**STUDENT INSURANCE**

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| Policy Number | : | 421900/48/2023/1741 |
| Policy period | : | From 00.00 hours on 29.12.2022 to Midnight of 28.12.2023 |
| Insurance Company | : | M/s. The Oriental Insurance Co. Ltd. |
| Policy terms and Conditions | : | Sum Insured – Rs.2.00 lakhs per student |
|  |  | Room rent limit: 3% of sum insured for normal and 5% of Sum Insured for ICU.  |
|  |  | Corporate buffer: Buffer of Rs.5.00 lakhs limited to Family Sum Insured |
|  |  | Emergency ambulance Charges : Rs.1000/- per hospitalization |
|  |  | Day Care Procedures are covered |
|  |  | No aliment/disease capping |
|  |  | Pre & Post hospitalization expenses are covered upto 30 and 60 days respectively. |
|  |  | Co-pay is not applicable |
|  |  | Submission clause for reimbursement: Upto 30 days from the date of discharge |
| Insurance Co. address | : | DO IX, Bangalore |
| TPA | : | M/s. Raksha Health Insurance TPA Pvt. Ltd. |
| TPA address | : | RAKSHA HEALTH INSURANCE TPA PVT. LTD.1st floor, # 8, Khykha court,2.Hosur Road Santhosapuram, 2nd Block - Koramangala. Bangalore – 560068. |
| Contact details at TPA | : |

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| **Level** | **Name** | **Mobile number** | **E-Mail Ids** |
| 1st level | Call Centre | 9741955446 | crcmblr@rakshatpa.com |
| SPOC | Mr Mahesh, Asst. Manager CRM | 7406004466 | mahesh.g@rakshatpa.com |
| Escalation 1 | Mr Harish, Sr. Manager - CRM | 9739998767 | harish@rakshatpa.com |
| Escalation 2 | Dr Dani, AVP – Regional Manager | 9740000808 | dani@rakshatpa.com |

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| Policy copy | : | Attached |
| Network hospitals | : | List attached  |
| Claim form | : | Attached |
| For E-card and other assistance | : | Ms. Prathibha V K at 9900214422 - prathibhavk@nls.ac.in  |