


 GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE
 UIN : OICHLGP449V022021

Policy No.	590000/48/2025/3468	Prev. Policy No.	-
Cover Note No.	VC-CN-B159001257	Cover Note Date	25/10/2024
Insured's Code	131616807	Issue Office Code	590000
Insured's Name	MAHARASHTRA STATE ELECTRICITY BOARD HOLDING CO. LTD. - (Which includes MSEBHCL, MSEDCL, MSETCL AND MSPGCL) (GSTIN: 27AAECM2933K1ZB)	Issue Office Name	CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW)
Address	'PRAKASHGAD' PLOT NO G-9, PROF. ANANT KANEKAR MARG, BANDRA (E), MUMBAI 400051 (GSTN : MSETCL-27AAECM2936N1Z2, MSEDCL-27AAECM2933K1ZB, MSPGCL-27AAECM2935R1ZV) (COMPULSORY TOPUP)	Address	ORIENTAL HOUSE, 7TH FLOOR, 7, J TATA ROAD MUMBAI MAHARASHTRA 400020
Tel. /Fax /Email	10/NA MUMBAI MAHARASHTRA 400051	Tel. /Fax /Email	22830833/22897301 / 22852595 / remadevi@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000010135

Agent/Broker :

Address :

Tel/Fax/Email : ////

Period of Insurance : FROM 00:00 ON 26/10/2024 TO MIDNIGHT OF 25/10/2025

Collection No. & Dt. : CD A/C AC0000003522 GST INVOICE NO :2723466840 UIN :0

Gross Premium : 2,08,81,48,238 GST : 37,58,66,682 Stamp Duty: 1 Total: 2,46,40,14,920

Co-insurance Details : NIL

TPA Details :

TPA ID	YA0000000348	Toll Free No	1800 425 9449
TPA Name	M/S MEDI ASSIST INSU		
TPA Address	No.4/1, IBC Knowledge Park, Tower "D" 4th Floor, Bannerghatta Road, Bangalore BANGALORE 560029	Fax No	1800 425 9559
Telephone No	1800 425 9449		

 Risk Details
 As per attached Annexure

Sr No : 1	Emp/Dependant : POLICY Name INCEPTION	SI : 37275500000	No Of Dependants : 0
Place : MUMBAI			
Date : 30/10/2024			



IRDA-REGNO-556





Attached to and forming part of policy number 590000/48/2025/3468

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 Three Thousand Seven Hundred Twenty-Seven Crores Fifty-Five Lakhs Only
 Total Premium in words : Indian Rupees Two Hundred Forty-Six Crores Forty Lakhs Fourteen Thousand Nine Hundred Twenty Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	26/10/2024	50	104,40,74,119	18,79,33,340	123,20,07,459	

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 the 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.

(27). Or any other surgeries/procedures which require less than 24 hours Hospitalization due to technological advancement and for which prior approval from TPA is mandatory.

Note : The above treatment is required to be taken from an authorized doctor (Minimum MBBS degree holder). Condition of 24 hrs.

Indoor treatment shall not apply in such cases.

(28) Day Care Procedures will be as per Tender Document attached with the policy

(29) Genetical disorders and Stem Cell Implantation Surgeries to be covered.

(30) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable limited to the overall sum insured.

(31) Cost of aid: Rs.10,000/- per family insured / per policy period for reimbursement on cost incurred for Artificial Limbs, Wheel Chairs, crutches and Walkers etc.

Reimbursement of these expenses will be subject to the limit of sum insured per family and should be duly recommended by the treating doctor.

(32) No deduction in case of death during hospitalization-For Employee Claims only. Full claim payable without deduction for Non-Medical Expenses, if the claim is eligible subject to Sum Insured.

All other terms and conditions as per attached policy copy.

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) Sum Insured Rs.5 Lacs Floating within family size of 1+5;

a. Spouse

b. Children

Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-556





The Oriental Insurance Company Limited

Signer: MEERA PARTHASARATHY
Date: Thu, Nov 28, 2024, 16:26:01 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 590000/48/2025/3468

Inst. No	Installment Date		Tax	Total	Remarks
2	25/03/2025	50	104,40,74,119	18,79,33,342	123,20,07,461

