

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)
पंजीकृत कार्यालय : ओरिएण्टल हाऊस, पो.बॉ.नं. 7037
ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)
Corporate Office : Oriental House,
NO. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002
CIN No. U66010DL1947GOI007158

Policy No. : 411700/48/2016/2872
Cover Note No. : -
Insured's Code : AC0000003627
Insured's Name : WB STATE ELECTRICITY DISTRIBUTION CO. LTD.,
Address : VIDYUT BHAVAN, SALT LAKE, SECTOR - II KOLKATTA.
Tel. /Fax /Email : / / 0 / NA

Prev. Policy No. : -
Cover Note Date : -
Issue Office Code : 411700
Issue Office Name : DO 7 CHENNAI
Address : NEW NO.377(OLD NO.272),Anna Salai III FLOOR TEYNAMPET CHENNAI TAMIL NADU 600018
Tel. /Fax /Email : (044) 23458258 / 23458259 / (044) 23458262 / 411700@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LF0000000005 3120 (EARLIER MARSH INDIA P LTD)
Address : 1, INDIA BULL CENTRE, TOWER-2, SENAPATI BAPAT MARG, ELPHINSTON ROAD(W), MUMBAI 400012, MUMBAI, MAHARASHTRA, 400012
Tel/Fax/Email : 9820199485/9820199485//

Period of Insurance : FROM 00:00 ON 01/11/2015 TO MIDNIGHT OF 31/10/2016
Collection No. & Dt. : CD A/C AC0000003627
Gross Premium : 1,99,03,158 Service Tax : 27,86,442 Stamp Duty : 1 Total : 2,26,89,600
Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000332
TPA Name : M/S MEDICARE TPA SERV
TPA Address : FLAT NO. 10, PAUL MANSIONS 6B, BISHOP LEFROY ROAD medicaretpa@medicare.co.in CALCUTTA 700020
Telephone No : Toll Free No : 18003453339, 033-22893385
Fax No :

Risk Details
As per attached Annexure

Sr No : 1	Emp/Dependant Name : AS PER THE LIST OF EMPLOYEES AND THEIR DEPENDENTS GIVEN BY THE INSURED	SI : 1039170000	No Of Dependants :
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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 One Hundred Three Crores Ninety-One Lakhs Seventy Thousand Only

Total Premium in words : Indian Rupees Two Crores Twenty-Six Lakhs Eighty-Nine Thousand Six Hundred Only
Place : CHENNAI

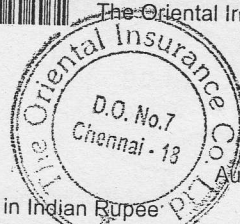
Date : 30/10/2015



The Oriental Insurance Company Limited

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 Rupee
IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



Authorised Signatory

ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

कार्यालय : ओरिएण्टल हाऊस, पो.बॉ.नं. - 7037.

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CIN No. U66010DL1947GOI007158

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	01/11/2015	100	1,99,03,158	27,86,442	2,26,89,600	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

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

1) Coverage of pre-existing diseases from Day 1.

2) No age bar for entering Mediclaim membership without any prior medical examination.

3) Policy covers hospitalisation benefits on PPN basis wherever applicable.

4) Room rent including diet, RMO charges and administrative charges for IV fluid / injection in non ICU / HDU / ITU / ICCU bed will have max limit of Rs. 1,500/- per day.

5) Room rent for Normal : Rs. 1,500/- & ICCU / ITU : Rs. 3,500/- per day.

6) All hospital expenses other than Room rent / ICCU / ITU will be paid proportionate to room rent charges.

7) Capping of 16 diseases as per MOU signed between OICL and WBSEDCL.

8) Surgeon, Anesthetist, Consultant fees, Nursing charges, Physiotherapy charges will have maximum limit of 25% of Sum Insured per member or negotiated rate whichever is lower.

9) Pre hospitalisation Expenses covered prior to 7 days and Post hospitalisation Expenses covered upto 15 days.

