

The Oriental Insurance Company Limited

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

PERSONAL ACCIDENT POLICY (INDIVIDUAL) PROPOSAL FORM

- 1 (a) Name of the Proposer:
 - (b) Name of the Insured person:
 - (c) Relation between proposer and the Insured person:
- 2 Residential address/Permanent address:
- 3 Address for correspondence:

Details of the Insured person:

- 4 (a) Profession, occupation, trade or business (please describe fully with nature of duties)
 - (b) Are you primarily engaged in administrative, Secretarial or managerial functions?
 - (c) Are you a builder, contractor, engineer engaged in superintending functions, a vet, driver of LMVs or engaged in similar occupation?
 - (d) Does your occupation require you to engage in manual labor?
 - (e) Do you engage in:
 - i) Racing on wheels or horseback?
 - ii) Big game hunting
 - iii) Mountaineering
 - iv) Winter sports, skiing or ice hockey?
 - v) Ballooning or polo or sports of similar nature.

		.9	
(f)	What is your average monthly income from:		
(-)	to an analysis of the state of		
	i) Gainful employment (Rs.)ii) Other sources (Rs.)		
	Total (Rs.)		
5 D.	ATE OF BIRTH :/ HEIGHT :Meters	. WEIGHT :_	Kgs.
Be (fi	ave you or any of your family members to e covered ever suffered or suffer from: all particulars must be given in case the answer "YES" to any of the following queries) Any physical defect or infirmity		
) Gout/Arthritis or Diabetes, Paralysis, Fits of any kind or any other chronic disease) Any other disability.		* 126711114
(t	Have you ever proposed for Accident and / or Life Insurance? If so, give name of each Company and amount of insurance Has any company: i) declined to issue a policy to you? ii) declined to continue your insurance? iii) not invited the renewal of your policy? iv) imposed any restriction or special conditions? If so, give names and address of each company in respect of i), ii), iii) & iv) above. Is this insurance to be additional to any other Accident Policy or Employee scheme; if so, give particulars of other policies.	of	
	Name of Company Sum Insured Policy No.		~
I	Have you ever claimed or received compensation under any Accident Policy? If so, give full particulars, name of insurer, amount and dates.		

9 Ple	ase indicate:	15×	N W	φ.	
a)	Capital Sum Insured	Rs	1) to		
b)	Table of Cover	Benefit (1) to		
(30.70)		i.e. Tabl	e		
c)	Period of Insurance	From			
1503		То			
			*		
10 Do	you wish to obtain cover	against additional			9
ris	ks mentioned under extens	sion covers.			
Ple	ease specify.				
11 Do	you wish to take a family	package? YES/N	10		
	yes, give details.	• •			
10000					
- 54	Name		Dt. of Birth	Occupation	C.S.I.
Ta	ble				
	Spouse	10			
	Children				
1					
2			i a		4
3					
_	,		90		
I decla	are that the above answers	are true to the bes	st of my knowledg	e and belief.	
that I	have disclosed all particul	ars affecting the a	ssessment of the r	isk.	
Lagre	e that this proposal and de	claration shall be	the basis of the co	ntract	
	en me and the Company.				
DCLWC	en me and the company.				
Doto	Place	Proposer's Sign	ature	i.	
Date_	riace	roposers orga			
Data	Place	Signature of the	e nerson to he insu	ıred	
Date_	rrace	Signature or the	e person to be mo		
		NON	MINATION	\$ 1 1	
		NON	HIVATION		
	*		do honobri no	minata tha ma	neys payable by the The
l,	tal Insurance Company Li		do hereby no		
		mited in the event	of my death to	dealers that in t	
(name	e)(re	elation to the insul	rea) and I further (ildran namad i	he event of death of the
Nomi	nee named herein all ber	ients shall become	e payable to the ci	to the Compo	n the roncy and r
furthe	er declare that his/her/their	receipt shall be si	ufficient discharge	to the Compa	ny.
Dated	d this	day of	200 a	t	16
		TOURSE OF THE PROPERTY OF THE			
4					
Acres and	V	- P			
Signa	ature of the insured				

Personal Accident Policy (Individual)
UIN: IRDA/NL- HLT/OIC/P- P/V .1/456/13-14

Witness: (Sign.)				
Name				
Address	2			

(Nomination is to be filled in when Insured & Insured person are same)

The Proposal is kno	Development Office own to us / me/my agent for	r's / Broker's Report. years and I recommend acceptance of
this proposal.		
Date	Code No	Signature of the Dev. Officer / Broker

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 punishable with fine which

may extend to five hundred rupees.

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