- I. Son and Daughter up to the age of 18 years only are covered. If Son/Daughter above 18 years of age are working and in case of Married Daughter will not be covered under the policy.
- II. Son up to the age of 26 years who are bona fide student and who is fully dependent on employee will be covered under this policy.
- III. Unmarried daughter who is fully dependent on employee up to her marriage will be covered under this policy.
- IV. Physically Handicapped and mentally retarded children's who are fully dependent on employee will be covered under this policy.
- c. Parents (However, Female employee can choose Mother & Father or Mother-in-Law & Father-in-law i.e. only one set of parents to be chosen).
- d. Brother, till he attains the age of 18 years and fully dependent on employee.
- e. Sister (Divorcee/Widow or until she gets married)
- (2) Waiver of Exclusion 4.1, 4.2 and 4.3.
- (3) Disease wise capping - NO, except Cataract. Capping for Cataract is Rs.45000/- per eye including Laser Treatment for Cataract.
- (4) Pre-hospitalisation expenses upto 30 days prior to the date of admission. Post Hospitalisation expenses upto 60 days from the date of discharge.
- (5) All other Exclusions from 4.4 to 4.27 are applicable as per attached Terms and Conditions.
- (6) Registered Ambulance Charges: The maximum liability of the Company shall be restricted to Rs.5000/- per employee or actual expenses, whichever is lower in one period of Insurance for ambulance charges.
- (7) (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home not Exceeding 1% of Sum Insured per day for normal room.
(B) ICU Expenses not exceeding 2% of the Sum Insured per day (Room including ICU Stay should not exceed Total number of admission Days).
Incremental charges would be deducted. All other Room Rent and Nursing Expenses -Conditions as per Tender Document for 2024-25
- (8) Premium has been received for 74551 employees + their 5 dependents.

(9) REASONABLE AND CUSTOMARY CHARGES ARE APPLICABLE: means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved. For a networked hospital means the rate pre-agreed between Networked Hospital and the TPA for surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalized.

Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-556





Attached to and forming part of policy number 590000/48/2025/3468

Inst. No	Installment Date	Tax	Total	Remarks

(10) New Born baby is covered from day 1, within the family sum insured and within the family definition of 1+5

(11) No individual can be covered more than once in the policy specially if an Employee and Spouse are working in the same organisation, both cannot cover each other and cannot cover set of dependents. In case at the time of claim it is found that the member is covered more than once a deletion endorsement (without any refund) of such member will be effected to ensure he or she is covered only once.

(12) Advanced/Modern Surgery and Advanced Oral Chemotherapy is covered.

(13) Restriction of Covid Claims upto Rs. 5 Crs. during entire Policy period and within the limits of family floater sum insured.

(14) No Deduction in case of death during hospitalisation - for Employee Claims only. Full Claim payable without deduction for Non-Medical expenses, if the claim is eligible subject to SI.

(15) External congenital in case of life threatening conditions to be covered upto the sum insured.

(16) GRIEVANCE REDRESSAL In case of any grievance the Employee may approach MSEBs Zonal Grievance Cell Committee , if complaint still not resolved then can approach the TPA, Insurance Company and MSEBs Corporate Grievance cell in parallel.

(18) Midterm inclusion of family members/dependents:
(A) Newly Married Spouse from the Date of Marriage.
(B) New Born Baby should be covered from Day One

(19) Modern Treatment to be covered upto Full Sum Insured: Inclusion of recent modern advancements as per IRDAI regulation namely Uterine Artery embolization, HIFU, Balloon Sinuplasty, Intraoperative Neuro Monitoring, Deep Brain stimulation, Immunotherapy- Monoclonal Antibody to be given as injection, Intravitreal Injections, Robotic Surgeries, Stem Cell Therapy, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporization of the prostate (Holmium Laser Treatment). Coverage to Modern Treatment Methods, procedures shall be covered (wherever medically indicated) either as inpatient or as day care treatment in a hospital.

(20) Denosumab injection to be covered.

(21) Targeted Therapy and adjuvant chemotherapy: All cancer treatment to be covered upto Full Sum Insured.

(22) Cyber-knife treatment & Robotic surgery and Stereotactic Robotic Surgery to be covered upto Full SI.

(23) Injections: Use of immuno-modulators like injection Rituximab, Zolendronic acid Remicade & any other injection considered on day care basis used for cancer related treatments

(24) Advance Oral Chemotherapy (Tablets form)

(25) Ayurvedic treatment at Govt. hospital / Govt. College.

Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-558





The Oriental Insurance Company Limited

Signer: MEERA PARTHASARATHY
Date: Thu, Nov 28, 2024 16:26:01 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 590000/48/2025/3468

(26) AYUSH Treatment: Applicable, Treatment in Govt. Hospitals/Medical Corporations recognized by NABH to be covered in the scheme.