10) All other terms and conditions are agreeable as per the MOU signed between OICL and WBSEDCL

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.

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

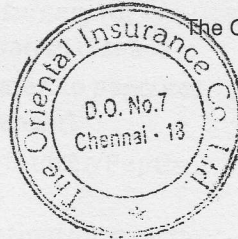
Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"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 7 CHENNAI on 02-NOV-15

Entered By : C. Arunprasath

Examined By : GEETHA SANTHASEELAN



For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

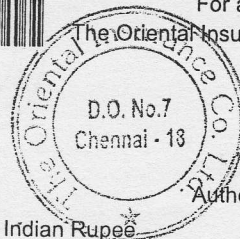
**For Cashless & Reimbursement claims,
all medical expenses incurred at Hospital /
Nursing home shall be restricted to the PPN rates.**

Place : CHENNAI

Date : 30/10/2015



IRDA-REGNO-556



For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

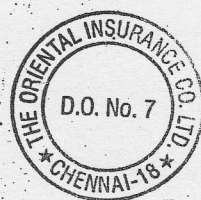
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CAPPING FOR 16 DISEASES

S. No.	Ailment	Allowable Limit(Rs.)
1	Tonsillitis/Tonsillectomy	12500
2	Cataract	13000
3	Typanoplasty	25000
4	Fistula, Hydrocele	18000
5	Piles, Varicocele, Sinustis (FESS)	25000
6	Appendicitis, Hernia	21000
7	Benign, Prostatic, Hypertrophy(TURP), Hysterectomy	25000
8	Chlecystectomy, Lapchole	25000
9	Angioplasty/PTCA/CABG/ due to coronary Artery disease/ Ischemic Heart Disease- Per Artery with Stent/graft	As per SI
10	Joint Replacement- knee joint	As per SI
11	Hip Joint	As per SI
12	DJ Stenting with PCNL	40000
13	Surgery for Varicose Veins	40000
14	Laprocopic surgery for polycystic ovarian disease	35000
15	Diseases related to pancreas (Excluding Cancer)	45000
16	Colitis/ gastric ulcer/Peptic ulcer/Acute- Subacteintestinal/obstructio n/related diseases	45000



[Signature]
SR.DIVL.MANAGER.

ल इश्योरेंस कम्पनी लिमिटेड

का एक उपक्रम)

कार्यालय : ओरिएण्टल हाऊस, पो.बॉ.नं. - 7037.
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The Oriental Insurance Company Ltd.

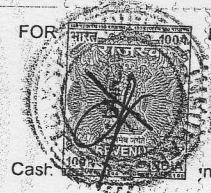
DO 7 CHENNAI NEW NO.377(OLD NO.272), Anna Salai , III FLOOR , TEYNAMPET , CHENNAI , 600018
RECEIPT

Office Code & Name : 411700 - DO 7 CHENNAI Bank Code : 9100(C-411700-01)
Collection No. : 51-64/5014006193 Posted Doc No. : 5014006191
Collection Date : 29/10/2015 11:35 Posted Doc Dt. : 29/10/2015
Received with thanks From Sh./Smt./ M/s. : WB STATE ELECTRICITY DISTRIBUTION CO LTD
The Sum of : Indian Rupees Two Crores Twenty-Six Lakhs Eighty-Nine Thousand Six Hundred Only
Towards the following : BG/CD CD FOR GMC WB ELECTRICITY DISTRIBUTION CO LTD

SI No.	Dept. Code	Policy No.	Policy Status	End/Ren/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt./CC Exp. Dt.
1	99						2,26,89,600.00	C	5076	AC0000003627	CHQ	UBI	MAYUKH BHAVAN KOLKATA	239245	28/10/2015
Total							2,26,89,600.00								

Service Tax Registration No. : AAAC06 27R ST308

FOR THE ORIENTAL INSURANCE COMPANY LTD



Cash: _____ natory

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque

All the amounts mentioned in this report are in Indian Rupees