

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office : Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002,

PRAVASI BHARTIYA BIMA YOJANA POLICY

This insurance scheme is available to all Indian Citizens who apply for and obtain an emigration clearance as required under the Emigrant Act, 1983 (**31 of 1983**), between the age group of 18-60 years whilst stay abroad for the purpose of employment only, for the period of cover as stated in the schedule attached to the policy.

DEFINITION OF EMIGRANT:

Emigrant means any citizen of India who intends to emigrate or emigrates or has emigrated but does not include

- a) a dependent of an emigrant whether such dependent accompanies that emigrant or departs subsequently for the purpose of joining that emigrant in the country to which that emigrant has lawfully emigrated .
- b) any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years or the spouse or child of such person.

SECTION - I A: PERSONAL ACCIDENT BENEFITS:

COVERAGE: In the event of Accidental death or permanent disablement during currency of the policy **leading to loss of employment while in employment abroad** - Capital Sum Insured **Rs. 10.00 lacs**.

SALIENT FEATURES:

If at any time during currency of this policy **while in employment** abroad , the insured person shall sustain any bodily injury resulting solely and directly from accident caused by sudden, unforeseen and involuntary event caused by external visible and violent means , then the Company shall pay to the insured / insured 's nominee or insured 's legal representative (s) , as the case may be , the sum or sums hereinafter set forth , that is to say :

- a) If such injury shall be the sole and direct cause of the death of the insured , within twelve calendar months of its occurrence , the Capital Sum Insured (CSI) of **Rs . 10 lacs** .
- b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the permanent disability **leading to loss of employment** , the capital sum insured of **Rs . 10 lacs**

EXPLANATION :

For the purpose of this insurance the term 'permanent disability' ' shall mean the total and irrecoverable loss of :

- (i) Sight of both eyes , or of the actual loss by physical separation of two entire hands or two entire feet , or of one entire hand and one entire foot , or of such loss of sight of one eye and such loss of one entire hand or one entire foot ,

Note : For the purpose of Cause (i) above , physical separation of a hand means separation at or above the wrist and of a foot at or above the ankle

(i i) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot ,

c) If such injury shall , as a direct consequence thereof , immediately , permanently , totally and absolutely , disable the insured person from engaging in any employment or occupation of any description whatsoever , then a lump sum equal to 100 % of the Capital Sum Insured .

Maximum liability in respect of one or more claims during the policy period is the capital Sum Insured under the Policy.

EXCLUSIONS :

PROVIDED ALWAYS THAT :

The Company shall not be liable under this Policy for :

a) Any payment in respect of claim(s) under the Policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured under the Policy .

b) Payment of compensation in respect of death or disablement of the insured person (a) from intentional self - injury , suicide or attempted suicide , (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning, whilst mounting into , dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world , (d) directly or indirectly caused by venereal diseases , HIV , AIDS or insanity , (e) arising or resulting from the insured person committing any breach of law with criminal intent .

' Standard type of Aircraft ' means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline or whether such an aircraft has a single engine or multi engines .

c) Payment of compensation in respect of Death , injury or Disablement of the insured person due to, or arising out of or traceable to : War , Invasion , Act of foreign enemy , Hostilities (whether war be declared or not) , threat of war or civil strike in the country of employment and /or in the neighboring country / region , Civil War , Rebellion , Revolution , insurrection , Mutiny , Military or Usurped Power , Seizure , Capture , Arrests , Restraints and Detainments by kings , princes and people of whatever nation , condition or nature .

d) Payment of Compensation in respect of accidental death of, or bodily injury to the insured person :

(i) directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel . For the purpose of this exception , combustion shall include any self -sustaining process of nuclear fission .

(i i) directly or indirectly caused by or contributed to by or arising from nuclear weapon material .

e) The disappearance of a person will not be presumptive of his /her accidental death .

f) Pregnancy Exclusion Clause : The insurance under this Policy shall not extend or cover death or disablement resulting directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof .

