

**THE ORIENTAL INSURANCE COMPANY LIMITED**

**REG OFFICE: ORIENTAL HOUSE, P.B. NO. 7037, A-25/27, ASAF ALI ROAD, NEW DELHI – 110 002**

**Bank Grahak Suraksha Policy**

**PROPOSAL FORM**

Policy Issuing Office Address & Code
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Intermediary/Agent Name & Code (if any)
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**Important:**

1. Read the Prospectus/ Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
2. The property proposed for insurance is not covered until the proposal is accepted and premium is paid there for.
3. The policy has two types of covers – Compulsory and Optional Covers. Minimum four sections need to be opted under the policy. Section 1 and Section 2 are compulsory and minimum 2 sections from the optional Part are required to be opted.

**A. Details about Proposer and Policy Period**

1.	Name of Proposer	
2.	Address of Proposer	
3.	Phone No. a. Mobile b. Landline	
4.	Email	
5.	Period of Insurance	
6.	PAN/ Aadhaar Card No	

**B. Please fill the details and indicate the sum insured for the selected sections:**

Section	RISK COVER	YES/NO	SUM INSURED(Indian Rupees)
1 A	Fire and Allied Perils(Building)- Compulsory Only for owner occupant		
1 B	Fire and Allied Perils (Contents)	Compulsory	
2	Housebreaking	Compulsory	
3	Personal Accident	YES/NO	
4	Critical Illness	YES/NO	
5	Super Health Top up	YES/NO	
6	Happy Cash	YES/NO	
7	Laptop/Tab Max 2 nos	YES/NO	

**SECTION 1 :**

**1A. Fire and Allied Perils-Building**

1	Address of the Home Building to be insured							
	Is there any policy in place covering the same property?	Yes/No						
	If Yes, please provide the following details	<table border="1"> <tr> <td>Policy No.</td> <td>Policy Period</td> <td>Insurer</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Policy No.	Policy Period	Insurer			
Policy No.	Policy Period	Insurer						
2	Is it in a multi-storey building or is it a standalone house?	These questions are required only if these are rating factors i.e loading / discounts are allowed based on these factors						
3	In case of multi-storey building, please provide the floor number of Your house							

4	Is there a basement to Your house?							
5	<p><b>Sum Insured (SI) for HomeBuilding:</b></p> <p><b>Please note the following:</b></p> <p>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p><b>a. For residential structure of YourHome including fittings and fixtures:</b></p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p>	<p><b>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p>						
	<p><b>b. For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p><b>b. SI for additional structures (in ₹):</b></p> <table border="1"> <tr> <td>Additional Structure</td> <td>Sum Insured (in ₹)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Additional Structure	Sum Insured (in ₹)				
Additional Structure	Sum Insured (in ₹)							
6	Carpet area of structure of Home in square metres							
7	Rate of Cost of Construction per square metre at the policy Commencement Date							
<b>Other Details</b>								
8	Age of Home Building							
9	<p><b>Construction Details:</b> Please note that any Kutcha constructions is not covered under the policy.</p> <p><i>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>							

**1B. Details of Home Contents**

1	<p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>e.g., furniture, electronic goods, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.</p>	<p>Sum Insured for General Contents (in ₹):</p> <p>Furniture, Fixtures, Fittings :</p> <p>electronic goods:</p> <p>electrical equipment (including those fitted on walls):</p> <p>clothing and apparel:</p> <p>Others (Please specify):</p>
2	In case of Basement, If there are contents in it, please provide the Sum Insured	<p>Nature of contents -</p> <p>Sum Insured -</p>

**SECTION 2: Housebreaking:**

a. Do you have minimum security arrangements at the premises as below: YES/NO

(The minimum security arrangements required are - common night watchman and grills for doors and windows)

**SECTION 3: Personal Accident only for a/c holder & spouse**

a.	Serial. No.	Name of Insured Person	Age	Occupation	Covers Opted Death/PTD/PPD	Sum Insured

Please note that the age limit for purpose of this section is 18 to 80 years only.  
 Proposer above the age of 70 and up to the age of 80 can be covered for maximum CSI of Rs.5 lakhs only.  
 Unemployed spouse can be covered for maximum CSI of Rs.10lakhs.

