



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

JAN AROGYA BIMA POLICY-PROPOSAL FORM

1. NAME OF THE INSURED PERSON AND RELATIONSHIP WITH THE PROPOSER.

S. No.	Name of the insured	Relationship with Proposer	Sex M/F	Date of Birth	Age (in completed years)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

2. ADDRESS & TELEPHONE NO. / MOBILE NO. / E-MAIL ADDRESS

										Mobile No				
Ph.No					E-mail									

3. PERMANENT ACCOUNT NO. (ISSUED BY INCOME-TAX AUTHORITIES)

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4. PLEASE FURNISH DETAILS OF ANY HOSPITALIZATION / ILLNESS / DISEASE AT PRESENT OR IN THE PAST.

S. No	Name of the insured	Name of the Insurer	Type of policy (Please specify) P.A., Cancer, Mediclaim, others)	Policy Number	Policy Period
1.					
2.					
3.					
4.					
5.					
6.					
7.					

5. HAS THE PROPOSER OR ANY OF THE MEMBERS OF THE FAMILY PROPOSED BEEN REFUSED COVER FOR SIMILAR PROPOSAL. IF SO DETAILS THEREOF:

S.No	First Name of the insured	Refusal by insurer	Cancellation of policy by insurer
1			
2			
3			
4			
5			

6 .												
7 .												

6. PROPOSED DATE & PERIOD OF INSURANCE(DD MM YY)

FROM									To							
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SIGNATURE OF PROPOSER

DECLARATIONS:

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.

Place		Signature of Proposer.
Date		Name of Proposer

NOTE:

In case of death claims, the name of the beneficiary making claim, relationship with the insured and legal status is to be mentioned.
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 event of unfortunate 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.

Nomination
Ido hereby assign the amount payable by the Oriental Insurance Company Ltd under this policy in the event of my death to(.....Relationship to 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

Signature of Witness
Name and address

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.500/-.