

THE ORIENTAL INSURANCE COMPANY LIMITED Regd.Office : Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road, New Delhi- 110 002 PROPOSAL FORM FOR "NAGRIK SURAKSHA POLICY" (PERSONAL ACCIDENT WITH HOSPITALISATION EXPENSES INSURANCE POLICY)

1.	Full Name of the proposer		:				
2.	Full Name & address of the person	to b	e				
	insured & relation with the propose	r	:				
3.	Occupation/Profession of the person	n					
	to be insured		:				
4.	Annual Income of the person						
	to be insured		:				
5.	Date of Birth of the person to be ins	surea	d :				
6.	Particulars of disablement/injury/sid	ckne	ess,				
	if any, of the person to be insured		•				
7.	Details of the similar other Insurance	ce					
	policy(ies)held ,if any, by the perso	n to	be				
	insured						
8.	Sum Insured						
	(I) Personal Accident Section	:	Rs	(80%	of T.S.I)		
	(II) Hospitalisation Section	:	Rs	(20%	of T.S.I.)		
	(III)Total SUM IINSURED(I+II)		Rs.				
9.	Nationality		:				
10.	Proposed Period of Insurance		: From		to		
DE	CLARATION						
Ιh	ereby declare that the above declarat	ion	is true to the	best of m	y knowledge	and belief a	and that I have
dis	closed all the particulars for the accept	ance	e of the risk. I	agree that	this proposal	and declarat	tion shall be the
bas	sis of this contract between me and the	Insu	rance Company	у.			
Sig	nature of the proposer/insured						
Pla	ce		Date:				
AS	<u>SIGNMENT</u>						
Ι	hereby assign the mo	oney	s payable, in th	e event of	my death, ari	sing out of a	ccident payable

able under the policy, by The Oriental Insurance Company Limited, to Mr./Ms. (relation with the insured) and I further declare that his/her receipt shall be final and sufficient to the Insurance Company. Proposer/Insured

Signature Name and address of the witness Signature of the

Date:

Place: PROHIBITION OF REBATE

1. Section 41 of the Insurance Act 1938 provides as follows:

2. Any person making default in complying with provision of this section shall be punishable with fine which may extend to five hundred rupees.

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.



THE ORIENTAL INSURANCE COMPANY LIMITED REGD.OFFICE: ORIENTAL HOUSE A-25/27 ASAF ALI ROAD NEW DELHI-2

NAGRIK SUBAKSHA POLICY

A NOVEL ACCIDENTAL INSURANCE COVER

SALIENT FEATURES AT A GLANCE

COVERAGE

COMPENSATION FOR ACCIDENTIAL INJURIES AND/OR REIMBURSEMENT OF EXPENSES INCURRED AT HOSPITAL AS A RESULT OF ACCIDENTAL INJURIES SUBJECT TO LIMITS SPECIFIED IN THE POLICY

- > <u>TYPES OF POLICIES</u>
 - INDIVIDUAL INCLUDING FAMILY PACKAGE POLICY
 - o GROUP POLICY
- > <u>SUM INSURED</u>

MINIMUM SUM RS.ONE LAC-MAXIMUM RS.FIVE LACS WITH AN OPTION OF ENHANCEMENT OF MINIMUM LIMIT OF SUM INSURED IN MULTIPLES OF RS.25,000/- UPTO A MAXIMUM OF RS.5,00,000/-. > POLICY PERIOD

- INDIVIDUAL POLICIES RANGING BETWEEN ONE YEAR TO FOUR YEARS. GROUP POLICIES 12 MONTHS. > <u>ELIGIBILITY</u>
- ANY CITIZEN OF INDIA IN THE AGE GROUP OF 5 YEARS TO 70 YEARS FOR FAMILY PACKAGE AND 18 YEARS TO 70 YEARS FOR INDIVIDUAL/GROUP COVER.
- MAXIMUM CLAIM AMOUNT PAYABLE SUMS INSURED AS SPECIFIED IN THE POLICY SCHEDULE (UNDER SECTION I PERSONAL ACCIDENT) AND THE SUM INSURED (UNDER SECTION II) HOSPITALISATION FOR EACH PERIOD OF 12 MONTHS DURING THE POLICY PERIOD.
- > <u>GEOGRAPHICAL SCOPE</u>: WORLDWIDE
- > <u>PAYMENT OF CLAIM</u>: IN INDIAN CURRENCY ONLY.
- > OTHER BENEFITS :

LONG TERM DISCOUNT CUMULATIVE BONUS FAMILY PACKAGE DISCOUNT FUNERAL CHARGES EDUCATIONAL BENEFIT TO DEPENDENT CHILDREN COMPENSATION FOR LOSS OF EMPLOYMENT

FOR DETAILS PLEASE REFER PROSPECTUS & POLICY DOCUMENT

SCHEDULE OF PREMIUM

S. No.	Sum Insured(Rs.)				Policy Period				
	Personal	Hospitalisat	Total Sum Insured	1 year	2 years	3 years	4 years		
	Accident	ion	(Rs.)	(Rs.)	(Rs.)	(Rs.)	(Rs.)		
	(Rs.)	(Rs.)							
1.	80,000	20,000	1,00,000	90	171	243	306		
2	1,00,000	25,000	1,25,000	113	214	304	383		
3	1,20,000	30,000	1,50,000	135	254	365	459		
4	1,40,000	35,000	1,75,000	158	299	425	536		
5	1,60,000	40,000	2,00,000	180	342	486	612		
6	1,80,000	45,000	2,25,000	203	385	547	689		
7	2,00,000	50,000	2,50,000	225	428	608	765		
8	2,20,000	55,000	2,75,000	248	470	668	842		
9	2,40,000	60,000	3,00,000	270	513	729	918		
10	2,60,000	65,000	3,25,000	293	556	790	995		
11	2,80,000	70,000	3,50,000	315	599	851	1071		
12	3,00,000	75,000	3,75,000	338	641	911	1148		
13	3,20,000	80,000	4,00,000	360	684	972	1224		
14	3,40,000	85,000	4,25,000	383	727	1033	1301		
15	3,60,000	90,000	4,50,000	405	770	1094	1377		
16	3,80,000	95,000	4,75,000	428	812	1154	1454		
17	4,00,000	1,00,000	5,00,000	450	855	1215	1530		

SERVICE TAX EXTRA AS APPLICABLE TO BE CHARGED ON THE PREMIUM MENTIONED ABOVE COURTESY: RESEARCH AND DEVELOPMENT CELL HEAD OFFICE NEW DELHI