

The Oriental Insurance Company Limited Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

PERSONAL ACCIDENT POLICY (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						Prop																							
2	Re	esi	den	tial	ado	dres	s/P	Perm	ane	nt ac	ddı	ress:																	
																													L
Sta	ate	:																			Piı	n co	ode						
CON	ТА	C1												٨	/lobil	е													
Em	nai	l iI	5																					T					T
3.	A	dd	lres	s fo	or co	orres	spo	onde	nce	:		1 1										ı					1	T	1
																		-											
Sta	1																	-		-	D:			+					-
Sie	иe	!																			PII	n co	oae						<u> </u>
CON	ТА	CT												Λ	/lobil	е													
Em	nai	ΙiΙ)																										
5.]	Plea	ase	me	ntic	n th	ie To	otal	l nur	nber		ers	sons t					ttacl	hec	d)										

6.	Please mention the pro	posed Sum Insured (in words):	·		
7.	Please state whether al proposed for Insurance	ll eligible members of the Group/ Asse?	ociation/ Inst	titution/ Corporate Body YES []	y are NO[]
8.	Please provide the de	tails of additional cover desired ?	1.	2	3.
particu I agree	lars affecting the asses	declaration shall be the basis of the	C	I belief, that I have d	isclosed al
Date _	Place	Proposer's Signature			
Date	Place	Signature of the person to be	e 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 punishable with fine which may extend to five hundred rupees.

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

UIN: IRDA/NL- HLT/OIC/P- P/V .1/457/13-14

		Α	NNI	EXU	IRE	1 L	IST	OF	PE	RS	ONS	PR	ROP	OSI	EDF	OR	INS	SUR	AN	CE			
				Б																			

Note:

- 1. This list will be attached to and forming part of the proposal form and policy to be issued.

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

- Please attach additional sheets, if space not sufficient to complete details.
 Names of the family members to be covered should be mentioned immediately after the name of each employee/ Member