

# GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

**Policy No.** : 421900/48/2021/4021 **Prev. Policy No.** : -  
**Cover Note No.** : 42000010532 **Cover Note Date** : 29/12/2020  
**Insured's Code** : AE0000002578 **Issue Office Code** : 421900  
**Insured's Name** : NATIONAL LAW SCHOOL OF INDIA UNIVERSITY (GSTIN: 29AAAJN0185F1Z6) **Issue Office Name** : DO IX BANGALORE (GSTIN: 29AAACT0627R4ZS)  
**Address** : PB No. 7201, Nagarbhavi, Bengaluru - - BANGALORE 560072 **Address** : NO.70/5, SUVARNA TOWERS, I FLOOR, NEAR VIJAYANAGAR BDA COMPLEX, GOVINDARAJ NAGAR, VIJAYANAGAR, BANGALORE BANGALORE KARNATAKA 560040  
**Tel./Fax/Email** : 080-23160532/33/35 / / 9731015834 / financeofficer@nls.ac.in **Tel./Fax/Email** : 080 23102254,23406322,23102259(DIR) / 080 23102258 / sudha.ganesh@orientalinsurance.co.in

## Agent/Broker Details

**Dev.Off.Code** : NA0000004520 DIRECT

**Agent/Broker** :

**Address** :

**Tel/Fax/Email** : ///

Period of Insurance : FROM 00:00 ON 29/12/2020 TO MIDNIGHT OF 28/12/2021

Collection No. & Dt. : CD A/C AE0000002578 GST INVOICE NO :2919683496 UIN :0

Gross Premium : 6,25,000 GST : 1,12,500 Stamp Duty : 1 Total: 7,37,500

Co-insurance Details : NIL

## TPA Details :

TPA ID : YA0000000331

TPA Name : M/S VIPUL MEDCORP TP

TPA Address : 515, UDYOG VIHAR, PHASE V

GURGAON 122016

Toll Free No : 1800 102 7477

Telephone No :

Fax No :

## Risk Details

Total Sum Insured in words : Indian Rupees Twelve Crores Twenty-Four Lakhs Only

Total Premium in words : Indian Rupees Seven Lakhs Thirty-Seven Thousand Five Hundred 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 operating offices as well as Company's website.

PRE-EXISTING DISEASES COVERED, DELETION OF EXCLUSION 4.2 (30 DAYS OF EXCLUSION 4.3 (TIME BOUND EXCLUSIONS)

ROOM RENT - 3% FOR NORMAL AND 5% FOR ICU

CORPORATE BUFFER - 5 LAKHS LIMITED TO FAMILY SUM INSURED.

DAY CARE PROCEDURES COVERED

Place : BANGALORE



IRDA-REGNO-556

Date : 31/12/2020

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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IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

ADDITIONS AND DELETIONS SUBJECT TO SUFFICIENT CD BALANCE

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 IX BANGALORE (GSTIN: 29AAACT0627R4ZS) on 01-JAN-21

" 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 44/45,Leo Shopping Complex,1st Floor Floor,Residency Road Cross,BANGALORE.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 : Ezhalavarasu R

Examined By : Ms MEERA PARTHASARATHY

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : 460958

IP :

Policy Printed On : 01-JAN-21 10:43:52

MAC :

Authorised Signatory

Place : BANGALORE

Date : 31/12/2020



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