Do you have existing Health Policy: Y / N

If Yes, provide the following details:

S. No	Policy Number	Type of Policy – Base Health policy / Super Toop-up / Hospital Cash	Insurer	Sum Insured

**SECTION 4: Critical Illness**

Details of persons proposed to be insured

Sl.	Name	Self / spouse	Gender	Date of Birth (dd/mm/yy)	Plan A/B	Sum Insured
1						
2						

Please furnish details of any hospitalisation / illness / disease / injury (whether or not any insurance coverage existed) in the past 4 years & prior to 4 years

Sr. No	Name of the Person	Name of the illness / injury suffered / suffering in the past 4 years	Treatment details	Date of First treated
1.				
2.				
3.				
4.				

Has the proposer been refused insurance for health cover / policy cancelled / renewal denied? If so details thereof:

S.No	Name of the Proposed person	Refusal by insurer & reasons thereof	Cancellation of policy / denial of renewal by the insurer & reasons thereof
1.			
2.			

**SECTION 5: Super Health Top Up**

Details of persons proposed to be insured

Sl.	Name	Self / spouse	Gender	Date of Birth (dd/mm/yy)	Age (in completed years)	Sum Insured	Deductible Opted
1							
2							

**SECTION 6: Happy Cash**

Details of persons proposed to be insured

Sl	Name	Self / spouse	Gender	Date of Birth (dd/mm/yy)	Age (in completed years)	Occupation	Daily Cash benefit (INR) opted
1							
2							

Daily Cash Benefit Period opted – 30days / 60 days

Deductible Opted: 0Day / 1Day / 2Days

**SECTION 7 – Laptop/Tab YES/NO**

(Laptop/Tab up to 5 years of age can only be covered)

Details of Laptop/Tab:

Item No.	Description of item	Year of Manufacture	Sum Insured
1			
2			

- Maximum 2 articles in total will be covered
- Please state whether the Laptop/Tab are maintained under an approved agreement with manufacturer or other concerns approved by manufacturer. Yes/No
- Is a Valid Maintenance Contract in force?

**DECLARATIONS:**

1. I / We 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 / We 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 / We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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 / We 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/We do hereby solemnly declare that all Pre-existing diseases have been declared and explicit information of such disease given in the above columns where the information has been sought.

7. I/We, give consent that if any of the pre-existing disease declared by me, falls under the list of diseases given under “Clause 3.2” of the Section 6 of Policy document, the specific ICD codes for that particular disease mentioned therein, will be permanently excluded from the policy coverage.

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.

**15. NOMINATION**

I .....do 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		address of Witness	

**16. PROHIBITION OF REBATES (Section 41 of the Insurance Act 1938 provides)**

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 or 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 rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with provision of this section shall be punishable with fine, which may extend to Rs.10,00,000/-.

**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:	

For the purpose of Health covers

**PERSONAL HISTORY: (For all persons listed in the proposal)**

PARTICULARS	YES / NO	DETAILS
A. Are you in good health and free from physical and mental diseases or infirmity or major complaints?		
B. Have you ever suffered from any of the following diseases / illnesses. Please write <b>Yes / No</b> .		
3. Any Neurological / mental or related diseases?		
4. slipped disc or other spinal disorder or paralysis of any kind or fainting episode, blackout, fit.		
5. High blood pressure, palpitation, Heart diseases including ischaemic heart diseases, other circulatory disorders including rheumatic fever etc.		
6. Diseases of uterus, ovaries, breast or any other gynaecological disorder		
7. Fistula, Piles, Hernia, Varicose veins etc.		
8. Any disease of bones, joints, Arthritis including rheumatic diseases etc.		
9. Any respiratory diseases		
10. Any allergic diseases		
11. Any dimness of vision or cataract etc.		
12. Any disease of ears or difficulty or interference with hearing etc.		
13. Any disorder of the stomach, ulcer, bowel or gall bladder, kidney etc.		
14. Cancer, malignant growth, boil, cyst or wound etc.		
15. Diabetes or any urinary diseases.		
16. Genital Disorder		
17. Any cerebral or vascular strokes or sudden loss of consciousness or similar disease.		
18. Tuberculosis (TB)		
19. AIDS / HIV / related disorder etc.		
20. Congenital diseases (Since Birth)		
21. (a) Have you ever suffered from dental problems? YES/NO (b) If, yes, specify same. (c) When were you treated last for same.		
22. Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations.		
23. Any other complaint or tendency that may necessitate such consultation or treatment in the future		