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 ab initio (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 CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW) on 28-NOV-24

"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. 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 : Darshan V Shelar

Examined By : MR. DIGANTA HAZARIKA

Policy Printed By :174408

IP :

Digitally Signed

Policy Printed On :28-NOV-24 16:26:00

MAC :

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)

Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-556





GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE

UIN : OICHLGP449V022021

Policy No.	590000/48/2025/3470	Prev. Policy No.	-
Cover Note No.	VC-CN-B159001258	Cover Note Date	25/10/2024
Insured's Code	131616807	Issue Office Code	590000
Insured's Name	MAHARASHTRA STATE ELECTRICITY BOARD HOLDING CO. LTD. - (Which includes MSEBHCL, MSEDCL, MSETCL AND MSPGCL) (GSTIN: 27AAECM2933K1ZB)	Issue Office Name	CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW)
Address	'PRAKASHGAD' PLOT NO G-9, PROF. ANANT KANEKAR MARG, BANDRA (E), MUMBAI 400051 (GSTN : MSETCL-27AAECM2936N1Z2, MSEDCL-27AAECM2933K1ZB, MSPGCL-27AAECM2935R1ZV)	Address	ORIENTAL HOUSE, 7TH FLOOR, 7, J TATA ROAD MUMBAI MAHARASHTRA 400020
Tel. /Fax /Email	(COMPULSORY TOPUP) MUMBAI MAHARASHTRA 400051	Tel. /Fax /Email	22830833/22897301 / 22852595 / remadevi@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000010135

Agent/Broker :

Address :

Tel/Fax/Email : ////

Period of Insurance : FROM 00:00 ON 26/10/2024 TO MIDNIGHT OF 25/10/2025

Collection No. & Dt. : CD A/C AC0000003522 GST INVOICE NO :2723466866 UIN :0

Gross Premium : 16,62,48,730 GST : 2,99,24,772 Stamp Duty: 1 Total : 19,61,73,502

Co-insurance Details : NIL

TPA Details :

TPA ID	YA0000000348	Toll Free No	1800 425 9449
TPA Name	M/S MEDI ASSIST INSU	Fax No	1800 425 9559
TPA Address	No.4/1, IBC Knowledge Park, Tower "D" 4th Floor, Bannerghatta Road, Bangalore BANGALORE 560029		
Telephone No :	1800 425 9449		

 Risk Details
 As per attached Annexure

Sr No : 1	Emp/Dependant : POLICY Name INCEPTION	SI : 37275500000	No Of Dependants : 0
Place : MUMBAI			
Date : 30/10/2024			



IRDA-REGNO-556





The Oriental Insurance Company Limited

Signer: MEERA PARTHASARATHY
Date: Thu, Nov 28, 2024 16:27:22 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 590000/48/2025/3470

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any

Total Sum Insured in words : Indian Rupees Three Thousand Seven Hundred Twenty-Seven Crores Fifty-Five Lakhs Only
Total Premium in words : Indian Rupees Nineteen Crores Sixty-One Lakhs Seventy-Three Thousand Five Hundred Two Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	26/10/2024	50	8,31,24,365	1,49,62,386	9,80,86,751	
2	25/03/2025	50	8,31,24,365	1,49,62,386	9,80,86,751	

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 the 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

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+5 dependents
2. This is Compulsory Top up policy(to the Base policy no 590000/48/2025/3468) for family sum insured of Rs.5 lacs floating within family size of 1+5, will trigger only after exhausting the Basic sum insured of Rs.5 lacs under mentioned base policy
3. All other terms and conditions will be applicable as per Base policy no 590000/48/2025/3468 (Copy of policy wordings enclosed)
4. The room rent limits will be applicable only as per Base policy limits (Sum insured of Base Policy and Compulsory Sum Insured Policy will not be added to consider the room rent limits).
5. Premium has been collected for 74551 employees+5 dependents.

6. GRIEVANCE REDRESSAL In case of any grievance the Employee may approach MSEB's Zonal Grievance Cell Committee, if complaint still not resolved then can approach the TPA, Insurance Company and MSEB's Corporate Grievance cell in parallel.

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

Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-556





The Oriental Insurance Company Limited

Signer: MEERA PARTHASARATHY
Date: Thu, Nov 28, 2024, 16:27:22 IST
Reason: Signing Policy for OICL

Attached to and forming part of policy number 590000/48/2025/3470

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 ab initio (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 CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW) on 28-NOV-24

"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 . 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 : Darshan V Shelar

Examined By : MR. DIGANTA HAZARIKA

Policy Printed By :174408

IP :

Digitally Signed

Policy Printed On :28-NOV-24 16:27:22

MAC :

