



Signer: MEERA PARTHASARTHY  
Date: Tue, Dec 12, 2023 10:00:44 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

**GPA - NAMED POLICY SCHEDULE**  
**IRDA/NL-HLT/OIC/P-P/V.1/457/13-14**

**Policy No.** : 510000/48/2024/975 **Prev.Policy No.** : -  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : AB0000055584 **Issue Office code** : 510000  
**Insured's Name** : MITSUBISHI ELECTRIC INDIA PRIVATE LIMITED (GSTIN: 06AAGCM7782A1ZH) **Issue Office Name** : CBRO DELHI (GSTIN: 07AAACT0627R1Z1)  
**Address** : 3rd Floor, Global Gateway Tower A, Virendra Gram MG Road, Near Guru Dronacharya Metro Station Gurgaon, Gurugram, Haryana, 122002 **Address** : CORPORATE BUSINESS REGIONAL OFFICE, NBCC CENTRE, 3RD FLOOR NEAR HOTEL CROWN PLAZA NEW DELHI DELHI 110020  
**Tel. /Fax /Email** : 0770/NA **Tel. /Fax /Email** : 011-43172316 -17-18-19-20-21 / 0 / sunmeetsachdeva@orientalinsurance.co.in

**Agent/Broker Details**

**Dev.Off.Code** :  
**Agent/Broker** : LC0000000295 M/S TOYOTA TSUSHO INSURANCE BROKER(INDIA) PVT.LTD  
**Address** : 1St Floor, 1AMEzzanine floor, Frontline Grandeur Walton Road ,, off Lavelle Road, Bangalore Urban Karnataka 560001,MOB NO 9689417979 9823387982 ,7447789027, 9845024488, 20-2689 0899,BANGALORE,KARNATAKA,560052  
**Tel/Fax/Email** : 080-40449909/41131454//

**Period of Insurance** : FROM 00:00 ON 11/12/2023 TO MIDNIGHT OF 17/11/2024  
**Collection No & Dt** : CD A/C AB0000055584 **GST INVOICE NO** :0722439369801 **UIN** :0  
**Gross Premium** : [REDACTED] **GST** : [REDACTED] **Stamp Duty** : 500 **Total** : [REDACTED]  
**Co-insurance Details** : NIL

**Number of persons covered** : 1  
**Total Sum Insured** : 1179000000  
**AOA Limit** : 1179000000

**Details of Insured Persons :**

Sr. No.	Emp No./ Name ID No.	Age Sex	Section/Cover	Sum Insured	Additional Covers
1	1	33 M	Table of benefits III Table of benefits II	117,60,00,000 30,00,000	Medical Expenses Loading 25%
				117,90,00,000	

**Place** : NEW DELHI  
**Date** : 11/12/2023



IRDA-REGNO-556



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Attached to and forming part of policy number 510000/48/2024/975

**Additional Details of Insured Persons**

Sr.No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %
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Total Sum Insured in words : Indian Rupees One Hundred Seventeen Crores Ninety Lakhs Only  
Total Premium in words : Indian Rupees Five Lakhs Sixty-Six Thousand Four Hundred Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith

In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.

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.

THE CORRECT POLICY PERIOD BE READ AS ; 18.11.2023 TO 17.11.2024 23:59 HRS

**COVERAGES :**

1. Weekly Benefit/Temporary Total Disablement (TTD) : "1% of Table C Sum Insured or Rs. 25,000 whichever is lower."
2. Coverage type : Employees
3. Accidental Death : Covered-100%
4. PTD : Permanent Total Disablement : Covered-100%
5. PPD: Permanent Partial Disablement : Covered-As per policy
6. Medical Extension : 25%
7. Transportation cost for carriage of dead body to Home including funeral Expenses : 2% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower
8. Cost of clothing : Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower
9. "Education Fund
  - a) For one child upto the age of 23 yrs.
  - b) For more than one children upto the age of 23 yrs." : "10% (Ten percent) of C.S.I Subject to a maximum of Rs. 5000/- 10% (Ten percent) of C.S.I Subject to a maximum of Rs. 10000/-"
10. Loss of Employment : Rs. 15000 or 1% of CSI whichever is lower.
11. Ambulance charges for transportation of Insured person to Hospital following accident : "Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower"

Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less

Excess : NIL

"The Insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or an demand from the policy issuing office"

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).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at CBRO DELHI (GSTIN: 07AAACT0627R1Z1) on 11TH DAY OF DECEMBER 2023

Place : NEW DELHI

Date : 11/12/2023



IRDA-REGNO-556



# The Oriental Insurance Company Limited

This Document is Digitally Signed

Attached to and forming part of policy number 510000/48/2024/975

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Date: Tue, Dec 12, 2023 10:00:44 IST  
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## Relationship

1 934 SERVICE NORMAL RISK  
PERSONS  
COVERED  
AS PER LIST  
ATTACHEDF

Entered By : Sh.Narender Kumar

Examined By : S.S.YADAV

Policy Printed By : 239411

IP :

Digitally Signed

Policy Printed On : 12-DEC-23 10:01:46


MAC :

By  
Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

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 Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place : NEW DELHI

Date : 11/12/2023



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