



The Oriental Insurance Company Limited
Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002,
PRAVASI BHARTIYA BIMA YOJANA 2017
PROPOSAL FORM

ELIGIBILITY:

This insurance policy is available to all Indian Citizens who apply for and obtain an emigration clearance as required under the Emigrant Act, 1983 (31 of 1983), as well as to emigrants going for overseas employment for various professions falling under work categories covered under section 2(o) of Emigration Act, 1983 (31 of 1983), irrespective of the passport category.

This Proposal Form must be signed and completed in all respect to the best of the proposer's knowledge and belief. All material facts * must be disclosed.

*A material fact is one that is likely to influence the acceptance or assessment of the Proposal.

Non -disclosure of material facts, providing wrong or misleading information or fraud by the insured will render the policy null and void ab initio.

1. PERSONAL DETAILS:

Name:(Mr/ Mrs/Miss) (BLOCKLETTERS): _____

Father's/Spouse's Name: _____

Gender: Male/Female/Third Gender(TG):

Date of Birth: _____ / _____ / _____ (DD/MM/YYYY)

Age in completed years _____

Height: _____ ft. _____ inch(____ cms.) **Weight:** _____ lbs _____ (Kgs.)

a) Passport No.: _____

b) Date of Issuance: _____ / _____ / _____ (DD/MM/YYYY) **b) Place of Issuance:** _____

Address of the proposer in India: _____

City _____ **State/UT** _____

Pin Code: _____

Contact Details in India

STD Code & Tel. No.: _____ **Mobile No.** _____

E-Mail id _____

a) Details of Spouse and / two eldest children of the Proposer Emigrant:

S .No	Name	Gender M/F/TG	Relationship with proposer emigrant	Date of Birth	Age in completed years

b) Address of Family in India: _____

c) Tel.No. _____

c) Mobile No.(of other than the proposer emigrant): _____

Country of Employment: _____

Address in the Country of Employment: _____

Tel.No.: _____ **Mobile No.** _____

Name & Address of work place the proposer emigrant is/would be attending:

_____ **Tel.No.:** _____

E-Mail: _____

Fax: _____

a) Brief details of employment to be undertaken: _____

b) Period of Contract From: _____ **to** _____

(Note: please attach attested copy of the appointment letter)

Name & Address of Overseas Employer /Sponsor: _____

Relationship: _____

Period of Insurance Required: _____

Proposed Policy Commencement Date: _____ / _____ / _____
(DD/MM/YYYY)

PROPOSER EMIGRANT'S MEDICAL HISTORY:

ANSWERS TO THE FOLLOWING QUESTIONS ARE TO BE GIVEN AS YES OR NO (A DASH IS NOT SUFFICIENT)

Is the proposer in good health and free from physical defect or infirmity? YES / NO

If No, Please give complete details of such physical defect or infirmity.

Are there any additional medical facts affecting the proposed insurance, which should be disclosed to insurer? If Yes, please give details

Is the insured or any of the family members proposed to be covered under this insurance, suffering from any pre-existing diseases.

YES/NO

If Yes, Please give complete details of such pre existing diseases.

6.0 Please attach a copy of the Medical Report of the Proposer emigrant, if any, which was required for Entry Visa. _____

7.0 NOMINATION

Ido hereby nominate
.....(Relationship with the Proposer), residing at
..... (Complete Address to be mentioned) and I further declare that
his receipt shall be sufficient discharge to the Company.

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

Signature of Proposer Emigrant

Signature of Witness:

Name and address:

8.0 DECLARATION:

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 insurer and that the policy will come into force only after full payment 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 that I give consent to the company seeking medical information from any doctor or from a hospital who / which at any time has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health and seeking information from any insurance company to which an application for insurance 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 of the insured / proposer for the sole purpose of proposal underwriting and/or claims settlement 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.

UNDERTAKING:

1. Mr/Mrs/Miss _____ do hereby solemnly declare and state that all information given above are true and correct to the best of my knowledge. In case any such information is found at any time in future to be false or misleading or it is found by the insurer that I have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me shall be deemed to be null and void and I shall not be entitled to any benefit thereunder.

Place		Signature of Proposer Emigrant.	
Date		Name of Proposer Emigrant	

2. I, _____ 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.
I, give consent that if any of the pre- existing disease declared by me, falls under the list of diseases given under "Clause 4" of the Prospectus /Policy document, the specific ICD codes for that particular disease mentioned therein, will be permanently excluded from the policy coverage.

NOTE:

3. In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, 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 Company's website (www.orientalinsurance.co.in).
4. In case of death claims, the name of the beneficiary making claim, relationship with the insured and legal status is to be mentioned.
5. 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 event of unfortunate demise of the Proposer during the course of policy period, the claim shall be payable to the Nominee declared by the Proposer in this form.

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

1. 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.
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.

VERNACULAR DECLARATION:

(The Company requires that this proposal is completed by the proposer himself. However, if this is not possible as the proposer does not read, write or speak English, then this proposal form can be completed by another person who can read, speak and write English and who is not connected to the company either as an agent/employee or Insurance Intermediary)

I have explained the contents of this proposal to the proposer and done my best to ensure that the contents have been fully understood by the proposer. I have accurately recorded the proposer's responses to the information sought by the proposal form and I have read the responses back to the proposer and he/she has confirmed that they are correct.

Name of the Witness:

Signature of the Witness

Date:

Thumb Impression/Signature of the Proposer:

Place:

AGENT DECLARATION:

I, _____ in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal 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, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

The Oriental Insurance Company Limited

Pravasi Bharatiya Bima Yojana-2017

UIN: OICTIOP23136V032223

Proposal Form

Name of the Agent:

Date:

Place:

Agent Code:

Signature of the Agent.....