



The Oriental Insurance Company Limited

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

SARAL SURAKSHA BIMA ORIENTAL PROPOSAL FORM

Unique Reference Number: OICL/PA/PROP/20-21/01

1.	(a)	Name of the Proposer:																									
2		Residential address/Permanent address:																									
3		Address for correspondence:																									
4		<p>Identity Proof: (of the Proposer only): Tick the one being provided</p> <table border="1"> <tr> <td>PAN NO</td> <td>AADHAR No</td> </tr> </table> <p>PAN NO (of the Proposer only)</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>AADHAR No. (of the Proposer only)</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	PAN NO	AADHAR No																							
PAN NO	AADHAR No																										
Details of the Insured:																											
5	a	Are you an Employee / Ex-Employee of Oriental Insurance If yes, SR No.	Yes/No																								
	b	Profession, Occupation , Trade or Business (please describe fully with nature of duties)																									
	c	Do you engage in :																									
		i) Underground mines ii) Explosives iii) Magazines iv) Involved in electrical installation with high tension supply v) Circus personnel vi) In any other activity of similar or greater hazard? If yes, please give details thereof.	Yes/No Yes/No Yes/No Yes/No Yes/No																								
	d	What is your average monthly income from																									
	i	Gainful employment	Rs.																								

	ii	Other sources	Rs.																																																	
	iii	Total Income (In case the income is in any currency other than Rupee, please provide the above information in Indian Rupees)	Rs.																																																	
		NOTE: i. (Income from Gainful employment means that income of the proposer / insured which is directly affected by the disability or death of the person insured..... ii. The maximum SI that can be allowed is dependent upon the Gainful Income. iii. No Income Proof (in respect of the Proposer) is required for a SI upto Rupees Five lakhs. For other family members proposed for insurance SI would be as given under point no.7 below.																																																		
6	DATE OF BIRTH : ____/____/____ HEIGHT : ____Meters. WEIGHT : ____Kgs.																																																			
7	Do you wish to buy insurance for other family members also? YES/NO																																																			
	If yes, please provide following details.																																																			
	<table border="1"> <thead> <tr> <th>Name</th> <th>Relationship with the Proposer (if spouse whether earning or non-earning)</th> <th>Gender (M/F/TG)</th> <th>Date of Birth (DD/MM/YYYYYY)</th> <th>Occupation</th> <th>Average Monthly Income /</th> <th>Sum Insured **</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p> a. **Non- earning spouse: SI allowed is 50% of Primary Insured SI, Maximum Rs.20 lacs. b. Children: SI allowed is 25% of Primary Insured SI, Maximum Rs.5 lacs. c. Non- earning Parents / Parents-in-Law: SI allowed is 50% of Primary Insured SI, Maximum Rs.5 lacs. d. Minimum SI in respect of each insured member is Rs.2.50lakhs. If the SI chosen by the Proposer is such (less than Rs.5lakhs), the eligible SI of other members goes below the prescribed minimum SI. In such cases, the family members SI has to be Rs.2.50lakhs, even if it is more than 50% of Primary Insured's SI. </p>			Name	Relationship with the Proposer (if spouse whether earning or non-earning)	Gender (M/F/TG)	Date of Birth (DD/MM/YYYYYY)	Occupation	Average Monthly Income /	Sum Insured **																																										
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8	Do you wish to obtain Optional covers																																																			
a.	Temporary Total disablement		Yes/No																																																	
b.	Hospitalisation Expenses due to Accident		Yes/No																																																	
c.	Education Grant If yes, give Details of Children up to 25 years of Age:-		Yes/No																																																	

