



**THE ORIENTAL INSURANCE COMPANY LIMITED**

Regd. Office: Oriental House,P.B.No.7037,A-25/27,Asaf Ali Road, New Delhi-110 002  
CIN No. U66010DL1947GOI007158

**CORONA RAKSHAK POLICY, ORIENTAL INSURANCE**  
**PROPOSAL FORM**

<b>Name of the Intermediary:</b>		<b>Mobile Number:</b>	
<b>Intermediary Code:</b>		<b>Email ID:</b>	

Corona Rakshak Policy, Oriental insurance is a benefit health policy covering a Lump sum benefit equal to 100% of the Sum Insured payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre. The Policy is available under individual plan only.

The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.

Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal form.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-cooperation by the insured will nullify the cover under the policy.

**A. POLICY TERM: (Please tick the relevant Box)**

<b>Sl. No.</b>	<b>Options</b>	<b>Yes/No (Please Tick)</b>
<b>1.</b>	<b>Three and Half Months (3 ½ Months)</b>	
<b>2.</b>	<b>Six and Half Months (6 ½ Months)</b>	
<b>3.</b>	<b>Nine and Half Months (9 ½ Months)</b>	

**B. Whether TPA Services opted? Yes/No (If Yes, please mention name of the TPA)**

**Name of the TPA:** .....

**C. Whether business booked through POSP (Point of Sales Person)/CSC (Common Public Service Centres)/Micro Insurance Agents? If Yes, Please mention the name of channel: .....**

**1. PROPOSER’S DETAILS:**

<b>Name of the Proposer (As per the Id Card)</b>		<b>Date of Birth:</b>	
<b>Gender (Male/Female/Third Gender)</b>		<b>Educational Qualifications</b>	
<b>Residential Address (Permanent )</b>	<b>Landmark/Area/City/Town:</b>		
	<b>District:</b>	<b>State:</b>	<b>Pin:</b>
	<b>Address for Correspondence</b>		
	<b>Landmark/Area/City/Town:</b>		

	<b>District:</b>	<b>State:</b>	<b>Pin:</b>
<b>Email Id</b>		<b>Occupation</b>	
<b>Landline/Mobile Number</b>		<b>Family Income</b>	
<b>Nature of Id</b>	Adhaar card/PAN Card/Voter Id/Passport/Any other	<b>Id Card No</b>	
<b>PAN Card No</b>		<b>GST No (If applicable)</b>	
<b>Proof of age of the proposer</b>			
<b>Nominee Name</b>			
<b>Relationship with Nominee</b>		<b>Age in completed years</b>	<b>Date of Birth</b>
<b>*If the Nominee is minor, Name of Appointee and Relationship with Minor</b>			
<b>Appointee Name</b>		<b>Relationship with the Appointee</b>	

2. Has any application or proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by The Oriental Insurance Co. Ltd or any other insurance company. (Yes/No)

If Yes, Please give details:

**3. DETAILS OF PERSONS TO BE INSURED :**

<b>Member 1</b>	<b>Name:</b>		<b>Date of Birth</b>	
<b>Gender</b>		<b>Relationship with the policy holder</b>		<b>Occupation</b>
<b>Nature of Id</b>	Adhaar card/PAN Card/Voter Id/Passport/Any other		<b>Id Card No</b>	
<b>Member 2</b>	<b>Name:</b>		<b>Date of Birth</b>	
<b>Gender</b>		<b>Relationship with the policy holder</b>		<b>Occupation</b>
<b>Nature of Id</b>	Adhaar card/PAN Card/Voter Id/Passport/Any other		<b>Id Card No</b>	
<b>Member 3</b>	<b>Name:</b>		<b>Date of Birth</b>	
<b>Gender</b>		<b>Relationship with the policy holder</b>		<b>Occupation</b>
<b>Nature of Id</b>	Adhaar card/PAN Card/Voter Id/Passport/Any other		<b>Id Card No</b>	

PAN Card No			Proof Of Age	
Member 4	Name:		Date of Birth	
Gender		Relationship with the policy holder	Occupation	
Nature of Id	Adhaar card/PAN Card/Voter Id/Passport/Any other		Id Card No	
Member 5	Name:		Date of Birth	
Gender		Relationship with the policy holder	Occupation	
Nature of Id	Adhaar card/PAN Card/Voter Id/Passport/Any other		Id Card No	
Member 6	Name:		Date of Birth	
Gender		Relationship with the policy holder	Occupation	
Nature of Id	Adhaar card/PAN Card/Voter Id/Passport/Any other		Id Card No	

#### **4. SUM INSURED:**

Corona Rakshak Policy-Oriental Insurance can be issued as an Individual Policy with individual sum insured.

COVERAGE	LIMIT OF INDEMNITY/BENEFIT
Sum Insured	Rs 50,000/- (Fifty Thousand) to 2,50,000/- ( Two Lakhs and Fifty thousand) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual.

8. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If yes, Please give details below:

#### **9. PROPOSED PERIOD OF INSURANCE:**

FROM \_\_\_\_\_ TO \_\_\_\_\_

#### **10. IMPORTANT:**

a) The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer is complete and accurate in all respect.

b) The questions in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance advisor/ Insurance Company.

**The Oriental Insurance Company Ltd.**

**Corona Rakshak Policy-Oriental Insurance  
 UIN: OICHLIP21064V012021  
 Proposal Form**

c) The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

d) The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact\* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

\*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

**11. PROPOSER DECLARATION:**

I declare that the persons proposed for insurance are my family members and I also declare that (Tick on Correct or Incorrect for i & ii)

i. None of them suffer from any pre-existing conditions **CORRECT / INCORRECT**

ii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. **CORRECT/INCORRECT**

a) "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/We am/are authorized to propose on behalf of these other persons.

b) 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.

c) I/We further declare that I/we 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.

d) 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.

e) 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."

Signature of Proposer \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place: \_\_\_\_\_

**PHOTOGRAPHS OF THE INSURED PERSONS:**

PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO
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Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Signature	Signature	Signature	Signature	Signature	Signature

**12. STATUTORY WARNING :**

Section 41 of Insurance Act, 1938(Prohibition of Rebates) 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 or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

**13. 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

Thumb Impression/Signature of the Proposer:

Date:

Place:

**14. 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.

Name of the Agent

Date:

Place:

Agent Code:

Signature of the Agent.....

**15. FOR OFFICE USE ONLY:**

Sr. No.	Name of insured person	Date of Birth	Sex(M/F/TG)	Sum Insured	Premium
1					
2					
3					
4					
5					
6					
Remarks of Underwriter:				<b>Total</b>	
				<b>GST</b>	
				<b>Gross Total</b>	