SECTION : 1 B : SPECIAL ADD ON BENEFIT :

MEDICAL FAMILY FLOATER COVER :

The family of the insured residing in India consisting of spouse and two dependent children upto 21 years of age as named in the Proposal Form shall be entitled to hospitalization benefit cover in India for an amount not exceeding **Rs. 50,000/-** in all, for all occurrences during the policy period, in the event of death or permanent total disability of the

insured. Maternity benefit shall however not be available under this extended cover to the insured's spouse.

2 DEFINITION:

2.1. "HOSPITAL/NURSING HOME": A hospital/Nursing home means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or a place for alcoholics, a hotel or a similar place.

Note: In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalisation expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital.

2.2. HOSPITALISATION PERIOD: Expenses on Hospitalization are admissible only if hospitalization is for a minimum period of 24 hours. However,

(A) This time limit will not apply to following specific treatments taken in the Networked Hospital / Nursing Homes where the Insured is discharged on the same day. Such treatment will be considered to be taken under Hospitalization Benefit.

- i. Haemo Dialysis,
- ii. Parenteral Chemotherapy,
- iii. Radiotherapy,
- iv. Eye Surgery,
- v. Lithotripsy (kidney stone removal),
- vi. Tonsillectomy,
- vii. D&C,
- viii. Dental surgery following an accident
- ix. Hysterectomy
- x. Coronary Angioplasty
- xi. Coronary Angiography
- xii. Surgery of Gall bladder, Pancreas and bile duct
- xiii. Surgery of Hernia
- xiv. Surgery of Hydrocele.
- xv. Surgery of Prostate.
- xvi. Gastrointestinal Surgery.
- xvii. Genital Surgery.
- xviii. Surgery of Nose.
- xix. Surgery of throat.
- xx. Surgery of Appendix.
- xxi. Surgery of Urinary System.
- xxii. Treatment of fractures / dislocation excluding hair line fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise

- require hospitalisation.
- xxiii. Arthroscopic Knee surgery.
- xxiv. Laparoscopic therapeutic surgeries.
- xxv. Any surgery under General Anaesthesia.
- xxvi. Or any such disease / procedure agreed by TPA/Company before treatment.

(B) Further if the treatment / procedure / surgeries of above diseases are carried out in Day Care Centre, the requirement of minimum beds is overlooked. Day Care Centre means any institution established for day care treatment of illness and / or injuries OR a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- a. has qualified nursing staff under its employment,
- b. has qualified medical practitioner (s) in charge,
- c. has a fully equipped operation theatre of its own, where surgical procedures are carried out,
- d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

(C) This condition of minimum 24 hours Hospitalisation will also not apply provided, medical treatment, and/or surgical procedure is:

- i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Note: Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3. EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of: -

3.1 Pre-existing health condition or disease or ailment / injuries: Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.

This exclusion will also apply to any complications arising from pre existing ailment / diseases / injuries. Such complications will be considered as a part of the pre existing health condition or disease.

3.2 During the period of insurance cover, the expenses on treatment of following ailment / diseases / surgeries for specified periods are not payable if contracted and / or manifested during the currency of the policy.

i	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	1 year
ii	Polycystic ovarian diseases .	1 year
iii	Surgery of hernia.	2 years
iv	Surgery of hydrocele.	2 years
v	Non infective Arthritis.	2 years
vi	Undescented Testies.	2 Years
vii	Cataract.	2 Years
viii	Surgery of benign prostatic hypertrophy.	2 Years

ix	Hysterectomy for menorrhagia or fibromyoma.or myomectomy or prolapse of uterus .	2 Years
x	Fissure / Fistula in anus.	2 Years
xi	Piles.	2 Years
xii	Sinusitis and related disorders.	2 Years
xiii	Surgery of gallbladder and bile duct excluding malignancy.	2 Years
xiv	Surgery of genito urinary system excluding malignancy.	2 Years
xv	Pilonidal Sinus.	2 Years
xvi	Gout and Rheumatism.	2 Years
xvii	Hypertension.	2 Years
xviii	Diabetes.	2 Years
xix	Calculus diseases.	2 Years
xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	2 Years
xxi	Surgery of varicose veins and varicose ulcers.	2 Years
xxii	Congenital internal diseases.	2 Years
xxiii	Joint Replacement due to Degenerative condition.	4 Years
xxiv	Age related osteoarthritis.	4 Years

If these diseases are pre-existing (treated / untreated, declared / not declared) at the time of proposal then these will not be covered even during subsequent period of renewal. These will be treated as pre-existing.

