



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:

1.1 Name:(Mr/Mrs/Miss) (BLOCK LETTERS): _____

1.2 Father's/Spouse's Name: _____

1.3 Gender:Male/Female/ThirdGender(TG):

1.4 Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

1.5 Age in completed years _____

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

1.7 a) Passport No.: _____

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

1.8 Address of the proposer in India: _____

City _____ **State /UT** _____

Pin Code: _____

1.9 Contact Details in India

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

E-Mail id _____

1.10 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) : _____

2.0 Country of Employment: _____

2.1 Address in the Country of Employment: _____

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

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

_____ **Tel. No.:** _____

E-Mail: _____

Fax: _____

3.0 a) Brief details of employment to be undertaken: _____

b)Period of Contract From: _____ to _____

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

3.1 Name & Address of Overseas Employer / Sponsor: _____

Relationship: _____

4.0 Period of Insurance Required: _____

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

5.0 PROPOSER EMIGRANT'S MEDICAL HISTORY:

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

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

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

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

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 consent to the company seeking medical information from any doctor or from a hospital who / which at anytime 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:

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	

NOTE:

1. 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).

2. In case of death claims, the name of the beneficiary making claim, relationship with the insured and legal status is to be mentioned.
3. 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.