



न्यायालय मुख्य आयुक्त दिव्यांगजन

COURT OF THE CHIEF COMMISSIONER FOR PERSONS WITH DISABILITIES (DIVYANGJAN)

दिव्यांगजन सशक्तिकरण विभाग/Department of Empowerment of Persons with Disabilities (Divyangjan)

सामाजिक न्याय और अधिकारिता मंत्रालय/Ministry of Social Justice & Empowerment

भारत सरकार/Government of India

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Case No: 13962/1141/2023

In the matter of -

Ms. Pratima Saxena

... Complainant

Versus

The Chairman & Managing Director,
The Oriental Insurance Company
Limited,
New Delhi

... Respondent

HEARING (II):

A hearing in hybrid mode (online/offline) was conducted on 25.04.2025. The following parties/representatives were present during the hearing:

Sl. No.	Name of the Parties/Representatives	Parties	Mode
1.	Ms. Pratima Saxena	Complainant	Online
2.	Ms. Gagan Arora, Chief Manager, Health Dept., Head Office, Oriental Insurance Company Ltd.	Respondent	Online
3.	Swati Agroyee, Regional Manager, Oriental Insurance Company Ltd.	Respondent	Online

RECORD OF PROCEEDINGS

At the outset, this Court acknowledged the reply received from the Respondent on 24.04.2025 regarding the 2023 and 2024 claims. For the 2023 claim, the Respondent stated that the amount of Rs. 31,000/- was not approved, as it included inadmissible expenses such as taxi charges and was deemed a duplicate bill.

2. The Respondent clarified that Claim No. 214600/48/2023/227 pertains to the period 2022-23. The Respondent further clarified that this claim has been settled. They added that transportation charges are capped at Rs. 2,000/, which has already been paid under the applicable policy.

3. This Court noted that, in their reply, the Respondent stated the other claim was rejected because it included taxi bills, medicine bills, OPD consultation fees, and lab bills, which were deemed duplicates, having already been submitted under a previous claim.

4. Furthermore, the respondent contended that the Complainant submitted the same bills in both claims. The approved claim covered expenses that were also included in the rejected one. They added that the treatment limit under the policy was Rs. 15,000/-, which was already exhausted, and, as such, no further amount could be processed.

5. This Court directed the Respondent to furnish a detailed breakup of the Rs. 31,307/- claim and to provide disbursement details related to the 2024 claim, which was neither part of the original complaint nor raised by the Complainant. The Court further instructed the Respondent to submit information on claim eligibility, including applicable limits, and the basis for both approval and rejection of amounts, to submit the above details within a week to this Court.

6. This is issued with the approval of the Commissioner for Persons with Disabilities.

(Praveen Prakash Ambashta)
Dy. Chief Commissioner