Oriental insurance

PRITHVI, AGNI, JAL, AKASH SAB KI SURAKSHA HAMARE PAAS

CLAIM FORM FOR NIRAMAYAHEALTHINSURANCESCHEME

Notes: This form is issued without admission of liability and must be completed and returned to the insurance company for processing the claim.

Claim No (to be allotted by the insurer):_____Policy No:_____

1. **Details of the Claimant:**

Name in Full:_____

Present Age:_____Years, Relationship with the patient_____

Telephone No.: _____

Residential Address:_____

_____

_____

2. **Details of the Patient:**

Name in Full:_____Age:_____ Years, Disability:_____

Son/Daughter of:_____BPL Card No._____

Residential Address: _____

_____

3. **Permanent Business or Occupation: (If more than one state all)**

_____

4. **(a) Name & address of the hospital where the treatment was conducted:**

_____

_____

(b) Name, address & qualification of the doctor who conducted the treatment

_____

_____

5. **Nature of claim :OPD/ IPD/ Therapy**

a) Date/s: _____

b) Details of disease: _____

c) Date of Admission:_____Time: _____

d) Date of Discharge:_____Time: _____

6. **Total Claimed Amount : _____**

7. **If the claim is for domiciliary hospitalization, please indicate:**

a) Date of commencement of treatment : _____

b) Date of completion of treatment : _____

c) Name & address of attending Medical Practitioner : _____

d) Qualification : _____

e) Telephone No. : _____

8. **Are you insured elsewhere? If so, give details:**

a) Name of the Company and Sum Insured: _____

b) The amount you are entitled to Claim under above policy: _____

In support of the above claim, I enclose following documents {Please indicate by (□)}

1. Bills, Receipt and Discharge Certificate/card from the Hospital/Nursing Home. (In original)
2. CashmemosfromtheHospital/Chemist(s),supportedbytheproperprescription. (Inorigina
3. Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner/ Surgeon demanding such Pathological tests. (In Original)
4. Surgeons certificate stating nature of operation performed and surgeon's bill and receipt. (In Original)
5. Attending Doctor's/Consultant's/Specialist's/Anesthetist's bill and receipt and certificate regarding diagnosis, whichever is prescribed & thereby expenses incurred (In Original)
6. If any transportation bill then pls. submit the bill. (In original)

Declaration:

I HEREBY DECLARE that the particulars are true to best of my knowledge and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Place:
Date: Signature of Insured

Insurance underwritten by Oriental Insurance Company Ltd. Insurance is the subject matter of the solicitation.

Note :

Claim Form under Niramaya All Claims for settlement under Niramaya has to be submitted to Oriental Insurance in the prescribed Claim Form alongwith relevant vouchers/ bills, etc. within 30 days of treatment or discharge from hospital.

Mailing Address : RAKSHA TPA – Plot No:42, Victora Building, First Floor, Sector 20A, Near ICAI Building,Faridabad, Haryana-121013

For any query regarding reimbursement of claim, kindly contact:
Toll Free Nos: 1800-180-1444, 1800-11-8485
Tel: 0129-4289999 Mob. No. +91-98184-91955
E mail id: mukesh.goel@orientalinsurance.co.in

Guidelines to settle your claim fast:

1. Fill the claim form properly. All the fields must be filled.

2. Enclose the following documents:

   A) Copy of Niramaya card or mentioned Health ID No.
   B) Attested copy of disability certificate
   C) All original prescription papers given by the doctor, original bills of Hospital / Medicine / Doctor fee/ Therapy fee.
   D) In case of change in address, kindly enclose residential proof with Claim Form and inform National Trust office also.
   E) Kindly give Bank details to enable transfer of claim amount directly in the beneficiary's account.

