family during policy period and the treatment as per ICMR COVID19 guidelines.

Ayush Treatment : Expenses incurred on treatment under AYUSH in a Government Hospital or in any institute recognised by the Government and / or accredited by the Quality council or India/National Accreditation Board on Health upto 25% of the sum insured subject to a maximum of Rs.25000/- per policy period .

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 ONGOLE (GSTIN: 37AAACT0627R4ZV) on 28-SEP-22

Place : ONGOLE

Date : 25/07/2022



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 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 DOOR NO.48-14-111, SRI NITYA COMPLEX, 2ND FLOOR,OPP : KARNATAKA BANK, RAMA TALKIES ROAD,VISAKHAPATNAM,. 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 : P.Rambabu

For and on behalf of
The Oriental Insurance Company Limited

Examined By : T.T.V RAMAN

Policy Printed By :OICL

IP :

Policy Printed On :28-SEP-22 15:42:21

MAC :

Authorised Signatory

Place : ONGOLE

Date : 25/07/2022



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