3.3 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

3.4 Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

3.5 Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.

3.6 Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.

3.7 Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

3.8 All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases..

3.9 Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.

3.10 Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as

certified by the attending physician.

3.11 Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy. .

3.12 Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.

3.13 Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,.

3.14 Genetical disorders and stem cell implantation / surgery.

3.15 External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc..

3.16 All non medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc, guest services and similar incidental expenses or services etc..

3.17 Change of treatment from one system to other unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.

3.18 Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc...

3.19 Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.

3.20 Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

3.21 Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

3.22 Out patient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

3.23 Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

3.24 Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.

3.25 Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization

period.

3.26 Treatment for an ailment / disease / injury which is continued before hospitalization and continued even after discharge, and is different from the one for which hospitalization was necessitated.

SECTION - II (A) : RE -IMBURSEMENT OF REPATRIATION / TRANSPORT EXPENSES ON ACCOUNT OF ACIDENTAL DEATH / PERMANENT DISABILITY OR TERMINATION OF CONTRACT ON ACCOUNT OF FALLING SICK OR BEING DECLARED MEDICALLY UNFIT.

SCOPE OF COVER :

(a) If the insured person falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the foreign employer within the first twelve months of taking the insurance cover , the actual one way Economy Class airfare shall be re -imbursed by the Insurance Company provided the grounds for repatriation are certified by the concerned Indian Embassy /Mission /Post and the Air -tickets are submitted in original along with the diagnosis certificate by Medical Specialist .

(b) The repatriation charges/ transportation expenses on account of permanent disability will be allowed only for travel of the insured . However, if in the opinion of the medical specialist the condition of the insured is such that insured is medically and physically unfit to travel alone and needs an escort, the Company will reimburse the Economy Class return Air Fare of one attendant.

(c) In case of death , besides the cost of transporting the dead body , the cost incurred in economy class return air fare for the attendant will be reimbursed .

NOTE : In case where the repatriation is arranged by the Indian Mission / Post, the insurance company shall reimburse the actual expenses to the concerned Indian Mission / Post .

OTHER CONDITIONS

- a . The repatriation charges / transportation expenses due to termination of service contract within the first **twelve** month of taking the insurance on account of **falling sick or being declared medically unfit to commence or continue or resume working and the service contract is terminated by the foreign employer within the twelve months of taking the insurance cover**, will be considered only when a medical specialist has diagnosed such disease and treatment is recommended in India .
- b . The repatriation charges / transportation expenses on account of permanent total disability will be allowed only for travel of the insured to India from the country of employment.
- c . Cost of return air fare of attendant will be considered under (b) above only if it is declared in writing by a competent medical practitioner that the insured is medically and physically unfit to travel alone .
- d . In the event of accidental death of the insured person whilst abroad , actual expenses incurred for transportation of the dead body to India will be allowed including cost incurred on economy class return air fare of one attendant .
- e . The expenses for air fare of the insured / attendant as the case may be , will be reimbursed only in economy class , one way for the insured and return fare for the attendant (if found necessary by the Company at its sole discretion) by the shortest route to any airport in India nearest to the place of residence of the insured person as mentioned in the proposal form .
- f . The claim for reimbursement of such expenses for the insured and the attendant shall be

filed within 90 days of completion of journey .

SECTION II (B): REIMBURSEMENT OF REPATRIATION / TRANSPORT EXPENSES DUE TO TERMINATION OF CONTRACT OF EMPLOYMENT IN OTHER CASES .

