

The Oriental Insurance Company Limited

Regional Office: S.C.O. 109-111, Sector 17-D, Chandigarh

MEDICLAIM INSURANCE PROPOSAL FORM

- PROPOSAL FORM, SELF DECLARATION FORM AND ENROLMENT FORM TO BE FILLED IN BLOCK LETTERS AND IN DUPLICATE.
- 2. PLEASE ATTACH TWO STAMP SIZE PHOTOGRAPHS OF EACH INSURED PERSON ON THE ENROLMENT FORM.
- THE COMPANY WILL NOT BE ON RISK UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND COMMUNICATION OF THE ACCEPTANCE HAS BEEN GIVEN TO THE PROPOSER IN WRITING ON RECEIVING FULL PAYMENT OF PREMIUM.
- THE PROPOSER AGED ABOVE 45 YEARS HAS TO UNDERGO PRE INSURANCE HEALTH CHECK UP THROUGH COMPANY'S
 AUTHORISED DIAGNOSTIC CENTRE AND COST OF SUCH EXPENSES US TO BE BORNE BY HIM.
- 1 NAME OF THE INSURED PERSON AND RELATIONSHIP WITH THE PROPOSER

S. No.	1	Nam	e of	the i	nsure	ed							Relation ship with Proposer	Sex M/F	Date	e of Birth		Age (in complet- ed years)	Occu- pation	
1.																				
2.																				+-16
3.																				
4.																				
5.																				
6.					-															
7.																				
ADDF	RE	SS	& TE	LEP	HON	E NO). / M	OBIL	E NO). / E	-MAIL	. ADD	RESS							
-		-	+	+	+	-	-	-				+		-	1		-		-	
+		-	+	+	1	+	1	+	-			+	Mobile No	-	-	1	+			
Ph.N	lo.	-	1	1	1	1					E	-mail			1				1	

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

T		HYSICI	-	 1	 1	 -
	CALL STREET					

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

S. No.	Name of the insured						Nan	ne of	the Ir	nsure	r		Type of policy (Please specify) P.A., Cancer, Mediclaim, others)	Policy Number	Policy Period	
1.													T			
2.		T														
3.					1											
4.																
5.																
6.														10 100 to americal		
7.																

6. PLEASE GIVE THE DETAILS OF ANY HOSPITALISATION/ILLNESS/DISEASE IN THE PAST 4 YEARS.

S.No	First Name of the insured										Name of the Insurer	Policy No.	Sum Insured	Period	Remarks
					-						to proper to the	a series			
											THE RESIDENCE OF THE PARTY.				

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	e of th	ne ins	ured		Refusal by insurer	Cancellation of policy by insurer
1.								
2.					7			
3.			0.00					
4.								
5.								
6.								
7.							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No ex del Contrace de manera esperantesa

8. NAME OF THE NOMINEE IN THE EVENT OF DEATH OF INSURED DURING THE COURSE OF TREATMENT.

S.No.	First Name of the insured								Name of the Nominee								Relationship with Insur	ed				
1.																						
2.																						
3.																						
4.																						
5.									-													
8.																						
7.																						

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

	- I - I - I - I - I - I - I - I - I - I	-	
EDOM		T-	
FROM		10	

I/we declare that the statements made by me/us in this proposal form are true and to the best of my / our knowledge and belief and I/ we hereby agree that this declaration shall form the basis of the contract between me/us and The Oriental Insurance Company Ltd...

1 / we also declare that if any additions or alterations are carried out after the submission of this proposal form and /or issuance of policy document, the same would be conveyed to The Oriental Insurance Company immediately.

If we hereby agree to and authorise the disclosure to the insurer or the TPA or any other person nominated by the insurer any and all Medical records and information held by any Institution / Hospital or Person from whom the insured person has obtained any medical or other treatment to the extent reasonably required by either the insurer or the TPA in connection with any claim made under this policy or the insurer's liability there under.

I / we further declare that I / we have read the prospectus and have understood the same. I accept the policy, subject to terms, exceptions and conditions prescribed therein and further disclose that on the event of finding any thing contrary to what has been declared by me, I / we shall be held responsible for all consequences thereof and insurance company shall incur no liability under this insurance.

I / we further declare that the Insurance Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner intentionally or recklessly or otherwise misrepresented or concealed or non disclosure of material facts or making false statements or submitting false bills whether by the Insured Person or Institution / Organization on his behalf. Such action shall render this policy null and void and all benefits hereunder shall be forfeited. Company may take suitable legal action against the Insured Person / Institution / Organization as per Law.

Place		Signature of Proposer.
Date	year 8	Name of Proposer

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/-.