



The Oriental Insurance Company Limited
Head Office: A 25/27, Asaf Ali Road, New Delhi -110002.
CIN: U66010DL1947GOI007158

**PROFESSIONAL INDEMNITY POLICY FOR DOCTORS &
MEDICAL PRACTITIONERS**

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

- 1) Name of Proposer

- 2) Residential address:

- 3) Professional Qualifications and the year of such qualifications:

- 4) a) Medical Registration No.
b) Year of Registration

- 5) Are you a member of any Medical Association/Council?:

If so, please state Name and Address of such Association/Council with Membership No.:

- 6) In which branch of medicine viz. Allopathy/Homeopathy/ Ayurvedic/Any other - please specify:
Note: If Specialist, please specify your line of

specialization:

7) How long have you been practicing:

8) State the address of your Clinic/Chamber:

9) A. Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc.
If yes, please give details:

B. Are they covered under a Medical Establishment- Errors & Omissions policy?

10) A. Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI, etc. available/operated by you or under your control.

B. Are these facilities being maintained through regular service contracts with the manufacturers/specialised servicing Agencies ?

C. If these facilities are operated by employees please state their i) names ii) technical qualification iii) experience and iv) name of the facility operated (please use separate sheet)

D. Please indicate whether you wish to extend the policy to cover, out of the above list, personnel who are not qualified to operate the facility mentioned against their names?

11) State the average number of patients you are attending per day.

12) Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc. If so, please give details.

13) Have you been previously insured for the subject risk? If so, give full particulars.

14) Has any Company

- (a) declined your proposal
- (b) required an increased premium
- (c) refused to renew your policy
- (d) cancelled such a policy.

15) Limit of Indemnity required

For Any One Act - Rs.
Any One Year Limit - Rs.

16) Period of Insurance :- From To

I/We do hereby declare that the above statements and answers are true and what I/We have not withheld any information whatsoever regarding the proposal. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and The New India Assurance Co. Ltd. whose policy for the insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Date :

Place :

SIGNATURE OF PROPOSER

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.

- 2. If space is found insufficient, please attach separate sheets for details.
- 3. Premium will be quoted on application.
- 4. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___years and I recommend acceptance of this proposal.

Name and Code No.
/ A/AO-D

Signature of Dev. Officer

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER- COLLECTION / SCROLL NO		POLICY NO.	

3) a)

b)

4

c)

5)

6) Are you a -

a) General Practitioner/
General Physician

b) Pathologist/Radiologist

c) Consulting Physician

d) Anaesthetist/Plastic Surgeon

7) a)

b)

8) Specify No. of employees, their job specifications, their experience and nature of your supervision.

9) a) i)

ii) Are you in service with any organisation ?

If yes, then please give name & address of the same.

b)

14)

15)