On arrival of the insured person at his work place or destination abroad , if he /she is not received by the employer or if there is any substantive change in the job /Employment Contract /agreement, to the disadvantage of the Insured person , or if the employment is prematurely terminated within **the period of employment** from such arrival, for no fault of the insured person, the Company shall reimburse one -way Economy Class airfare provided the grounds for repatriation are certified by the concerned Indian Mission / Post and the Air tickets are submitted in original .

The claim for reimbursement of such expenses for the insured and the attendant shall be filed within 90 days of completion of journey.

NOTE: In case where the repatriation is arranged by the Indian Mission / Post, the insurance company shall reimburse the actual expenses to the concerned Indian Mission / Post .

EXCLUSIONS:

The Company shall not be liable to make any payment under this section of the policy, if -

- a) the repatriation of the insured person is on account of violation of any law , fraud , or any breach of employment conditions ,
- b) Such repatriation becomes necessary due to any amendment or change in the existing laws of the country of employment or proclamation by Government Order that all or any workers of foreign origin are being deported ,
- c) the employment is obtained through fake or forged documents , work permit or improper entry visa , or
- d) the entry into the country has been made without completing legal formalities for whatsoever reason .
- e) no attempt is made by the insured person to contact his employer on arrival if the insured person is not received at such time ,
- f) the entry into the country has been refused on medical grounds ,
- g) the contract of employment is a short term contract .

SECTION II (C): LEGAL EXPENSES INCURRED BY THE INSURED IN ANY LITIGATION RELATING TO HIS / HER EMPLOYER.

Insurance company will pay upto a maximum sum of Rs 30, 000 / - in connection with the legal expenses incurred by the insured in the country of employment provided the necessity of filing such case is certified by the appropriate ministry of that country against the foreign employer .

EXCLUSIONS

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The Company shall not be liable to make any payment under this section of the policy if –

- a) on account of violation of any law , fraud , or any breach of employment conditions ,
- b) due to any amendment or change in the existing laws of the country of employment or proclamation by Government Order that all or any workers of foreign origin are being deported ,
- c) the employment is obtained through fake or forged documents , work permit or improper entry visa , or
- d) the entry into the country has been made without completing legal formalities for whatsoever reason .
- e) no attempt is made by the insured person to contact his employer on arrival if the insured person is not received at such time ,
- f) the entry into the country has been refused on medical grounds ,
- g) the contract of employment is a short term contract .

The actual expenses incurred will be certified by the Indian mission / Post.

SECTION - III (A) : HOSPITALISATION COVER :

SCOPE OF COVER :

If at any time during currency of this policy , the insured person whilst stay abroad in the country of employment shall contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require , upon the advice of a duly qualified medical practitioner or duly qualified surgeon to incur hospitalization expenses for medical / surgical treatment at any nursing home / hospital in India **or in the country of his employment** as an inpatient , the Company will **reimburse** to the insured person / his nominee / legal representatives as the case may be , the amount of such expenses as are reasonably and necessarily incurred in India **or in the country of his employment** in respect thereof by or on behalf of such person maximum upto Rs . 75,000 / - in Indian currency only.

In case the treatment is taken in the country of employment as in patient, the requisite documents shall be certified by the concerned Indian mission / Post.

CASH LESS ACCESS SERVICES:

Cash less facility shall be available for Emigrant Insured in India only. Insured person has to approach the policy issuing office and the facility shall be provided through Third Party Administrator, for treatment in Network Hospitals only.

PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITALS/NURSING HOMES:

- i) Claim in respect of Cashless Access Services will be through the TPA/ Insurer provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA/ Insurer shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorisation letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to

- be admitted as in-patient.
- ii) The TPA/Insurer reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the TPA/Insurer. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the TPA/Insurer for reimbursement within 7 days of the discharge from Hospital / Nursing Home.
 - iii) Should any information be available to the TPA/ Insurer which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA /Insurer before the patient is discharged from the Hospital.

