



THE ORIENTAL INSURANCE COMPANY LIMITED,  
HEAD OFFICE: A-25/27, ASAF ALI ROAD, NEW DELHI 110002

**BHARAT DARSHAN – TRAVEL INSURANCE  
PROPOSAL FORM**

Unique Reference No.OICL/TR/PROP/19-20/01

- A. PROPOSAL FORM IS TO BE FILLED IN CAPITAL LETTERS  
B. THE COMPANY WILL NOT BE ON RISK UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND COMMUNICATION OF THE ACCEPTANCE MADE TO THE PROPOSER VIA SMS / E-MAIL ON RECEIVING FULL PAYMENT OF PREMIUM.

**1. Proposer Details**

**A. Name of the Proposer:**

**B. Name of the person(s) to be insured and relationship with the Proposer**

S. No	Name of person to be Insured	Relationship with Proposer	M/F/TG*	Date of Birth	Age in completed years	Any physical disability exceeding 25% Y/N
1.						
2.						
3.						
4.						
5.						
6.						

\*Trans gender

**2. PLAN OPTED:**  SPECIFIC JOURNEY PLAN  HOLIDAY PLAN

**2A. Mode of journey**  Air  Rail  Bus / Others

In case of Holiday Plan, even if ONE journey is by Air, please select "Air".

**2B. If "HOLIDAY PLAN", duration of the Trip (in Days)**

**3. Date of commencement of travel / journey: DD/MM/YY**

**3A. Date of completion of travel / journey: DD/MM/YY**

**4. ADDRESS & OTHER CONTACT DETAILS of PROPOSER:**

Ph.																				
No.																				
E-mail																				

**5. Identity Proof of the Proposer:**  AADHAR  PAN  DRIVING LICENCE  PASSPORT

Passport is mandatory if not a citizen of India.

**5A. ID No.**

**5B. In case not an Indian citizen, country of issue of Passport.**

6. DO YOU HAVE AN EXISTING DOMESTIC TRAVEL POLICY (coinciding with the proposed Policy):

YES	NO
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7. PROPOSED DATE & PERIOD OF INSURANCE (DD MM YYYY)

FROM											TO								
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8. DECLARATIONS:

- 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.
- 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 payment of the premium chargeable.
- 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.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 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 and with any Governmental and/or Regulatory authority.
- 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:

- 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.
- 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.

9. 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	

10. 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/-.

**11. 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:	

**12. 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:	