3. Put your mobile number properly as you will be updated about the claim status.

4. Please Note: In case of change in address, kindly enclose residential proof with Claim What does NIRAMAYA cover?

Revise Benefit Chart (Om Reimbursement Basis only)				
Section	Sub Section	Details	Sub Limit	Over all Limit of Section
I	**Over all Limit of Hospitalization**			55,000/-
	A	Corrective Surgeries for existing Disability including congenital disability	40,000/-	
	B	No-Surgical/Hospitalization	15.000/-	
II	**Over all Limit for Out Patient Department (OPD)**			19,000/-
	A	OPD treatment including the medicines, pathology, diagnostic, tests, etc	15,000/-	
	B	Dental Preventive Dentistry	4,000/-	
III		Ongoing Therapies to reduce impact of disability, disability and disability related complications		20,000/-
IV	**Alternative Medicine**			4,000/-
V	**Transportation Costs**			2,000/-
OVERALL LIMIT OF THE COVERAGE FOR A PERSON: Rs 1,00,000/-				

MANDATORY

Part - C- EFT (For Direct Fund Transfer/ Electronic Fund Transfer)

As per IRDA Circular No.: IRDA/F6A/CIR/GLD/056/02/2014, Proposer's/ **policy** holder's bank **account details** are mandatory to process the **claim through** EFT, **please provide the below details (all fields are compulsory) and provide a cancelled cheque of the proposer/ policy holder** (should be of the bank account number **mentioned** below)

Proposer/ policy holder name*(as per bank records)

Proposer/ policy holder account no.:

Name of the bank:

- Branch name:

Address of the bank:

IFSC code no. of the bank: (should be same as per the provided cheque leaflet)

- PAN card no. olProposer/policyhoder: _ _ _ _ _ _ _ _ _ _ _ _ _ (Permanent Account Number)

Please provide an **Original Blank Cancelled Cheque** signed by the Proposer/ policy holder, which is mandatory for processing the claim.

"Proposer/policyholder is the person who has paid premium for the policy. "Please note all the details and the above document(sI should be of the Proposer/policyholder only.

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Proposers/ policy holder in the Mandate Form shall be considered as final and The Oriental Insurance Company Limited shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Proposer(s)/ policy holder within 15 days of the receipt of the Mandate Form by The Oriental Insurance Company Ltd. and/ or within such period as may be reasonably required by IThe Oriental Insurance Company Limited to activate the RTGS/ NEFT facility.
3. The Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/ inaction/failure on part of The Ori ental Insurance Company or any factor beyond the control of The Oriental Insurance Company Limited
4. The Proposer/ policy holder agrees to indemnify, without delay or demur, The Oriental Insurance Company Limited . and its agents and keep The Oriental Insurance Company Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which The Oriental Insurance Company Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Oriental Insurance Company Limited May sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Proposer/ policy holder may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to The Oriental Insurance Company Ltd. The notice of, such temination should be given to The Oriental only at its corporate address and be addressed at The Oriental Irsurarce£omyany limited RAKSHA T PA — ORIENTAL INSURANCE, C/O ESCO RTS CORPORATE CENTER, 15/5 MATHURA ROAD, FAR I DABA D, HARYANA — 12 1 003
6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by The Oriental Insurance Company Limited In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by Oriental Insurance to the Proposer/policy holder stating the date of receipt of such communication by the Proposer/policy holder.
7. The Proposer/ policy holder agrees that transaction(s) through RTGS/NEFT facility may attract inward RTGS/NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/policy holder only.
8. Tfe0rierlallnsvralcehas the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Proposer/ policy holder shall be deemed to have accepted the changed Terms and Conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on The Oriental Insurance Company Limited. website www.rakshatpa.com or by sending them by post to the last address of the Proposer/ policy holder.
11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at FARIDABAD in India.
12. I/We further undertake to refund any excess amount whether demanded by The Oriental Insurance Company Limited . or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from The Oriental of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder through any other source.
13. I/We agree that my/ our claim payment will be credited from the date The Oriental Insurance Company Limited . gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from I The Oriental Insurance Company Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by The Oriental Insurance Company Limited . before the eXpiry Of the notice period of the Proposer/policy holder.

Account holder's Signature