		Name	Gender	Date of Birth	Name of Educational Institution in which studying	
NOTE: Optional covers a & b apply to all the family members proposed for insurance. Optional Cover c (Education Grant) applies only to the Primary Insured.						
9	Have you or any of your family members to Be covered ever suffered or suffer from :					
	(full particulars must be given in case the answer is "YES" to any of the following queries)					
	a.	Any physical defect or infirmity				Yes / NO.
	b.	Gout/Arthritis or Diabetes, Paralysis, Fits of any kind or any other chronic disease				Yes / NO.
	c.	Any other disability If Yes, please specify:				Yes / NO.
10	a.	Do you or any of the family members proposed for insurance, have any other Accident and / or Life Insurance policy?				Yes / NO.
	b.	If yes, please provide following details in respect of yourself and each of the family members proposed for insurance				
		Name	Sum Insured	Policy period	Name of Insurance Company	Address of Insurance Company
	c.	Has any insurance company :				
		i)	declined to issue a policy to you / any family member?			Yes / NO.
		ii)	declined to continue your / family member's insurance ?			Yes / NO.
		iii)	imposed any restriction or special conditions ? If yes, , please provide following details:			Yes / NO.
			Name / family member	Name of Insurance Company		
	d.	Are you also covered under any Accident Policy / Scheme taken by your employer? If yes, please give following details:				Yes / NO.
		Employer Name		Policy No. or name of the insurance scheme	Sum Insured	

11	Have you and any of your family members ever claimed and/or received compensation under any Accident																		
		Name	Sum Insured	Policy period	Name of Insurance Company	Type of Claim PTD / PPD / TTD /Hospitalisation	Whether compensation received. If Yes, Amount of such compensation												
							Rs.												
12	Premium Payment Mode :																		
		Annual	Half Yearly	Quarterly	Monthly														
14	Please indicate Period of Insurance required:																		
	<table border="1"> <tr> <td colspan="3">From:</td> <td colspan="3">To:</td> </tr> <tr> <td>Date</td> <td>Month</td> <td>Year</td> <td>Date</td> <td>Month</td> <td>Year</td> </tr> </table>						From:			To:			Date	Month	Year	Date	Month	Year	
From:			To:																
Date	Month	Year	Date	Month	Year														

15 DECLARATIONS:

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
6. I have carefully read the Prospectus and having understood the same, I propose for a policy in the standard form issued by the Company

Place		Signature of Proposer.	
Date		Name of Proposer	

NOTE:

1. In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 1 lakh, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as on Company's website.
2. The claim for any of the insured person will be payable in the name of Proposer and discharge voucher signed by him will be considered valid. However, in the unfortunate event of demise of the Proposer during the course of policy period, the claim may be payable to the nominee declared by the Proposer in this form.

16. NOMINATION

(Nomination is to be filled in when Insured & Insured person are same.)
(This will help in quick and easy settlement of claims under the policy)

Ido hereby nominate
..... Relationship with the Insured) and I further declare that his
receipt shall be sufficient discharge to the Company.

Dated this.....Day of.....200.....at.....

Signature of Proposer		Name of Witness	
Signature of Witness		address of Witness	

17. VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company):

Name of Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer:		Name & Signature of the witness:	
Date:		Place:	

18. AGENT'S DECLARATION

I,(Full
Name) in my capacity as an Insurance Agent/ /Authorised employee of the Broker/, do hereby declare that

I have explained in detail the features of the products and all the contents of this Proposal Form, alongwith the nature of questions contained in the Proposal Form to the Prospect, and also the fact that this Proposal form will form the basis of the Insurance contract between the Oriental Insurance Company Ltd and the Proposer, if this Proposal Form is accepted by the Company for issuance of the policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and further more if there has been a non-disclosure of any material fact, the policy issued pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Agent/Corporate Agent/Broker):

Signature of Agent		Signature of Proposer	
Date:		Place:	

Development Officer's / Broker's Report.

The Proposal is known to us / me/my agent for _____ years and I recommend acceptance of this proposal.

Date _____ Code No. _____ Signature of the Dev. Officer /

19. PROHIBITION OF REBATES

(Section 41 of the Insurance Act 1938 provides)

- (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 punishable with fine which may extend to Ten Lakhs rupees.

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

