



Muskurate Raho

IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Group Medishield Insurance Policy

For

ARABIAN PETROLEUM LIMITED

Period of Insurance : 16/08/2022 To 15/08/2023

Policy No : H1039209

Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life.

We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll-Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho"**.



Group Medishield Insurance Policy Schedule
CUM TAX INVOICE

INDIA
 GSTIN: 27AAAC17573H1ZC
 Accident and Health Insurance
 services: 997133

INSURED	ARABIAN PETROLEUM LIMITED			
Address	PLOT 14-B, MORIVALI MIDC,			
	OPP POSITIVE PACKAGING,			
	NETAJI BAZAR S O			
	AMBARNATH(M CL)			
	MAHARASHTRA			
	INDIA			
	PIN CODE	421505	STATE CODE	27
Phone No	*****623			
GSTIN	27AAHCA6383Q1ZW			
Agent No	L7000067			

Unique Invoice No.	H1039209
Policy No.	H1039209
Date Of Issuance	16/08/2022
Date Of Insurance from 00.00 hours on	16/08/2022
To Mid Night On	15/08/2023

Member Details

Total Members Covered	226
Total Self Covered	99
Total Dependent Covered	127

Co-insurance Details

Insurance Company	Share (%)
IFFCO TOKIO GENERAL INSURANCE CO. LTD	100

Premium Details

Net Premium	Gross Premium
975,000	1,150,500

GST Details

	CGST	SGST	UGST	IGST
Percentage (%)	9	9	0	0
Amount (Rs.)	87,750	87,750	0	0

TPA Details

1 IFFCO Tokio General Insurance

Policy Conditions/Extensions/Endorsements

ARABIAN PETROLEUM LIMITED				
Coverage Name	PlanName			
Sum Insured Opted	BASE	Sum Insured List(INR) : 500000, 300000, 400000		
Family Composition List	BASE	Family Size : 5		
		Family Definition : Self + Spouse + 2 dependent and Unmarried Children (Up to 25 years)		
		Relationship	Min Age	Max Age
		Self/Employee	18	80
		Spouse	18	80
		Daughter	0	28
		Son	0	30
Pre Existing Diseases	BASE	Covered from Day 1		
First 30 Days Exclusion	BASE	Waived		

ear Exclusion

BASE

Waived



<p>Maternity Benefit</p>	<p>BASE</p>	<p>Max for Normal Delivery - Rs 50000 Max for LSCS Rs 50000 9 month waiting period - Not Applicable Limit for no of children - 2 EXTENSION FOR MATERNITY AND CHILD COVER This is an optional cover which can be obtained on payment of additional premium under the Policy. When Insured Persons under the Policy. When Maternity Expenses Benefit is opted for in the policy, Exclusion IV.14 of the policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy. Special conditions applicable to Maternity Expenses Benefit Extension This benefit covers treatment taken in Hospital/ Nursing Home arising from or traceable to pregnancy, child birth including Normal/ Caesarean section. 1. These Benefits are admissible only if the expenses are incurred in Hospital/ Nursing Home as in-patient in India 2. A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same. 3. 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 will not be eligible for this benefit. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered 4. Pre-natal and post natal expenses including expenses for the new born baby are not covered. Pre-natal and Post-natal treatment is covered within the maternity limits as inpatient only. Here Prenatal would mean complete antenatal period, and Post natal would mean up to six weeks after date of delivery 5. No Individual (Employee or Dependent) can be covered more than once in a policy. If Self and Spouse are both covered under the GMC(Small and Mid size) policy, maternity benefit will be available only once. 6. Corporate buffer is not applicable for maternity claims.</p>
<p>Pre & Post Natal Expense</p>	<p>BASE</p>	<p>Pre and Post natal treatment covered within the maternity limits in case of hospitalization only</p>
<p>New Born Baby Cover</p>	<p>BASE</p>	<p>From Day 1 (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child)</p>
<p>Room Rent Capping</p>	<p>BASE</p>	<p>No room rent restriction is applicable</p>
<p>Pre & Post Hospitalization coverage</p>	<p>BASE</p>	<p>Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered .</p>
<p>Domiciliary Hospitalization</p>	<p>BASE</p>	<p>Not Covered</p>
<p>Corporate Buffer</p>	<p>BASE</p>	<p>Not Covered</p>
<p>Ambulance Charges</p>	<p>BASE</p>	<p>Ambulance Expenses are covered max upto Rs.3000 per incident EXTENSION FOR EMERGENCY AMBULANCE This is an optional cover which can be obtained on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse up to a maximum amount as mentioned in the schedule per Hospitalization, for the reasonable expenses incurred by the Insured on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when 1. Such life threatening emergency condition is certified by the Medical Practitioner, and 2. We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy, if applicable.</p>
<p>Limits for common ailments</p>	<p>BASE</p>	<p>Ailment / Procedure wise restriction - no</p>
<p>Day care</p>	<p>BASE</p>	<p>Day care procedures are covered as per our standard Group Health Insurance (Small and Mid-size groups) policy wordings.</p>

General Conditions

<p>ARABIAN PETROLEUM LIMITED</p>	
<p>BASE</p>	
<p>1</p>	<p>Day One Cover Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month. Succeeding Month</p>
<p>2</p>	<p>Missed Out Employees window period For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be</p>

within 30 days of the inception of the Policy.

Acquired Dependant

Item inclusion of Existing Employee's newly acquired dependant (Newly Married Spouse/ New born baby/ newly adopted child) within 30 days of succeeding month subject to maintenance of sufficient CD Balance.



Non-Compliance

In case of Non-Compliance of above mentioned conditions, member will be covered from date of declarations subject to receipt of

Muskurate Raho

Deletion of employee / Member from Group

In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 30 days of succeeding month. Succeeding Month days of succeeding month(default)/ 30 days of separation from the group, failing which refund will be calculated from the date of submission of declaration to ITGI.

Proportionate Clause

All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding cost of pharmacy, consumables, implants, medical devices and diagnostics medically prescribed by the treating doctor under the policy.

Package Treatment

In case of package treatment where individual bifurcation of room rent, medicines, operation theater expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy.

Intimation of claims

As per the Standard ITGI GMC policy (Claim to be intimated within 7 days from date of hospitalization).

Submission of Claim Documents

All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier.

Copay for Network Hospitals

Waived-Off

Excluded Hospitals / Medical Practitioners

Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Hence, we suggest you to please check our website or contact our call centre / nearest office for updated list of such excluded hospitals/ Medical Practitioner before admission/consultation.

Duplicate Member/Employee Restriction

No Employee / Family member should be covered twice in the policy.

Member ID Card Type

Physical & E health card

Mid term Change in SI

Mid-term change in SI is allowed in case of promotion only.

Claim Type

Cashless and Reimbursement

Whether GST is Payable on Reverse Charge Basis- No

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.
Policy is cancelled ab-initio in case of Cheque Dishonor.

1) "Policy Issuing Office: Delhi"

2) "Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi"

For IFFCO-Tokio General Insurance Company Limited

Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.



Subrata Mondal

by Administrator : IFFCO Tokio General Insurance

Toll Free (24 hours)

Email ID

Address



of Intermediary/ Agent

Name

HETAL NIRAJ DAVE

Contact No

9867245216

Email Id

miral@aksharrisk.com

ttlement Type : Cash Less

alth ID Cards : Non-Photo Id

Claim payment to be made to : Employer

Industry Type : Manufacturing

Expiring Policy Details:

Policy Number

H0739181

Start Date

16/08/2022

End Date

15/08/2023