

### THE NEW INDIA ASURANCE COMPANY LIMITED

Regd. & Head Office: New India Assurance Bldg., 87, M.G. Road, Fort, Mumbai-400 001

# Proposal Form for Pravasi Bhartiya Bima Yojana Policy

### **ELIGIBILITY:**

This Insurance is specially designed for Indian citizens between the age group of 18 years to 60 years and going abroad for the purpose of employment for the period of their stay abroad on valid visa.

#### **IMPORTANT NOTICE:**

This Proposal Form must be completed and signed to the best of the proposer's knowledge and belief and all material facts\* must be disclosed.

- A material fact is one of that is likely to influence the acceptance or assessment of the Proposal.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-cooperation by the insured will nullify the cover under the policy issued.

1.0	PERSONAL DETAILS:
1.1	Name(Mr/Mrs/Miss):(BLOCK LETTERS)
1.2	Father/Spouse's Name :
1.3	Sex : Male / Female :
1.4	Date of Birth : / / Age
1.5	DD MM YYYY  Height: ft inch (cms.) Weight: lbs(Kgs.)
1.6	Passport No. :
1.7	a) Date of Issue :/ b) Place of Issue :
1.8	Type of Visa Held:

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1.9	Address o	f the proposer in India:				_
Pin C	ode :		Tel. No.	:		
1.10	a) Details	of Spouse and / or childre	en of the Propos	er (maximum two)	:	
		Name	A	ge / Date of Birth	Relationshi	i <b>p</b>
	Spouse					
	1 <sup>st</sup> Child					
	2 <sup>nd</sup> Child					
<b>b</b> )	Address :					
2.0	Country of	f Employment:				
2.1	Address in	n Country of Employment				
		, ,				
			Tel. No.	:		
2.2		Address of work place the	proposer is atte	ending:		Tel.
3.0	a) Brief de	etails of employment to be	e undertaken:			
		Tel. No	D. :			_
b) Pe	riod of Cont	ract From ach attested copy of the ap	t	0		_
(note	: please atta	ach attested copy of the ap	pointment lette	r of overseas emplo	yer)	
3.1 N	ame & Addı	ress of Overseas Employe	r / Sponsor :			
Relat	ionship:					
4.0	Period of 1	Insurance Required :				
4.1	Commenc	ement Date :	// /	YYYY		

## **5.0 PROPOSER'S MEDICAL HISTORY:**

ANSWERS TO THE FOLLOWING QUESTIONS ARE TO BE GIVEN AS YES OR NO (A DASH IS NOT SUFFICIENT)

5.1 Is the proposer in good health and free from physical defect or infirmity	, ,
5.2 Does the proposer ordinarily enjoy good health?	
5.3 Are there any additional facts affecting the proposed insurance which should disclosed to insurers?	be
6.0 Please attach a copy of the Medical Report of the Proposer, if any, which was required Entry Visa.	fo
7.0 <b>DECLARATION:</b>	
I hereby declare that the above answers are true to the best of my knowledge and be that I have disclosed all particulars affecting the assessment of the risk. I agree that PROPOSAL and DECLARATION shall be the basis of the contract between me and Company.	thi
Date:/	

8.0

**ASSIGNMENT:** 

I,
Date : / /         Signature of Proposer
Place :
UNDERTAKING
I, Mr/ Mrs/ Miss
Date : / / Signature of Proposer
Place :
DDOLLDITION OF DEDATES

### PROHIBITION OF REBATES

Section 41 of the Insurance Act, 1938:

- (1) No person shall allow, or offer to allow, either directly or indirectly as an inducement of 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 this 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 punishable with fine which may extend upto five hundred rupees.