



THE ORIENTAL INSURANCE COMPANY LIMITED

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

PROPOSAL FORM FOR "NAGRIK SURAKSHA GROUP POLICY"

(PERSONAL ACCIDENT WITH HOSPITALISATION EXPENSES INSURANCE POLICY)

1. Full Name of the proposer :
2. Full Name & address of the person to be insured & relation with the proposer :
3. Occupation/Profession of the person to be insured :
4. Annual Income of the person to be insured :
5. Date of Birth of the person to be insured :
6. Particulars of disablement/injury/sickness , if any, of the person to be insured :
7. Details of the similar other Insurance policy(ies)held ,if any, by the person to be insured :
8. Sum Insured
(I) Personal Accident Section : Rs._____ (80% of T.S.I)
(II) Hospitalisation Section : Rs._____ (20% of T.S.I.)
(III)Total SUM IINSURED(I+II) : Rs._____
9. Nationality :
10. Proposed Period of Insurance : From_____ to_____

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 insurance company and that the policy will come into force only after full receipt 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 and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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.
5. I 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 the proposer/insured

Place_____

Date:_____

NAGRIK SURAKSHA GROUP POLICY

UIN: IRDA/NL- HLT/OIC/P- H/V .1/21/14-15

NOMINATION

I _____ hereby *nominate* the moneys payable, in the event of my death, arising out of accident payable under the policy, by The Oriental Insurance Company Limited, to Mr./Ms. _____ (relation with the insured) _____ and I further declare that his/her receipt shall be final and sufficient to the Insurance Company.

Signature Name and address of the witness _____

Place: _____ Date: _____

Signature of the Proposer/Insured

PROHIBITION OF REBATE

1. Section 41 of the Insurance Act 1938 provides as follows:
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.



THE ORIENTAL INSURANCE COMPANY LIMITED
REGD.OFFICE: ORIENTAL HOUSE A-25/27 ASAF ALI ROAD NEW DELHI-2

NAGRIK SURAKSHA GROUP POLICY

SALIENT FEATURES AT A GLANCE

¾ **COVERAGE**

COMPENSATION FOR ACCIDENTAL INJURIES AND/OR REIMBURSEMENT OF EXPENSES INCURRED AT HOSPITAL AS A RESULT OF ACCIDENTAL INJURIES SUBJECT TO LIMITS SPECIFIED IN THE POLICY

¾ **TYPES OF POLICIES**

- o INDIVIDUAL INCLUDING FAMILY PACKAGE POLICY
- o GROUP POLICY

¾ **SUM INSURED**

MINIMUM SUM RS.ONE LAC-MAXIMUM RS.FIVE LACS WITH AN OPTION OF ENHANCEMENT OF MINIMUM LIMIT OF SUM INSURED IN MULTIPLES OF RS.25,000/- UPTO A MAXIMUM OF RS.5,00,000/- ¾

POLICY PERIOD

INDIVIDUAL POLICIES RANGING BETWEEN ONE YEAR TO FOUR YEARS. GROUP POLICIES - 12 MONTHS. ¾

ELIGIBILITY

ANY CITIZEN OF INDIA IN THE AGE GROUP OF 5 YEARS TO 70 YEARS FOR FAMILY PACKAGE AND 18 YEARS TO 70 YEARS FOR INDIVIDUAL/GROUP COVER.

¾ **MAXIMUM CLAIM AMOUNT PAYABLE**

SUMS INSURED AS SPECIFIED IN THE POLICY SCHEDULE (UNDER SECTION I PERSONAL ACCIDENT) AND THE SUM INSURED (UNDER SECTION II) HOSPITALISATION FOR EACH PERIOD OF 12 MONTHS DURING THE POLICY PERIOD.

¾ **GEOGRAPHICAL SCOPE: WORLDWIDE**

¾ **PAYMENT OF CLAIM:** IN INDIAN CURRENCY ONLY.

¾ **OTHER BENEFITS :**

LONG TERM DISCOUNT
 CUMULATIVE BONUS
 FAMILY PACKAGE DISCOUNT
 FUNERAL CHARGES
 EDUCATIONAL BENEFIT TO DEPENDENT CHILDREN
 COMPENSATION FOR LOSS OF EMPLOYMENT

FOR DETAILS
 PLEASE REFER
 PROSPECTUS &
 POLICY DOCUMENT

SCHEDULE OF PREMIUM

S. No.	Sum Insured(Rs.)			Policy Period			
	Personal Accident (Rs.)	Hospitalisation (Rs.)	Total Sum Insured (Rs.)	1 year (Rs.)	2 years (Rs.)	3 years (Rs.)	4 years (Rs.)
1.	80,000	20,000	1,00,000	90	171	243	306
2	1,00,000	25,000	1,25,000	113	214	304	383
3	1,20,000	30,000	1,50,000	135	254	365	459
4	1,40,000	35,000	1,75,000	158	299	425	536
5	1,60,000	40,000	2,00,000	180	342	486	612
6	1,80,000	45,000	2,25,000	203	385	547	689
7	2,00,000	50,000	2,50,000	225	428	608	765
8	2,20,000	55,000	2,75,000	248	470	668	842
9	2,40,000	60,000	3,00,000	270	513	729	918
10	2,60,000	65,000	3,25,000	293	556	790	995
11	2,80,000	70,000	3,50,000	315	599	851	1071
12	3,00,000	75,000	3,75,000	338	641	911	1148
13	3,20,000	80,000	4,00,000	360	684	972	1224
14	3,40,000	85,000	4,25,000	383	727	1033	1301
15	3,60,000	90,000	4,50,000	405	770	1094	1377
16	3,80,000	95,000	4,75,000	428	812	1154	1454
17	4,00,000	1,00,000	5,00,000	450	855	1215	1530

**SERVICE TAX EXTRA AS APPLICABLE TO BE CHARGED ON THE PREMIUM MENTIONED ABOVE
 COURTESY: RESEARCH AND DEVELOPMENT CELL HEAD OFFICE NEW DELHI**

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UIN: IRDA/NL- HLT/OIC/P- H/V .1/21/14-15