



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-cum-Managing Director
The Oriental Insurance Company Limited,
New Delhi

...Respondent

1. Gist of the Complaint:

1.1 The Complaint was forwarded to this court by the State Commissioner, Delhi, vide Letter dated 21.02.2023, stating that the Complainant, due to a neurological condition, suffers from eye issues and alleges delayed insurance reimbursement under the Niramaya scheme of the National Trust. She had submitted claims totalling ₹49,806 (₹18,499 on 27-03-2022 and ₹31,307 later), but these were not processed.

1.2 After repeated follow-ups for over 6-7 months, she received the reply from the insurance company that her disability certificate does not mention multiple disabilities; therefore, the claim was denied.

2. Notice issued to the Respondents:

2.1 A Notice dated 17.07.2023 was issued to the Respondent for forwarding their comments within 30 days to this Court u/s 75 & 77 of the Rights of Persons with Disabilities Act, 2016.

3. Submissions made by Respondent:

3.1. Respondent filed a reply dated 07.08.2023 and submitted that the Respondent reviewed the case, and there were two claims registered under policy nos- 214600/48/2022/367 and 214600/48/2023/227. Respondent further submitted that they are in the process of settling both claims.

4. Submissions made in Rejoinder:

The notice for rejoinder was issued on 08.06.2023 & 14.08.2023 to the Complainant; despite this, no rejoinder has been received from the Complainant.

5. Hearing (I): A hearing in hybrid mode (online/offline) was conducted on 24.04.2025.

6. Proceedings of the hearings:

6.1 During the hearing on 24.04.2025, the Complainant stated that her claims have remained unpaid for years, with only one partially settled. The Court asked the Respondent for updates. The Respondent replied that one claim was paid and another was denied due to missing documents. The Court noted discrepancies between the parties' claim records and found the Respondent unprepared. The Respondent sought one day to provide complete claim details. The Court directed them to submit the full status in writing the same day, warning that failure to do so may lead to penal action under the RPwD Act. The matter was adjourned to 25.04.2025.

7. Response received from the Respondent after Hearing dated 24.04.2025:

7.1. Respondent filed their reply dated 25.04.2025 and submitted that the claims of Ms Pratima Saxena under policies for 2023-2024. One claim for Rs. 31,307/- was partly settled for Rs. 17,558/- after deductions. A second claim for the same amount was rejected as a duplicate of the earlier claim. Another claim for Rs. 68,564/- was settled for Rs. 35,000/- due to exhausted limits. A final claim of Rs. 2,000/- was not payable as the required documents were not uploaded.

8. Hearing (II): A hearing in hybrid mode (online/offline) was

conducted on 25.04.2025:

8.1 During the hearing on 25.04.2025, the Court reviewed the Respondent's reply on the 2023-2024 claims. The Respondent stated that the 2023 claim for Rs. 31,000/- was rejected as it contained duplicate and inadmissible expenses, while another claim under the same policy period had already been settled, with transport charges paid within the limits. They reiterated that the treatment limit had been exhausted and that duplicate bills had been submitted. The Court directed the Respondent to provide a detailed breakup of the Rs. 31,307/- claim, disbursement details for the 2024 claim, and complete information on applicable limits and reasons for approval/rejection within one week.

9. Response received from the Respondent after Hearing dated 25.04.2025:

9.1 Respondent filed their reply dated 13.05.2025 and provided the summary of claim details as requested:

Claim Summary (Brief):

1. Policy 2021-2022 (Claim No. 556432122975031)	<i>Denied</i>	No response to queries despite reminders (29-Mar-2022, 18-Apr-2022, 03-May-2022)
2. Policy 2022-2023 (Claim No. 556222324350183)	<i>Settled</i>	Claimed ₹31,307; paid ₹17,558 on 21-Aug-2023
3. Policy 2023-2024 (Claim No. 556222425022937)	<i>Settled</i>	Claimed ₹68,564; paid ₹35,000 on 30-Sep-2024 as per policy limit.
4. Policy 2023-2024 (Claim No. 556222425029047)	<i>Denied</i>	No submission of required physical documents; discrepancy in claim.
5. Policy 2024-2025		Not enrolled in the insurer's records.

10. Hearing (III): A hearing in hybrid mode (online/offline) was

conducted on 28.11.2025. The following parties were present during the hearing:

Sl. No.	Name and Designation of the Party/Representative	Parties	Mode
1.	Ms. Pratima Saxena	Complainant	Online
2.	Mr. K.S. Bodh DGM, Oriental Insurance Company Ltd.	Respondent	Online
2.	Adv. Umesh Kumar Shukla	Respondent	Online

11. Record of Proceedings:

11.1 At the outset, the Court queried the complainant as to whether she was satisfied with the claim details furnished by the Respondents or otherwise. The Complainant stated that she did not have all the documents with her at the time and presumed that the information submitted was correct.

11.2 Upon further questioning by the Court regarding whether she had received the claim amounts disbursed as per norms, the complainant submitted that she could not immediately confirm the receipt of all payments.

11.3 The representative of Oriental Insurance submitted the following:

- i. An amount of 17,558 rupees, about the 2022-2023 claim, was disbursed on 21.08.2023, and the UTR number is available.
- ii. For the subsequent year, the total claim amount of ₹35,000 was disbursed on 30.09.2024, proof of which is available.
- iii. The respondent assured the Court that all documents, including the payment particulars and supporting records, can be produced as required.

11.4 The Complainant appears uncertain regarding the exact amounts received over multiple years and is presently unable to confirm the

receipt of certain disbursements. Oriental Insurance Company has claimed to have made all relevant payments and has the complete disbursal records, including UTR details.

12. Observations and Recommendations:

12.1 The Court finds it appropriate that full clarity be provided to the complainant by way of a consolidated statement of disbursed payments and directed the Respondent that they shall submit a comprehensive Payment Disbursal Statement, detailing all claim payments made to the Complainant, along with UTR numbers and dates of disbursement, within three working days, with a copy of the same to the Complainant.

12.2 Upon examining the payment disbursal statement submitted to the Court, the Court is satisfied that the legitimate relief sought by the Complainant has been provided.

12.3 Accordingly, the case is disposed of.

(S. Govindaraj)

Commissioner for Persons with Disabilities