The Oriental Insurance Company Limited

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

PERSONAL ACCIDENT INSURANCE (GROUP)

PROPOSAL FORM

NOTE: This form is to be completed by the Group/ Association/ Institution/ Corporate Body. The Company will not be on risk until the Proposal has been accepted by Company and the full premium paid.

1 Name of the Proposer:

2 Residential address/Permanent address:

State																			Pin code										
CONTACT												Mobile																	
Email id																													

3. Address for correspondence:

State																			Pin code										
CONTACT												Mobile																	
Email id																													

4. Description of the Proposer's Business:

5. Please mention the Total number of persons to be covered: _____
(Please attach the list of persons to be covered as per the format attached)

6. Please mention the proposed Sum Insured (in words):_____

7. Please state whether all eligible members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance? YES [ ] NO[ ]

8. Please provide the details of additional cover desired ? 1. 2. . 3.

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk.
I agree that this proposal and declaration shall be the basis of the contract between me and the Company.

Date _____Place_____Proposer's Signature _____

Date_____Place _____Signature of the person to be insured _____

Prohibition of Rebates

The following is the copy of Section 41 of the Insurance Act, 1938 :-

(1) No Person shall allow, or offer to allow 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 commission payable or any rebate of 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 prospectuses 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.

N.B. Insurance is the subject matter of solicitation.

ANNEXURE 1 LIST OF PERSONS PROPOSED

Note:

1. This list will be attached to and forming part of the proposal form and policy to be issued.
2. Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.

Sr. No.	Name of the Employee/ Member	Employee code	Names of Employee's/ Member's family members to be covered	Relationship of the dependant members to the Employee/ Member	Age/ Date of Birth	Gender	Sum Insured
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1. Please attach additional sheets, if space not sufficient to complete details.
2. Names of the family members to be covered should be mentioned immediately after the name of each employee/ Member