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

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Place : MUMBAI

Date : 30/10/2024



IRDA-REGNO-556





GROUP MEDICLAIM TAILORED POLICY SCHEDULE
UIN : OICHLGP449V022021

Policy No.	: 590000/48/2025/5095	Prev. Policy No.	: -
Cover Note No.	: VC-CN-B159001034	Cover Note Date	: 06/12/2024
Insured's Code	: 131616807	Issue Office Code	: 590000
Insured's Name	: MAHARASHTRA STATE ELECTRICITY BOARD HOLDING CO. LTD. - (Which includes MSEBHCL, MSEDCL, MSETCL AND MSPGCL) (GSTIN: 27AAECM2933K1ZB)	Issue Office Name	: CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW)
Address	: 'PRAKASHGAD' PLOT NO G-9, PROF. ANANT KANEKAR MARG, BANDRA (E), MUMBAI 400051 (GSTN : MSETCL-27AAECM2936N1Z2, MSEDCL-27AAECM2933K1ZB, MSPGCL-27AAECM2935R1ZV)	Address	: ORIENTAL HOUSE, 7TH FLOOR, 7, J TATA ROAD MUMBAI MAHARASHTRA 400020
Tel. /Fax /Email	: (022) 22830833 / 22897301 / 22852595 / remadevi@orientalininsurance.co.in	Tel. /Fax /Email	: 22830833/22897301 / 22852595 / remadevi@orientalininsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000010135

Agent/Broker :

Address :

Tel/Fax/Email : ////

Period of Insurance : **FROM 00:00 ON 06/12/2024 TO MIDNIGHT OF 05/12/2025**

Collection No. & Dt. : CD A/C AC0000003522 GST INVOICE NO :2723738186 UIN :0

Gross Premium : 1,11,11,310 GST : 20,00,036 Stamp Duty: 1 Total : 1,31,11,346

Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000348

TPA Name : M/S MEDI ASSIST INSU

TPA Address : No.4/1, IBC Knowledge Park, Tower "D" 4th Floor, Bannerghatta Road, Bangalore BANGALORE 560029 Toll Free No : 1800 425 9449

Telephone No : 1800 425 9449 Fax No : 1800 425 9559

Risk Details
As per attached Annexure

Sr No : 1	Emp/Dependant Name	SI : 190100000	No Of Dependents : 1636
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Place : MUMBAI



IRDA-REGNO-556

Date : 29/01/2025



The Oriental Insurance Company Limited

Attached to and forming part of policy number 590000/48/2025/5095

1299 Dep= 1636
Total Lives)

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any

Total Sum Insured in words : Indian Rupees Nineteen Crores One Lakh Only

Total Premium in words : Indian Rupees One Crore Thirty-One Lakhs Eleven Thousand Three Hundred Forty-Six Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	06/12/2024	100	1,11,11,310	20,00,036	1,31,11,346	

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 the 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

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. The sum insured under this policy will be on Floater basis, varying from Rs.1 lac to Rs.10 lac each.
2. Waiver of Exclusions 4.1, 4.2, 4.3.
3. OPD/Domiciliary Hospitalisation Claims are excluded from the scope of cover of the Policy.
4. Maternity & all related expenses are not covered under the policy. New Born Baby is covered from DAY 1.
5. This Policy will be triggered only after exhausting full sum insured of Rs 10 lacs under both Base and Compulsory Top-up Policy
(Base Policy No.590000/48/2025/3468-Rs.5 lacs per family and Compulsory Topup Policy no.590000/48/2025/3470 - Rs.5 lacs per family).
6. In a family where one or more persons are employed in MSEBCL & / or its Group of Companies (i.e. MSEBCL, MSPGCL, MSETCL & MSEDCL),
the sum insured limit opted by such employees will not be clubbed in respect of their dependent family members i.e. the sum insured shall not be taken as cumulative.

7. Midterm Inclusion / addition of dependents is not permissible under the policy, however, only Newly married spouse & or new born baby of day 1 can be covered
provided No.of dependent family members including Parents OR Parents -in -law (not both) do not exceed 1 + 5.

8. 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.

9. GRIEVANCE REDRESSAL In case of any grievance the Employee may approach MSEBs Zonal Grievance Cell Committee ,
if complaint still not resolved then can approach the TPA, Insurance Company and MSEBs Corporate Grievance cell in parallel.

10. Rest all other terms conditions exclusions as per Base Policy No. 590000/48/2025/3468 and Compulsory Top Up

Place : MUMBAI



Date : 29/01/2025



The Oriental Insurance Company Limited

Attached to and forming part of policy number 590000/48/2025/5095

Policy No. 590000/48/2025/3470.

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 ab initio (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 CBO 2 MUMBAI (GSTIN: 27AAACT0627R4ZW) on 29-JAN-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 . 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 : PIYUSHKUMAR MESHRAM

Examined By : Ajay R Pote

Policy Printed By :174408

IP :

Digitally Signed

Policy Printed On :29-JAN-25 16:08:05

MAC :

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)

Place : MUMBAI



Date : 29/01/2025

