

**AHMEDABAD OMBUDSMAN CENTER**

**Case No.11-004-0802-12**

**Shri Pravinbhai Mistry V/s. United India Insurance Co. Ltd.**

**Award dated 6<sup>th</sup> November 2012**

**Partial settlement of Mediclaim (Tailor made group policy)**

**Complainant's son hospitalized for treatment of Ureteric stone and expense claimed for Rs.65,432/- was settled for Rs.41,042/- by the Respondent giving reason that on higher side and non-medical items not payable.**

**This is tailor made Group master policy issued to Veritus Insurance Services Pvt. Ltd. The complainant failed to produce original policy copy and premium paid receipt for evidence.**

**Considering all the above, Respondent's decision to settle the claim partially is right and proper without any relief to the complainant.**

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**AHMEDABAD OMBUDSMAN CENTER**

**Case No.11-002-0814-12**

**Mr. Arun Srivastav V/s. The New India Assurance Co. Ltd.**

**Award dated 27<sup>th</sup> November 2012**

**Partial repudiation of Mediclaim (Group Policy)**

A Claim amount of Rs.93,738/- was lodged by the complainant for Hysterectomy treatment of his wife was partially settled for Rs.74,738/- by the Respondent and deducting an amount of Rs.19,000/- invoking clause No.1 and 4.4 of the policy terms and conditions.

Insured was covered under LIC Staff Group Mediclaim policy. Respondent informed that the package charges by Corporate Hospitals are between 49,500/- to 58,500/-, in this case the total amount paid was Rs.74,738/-. Therefore the Respondent's decision to settle the claim partially is right and proper.

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**AHMEDABAD OMBUDSMAN CENTER**

**Case No.11-004-0846-12**

**Mr. Alpesh P. Patel V/s. United India Insurance Co. Ltd.**

**Award dated 8<sup>th</sup> January 2013**

**Repudiation of Mediclaim**

Complainant was a member of a Group Mediclaim policy and his mother hospitalized for HBP, ICH & Ventricle Slippages etc. and total claim lodged for Rs.66,873/- was repudiated by the Respondent invoking Condition No.4.1 of Group Mediclaim Policy.

The Group Mediclaim was not coming under definition of group as per IRDA circular dated 14-7-2005. The complainant had not submitted policy and premium receipt issued by the Respondent Insurer.

In view of this, Respondent's decision is upheld without any relief to the complainant.

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**Case No.11-004-1030-12**

**Mr. Nayan V. Dalal V/s. United India Insurance Co. Ltd.**

**Award dated 19<sup>th</sup> February 2013**

**Repudiation of Mediclaim**

**Complainant was a member of Tailor Made Group Family Mediclaim Policy issued to Veritas Insurance Services by United India Insurance Co. Complainant's mother hospitalized for treatment of AF + HTN+IHD+CVA and incurred expense for Rs.28,882/- which was repudiated by the Respondent stating that the treatment was pre-existing disease.**

**Complainant was not a policy holder who is a member of Master Policy holder which is an unconventional Group Insurance who has no insurable interest.**

**In the result complaint fails to succeed.**

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**AHMEDABAD OMBUDSMAN CENTER**

**Case No.11-004-0992-12**

**Mr. Ronak N. Patel Vs. United India Insurance Co. Ltd.**

**Award dated 18<sup>th</sup> March 2013**

**Repudiation of Mediclaim**

**Complainant's father hospitalized for treatment of chest pain, Gabhraman, perspiration etc and expense claimed for Rs.12,075/- was repudiated by the Respondent giving reason that past history of DM since 18 years which is considered pre-existing and non disclosure, so claim is not admissible as per exclusion clause No.5.**

**It is a tailor made Group Insurance not individual, there is no insurable interest. Therefore complaint dismissed.**