SECTION III (B): EXTENSION:

MATERNITY BENEFIT:

The policy is extended to cover actual maternity benefit expenses to the insured (Women Emigrant) upto a maximum limit of **Rs. 25,000/ -**.

(i) Treatment can be taken by the insured in a Hospital / Nursing Home as an inpatient in India only.

(II) This benefit shall also be available in the country of employment but the requisite documents are to be certified by the concerned Indian Mission / Post .

The reimbursement shall be restricted to actuals in no case exceeding Rs. 25000/-

Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one insured person covered under the Policy or any renewal thereof. Those insured persons who are already having two or more living children would not be eligible for this benefit.

1. **MATERNITY EXPENSES BENEFIT** means treatment taken in Hospital / Nursing Home and, shall include
 - a. medical treatment expenses traceable to childbirth (including complicated deliveries and Caesarean Section incurred during hospitalization).
 - b. expenses towards lawful medical termination of pregnancy during the policy period.

2. SPECIAL CONDITIONS APPLICABLE TO MATERNITY EXPENSES BENEFIT EXTENSION :

- (a) These Benefits are admissible if the expenses are incurred in Hospital / Nursing Home as in patients in India or **in the country of employment** .
- (b) A waiting period of 9 months is applicable for occurrence giving rise to any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy . The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency .
- (c) Pre -natal and post -natal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken therein.

NOTICE OF CLAIM:

Preliminary notice of claim with particulars relating to policy numbers , name of insured person in respect of whom claim is made , nature of illness /injury and Name and Address of the attending medical practitioner /Hospital /Nursing

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Home should be given to the Policy issuing Office/ TPA within 7 days from the date of hospitalization .

Final claim along with hospital receipts/ original Bills /Cash memos , claim form and list of documents as listed in the claim form should be submitted to the Policy issuing Office not later than 30 days from date of discharge from the hospital . The client has also to give the **TPA/ Insurer** such additional information and assistance as the **TPA/ Insurer** may require in dealing with the claim.

CLAUSES OF THE DEFINITIONS AND EXCLUSIONS UNDER SECTION IB SHALL APPLY *MUTATIS MUTANDIS* TO THIS SECTION-III.

GENERAL EXCLUSIONS APPLICABLE TO ENTIRE POLICY

This policy shall not be applicable in the event of war or internal conflicts in the country to which the citizen of India holding the said policy has gone for work.

PAYMENT OF CLAIM:

All admissible claims shall be payable **subject to terms / conditions and exclusions of the policy**, in Indian Currency only and will not carry any interest.

CANCELLATION CLAUSE:

The company may allow cancellation of the policy only in case when the journey is not undertaken subject to production of the original passport as a proof. The Company will retain Rs . 101 / - as cancellation charges

CLAIMS PROCEDURE:

1. Upon the happening of any event which may give rise to a claim , under any Section of the Policy , the insured / nominee or authorized person/ legal representative (s) as the case may be , is required to give immediate notice thereof to the Policy Issuing Office in writing .
2. The insured /nominee / authorized person /legal representative is required , within one month of occurrence of the event , to submit claim form to the Policy Issuing Office/ TPA and thereafter to give all assistance /cooperation and to furnish information / documents as required by the company .

Free Look Period- This policy shall have a free look period. The free look period shall be applicable at the inception of the fresh policy and:

1. The insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
2. If the insured has not made any claim during the free look period, the insured shall be entitled to
 - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

PREMIUM REVISION CLAUSE: The rates given in the prospectus are valid for the given policy period. The company may revise the premium rates and / or the terms & conditions of the policy as per the IRDA guidelines prevailing at that time.

PERIOD OF INSURANCE:

This insurance policy shall be valid for a period of **two years or till such time as the insured returns to India whichever is earlier. This period can be extended if employment contract period is extended . For extension pro -rata premium based on number of days is payable subject to request and premium being received by the underwriting office prior to expiring of the original policy..**

IRDA REGULATION NO. 5: This policy is subject to regulation 5 of IRDA (Protection of Policy Holder interest) regulation.

