

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

CIN: U66010DL1947GOI007158

PERSONAL ACCIDENT INSURANCE (GROUP)

PROPOSAL FORM

NOTE: This form is to be completed by the Group/ Association/ Institution/ Corporate Body. The Company will not be on risk un til the Proposal has been accepted by Company and the full premium paid.

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7. State coverage desired (on duty/ off duty)

State coverage desired (Table I/ Table II/ Table III) (Sum Insured for each table to be updated in list of employees)

9.	Please me	ention the propo	sed Sum Insured (i	n words):			
10.		ate whether all e I for Insurance?	ligible members of	the Group/ Assoc	ciation/ Institution	on/ Corporate Boo YES	-
11.	Please pro	ovide the details	of additional cover	desired ?	1.	2	3.
12.	Particulars	s of disablement	, if any, of the pers	on to be insured.			
13.	a. De b. Ca c. Ac Has the risk a. Th b. Pc c. Pe d. Ra	eclined your pro ancelled or refus ccepted your pro a been previousl ne name of the li blicy No. eriod ate charged	ect of Personal Accoosal? ed to renew your personal on special telegratery insured? If so, insurance Company	olicy rms & conditions			
affecting I agree	g the assess that this pro	sment of the risl	re true to the best o c. ration shall be the			I have disclosed a	all particulars
Date	Plac	ce	Proposer's Signatu	re		_	
Date	Plac	ee	Signature of the pe	rson to be insure	d		

Prohibition of Rebates

The following is the copy of Section 41 of the Insurance Act, 1938 :-

- (1) No Person shall allow, or offer to allow 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 or part of commission payable or any rebate of premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

N.B. Insurance is the subject matter of solicitation.

PERSONAL ACCIDENT POLICY (GROUP)
UIN: IRDA/NL- HLT/OIC/P- P/V .1/457/13-14

ANNEXURE 1 LIST OF PERSONS PROPOSED												

Note:

- 1. This list will be attached to and forming part of the proposal form and policy to be issued.
- 2. Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.

Sr. No.	Name of the Employee/ Member	Employee code	Names of Employee's/ Member's family members to be covered	Relationship of the dependant members to the Employee/ Member	Age/ Date of Birth	Gender	Sum Insured
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Please attach additional sheets, if space not sufficient to complete details.

Names of the family members to be covered should be mentioned immediately after the name of each employee/ Member

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