THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office : Oriental House, A 25/27, Asaf Ali Road, New Delhi - 110 002.

PROPOSAL FORM FOR

(UNDER TIE-UP WITH DEPT. OF POST CODE NO. 891/)
TICK THE COVER REQUIRED

( ) PERSONAL ACCIDENT (PA) /

( ) JANATA PERSONAL ACCIDENT (JPA) /

( ) NAGRIK SURAKSHA (NS) Policy Period : From Dt..... to Dt.....

A) Proposer's Name :

FIRST NAME	FATHERS / HUSBAND NAME	LAST NAME

B) Address : .....

.....

.....

AT P.O. DIST.

PIN ☐☐☐ ☐☐☐

C) SERVICE / PROFESSION / BUSINESS

D) ARE YOU (OR ANY FAMILY MEMBER TO BE INSURED) ENGAGED IN MOUNTAINEERING, HORSE RIDING OR ANY DANGEROUS SPORTS — YES | NO

E) ARE ANY PERSONS TO BE INSURED SUFFERING FROM DISABILITY — YES | NO

IF SO DETAILS .....

F) DETAILS OF FAMILY MEMBERS TO BE INSURED (AGE LIMIT 5 TO 70 ONLY)

NAME OF PERSON TO BE INSURED	RELATION WITH PROPOSER	ANNUAL INCOME	EXISTING DISABILITY (IF ANY)	CAPITAL SUM INSURED RS.	TABLE OF BENEFITS (only for PA) I / II / III + ME	DATE OF BIRTH

G) HAS ANY OTHER INSURER DECLINED YOUR PROPOSAL ? NO / YES

I declare that the above answers are true to the best of my knowledge and belief and that I have disclosed all particulars.

ASSIGNMENT - I hereby assign the monies payable by the Oriental Insurance in the event of my death to ..... (..... relation to the insured)
And I further declare that his / her receipt shall be sufficient discharge to the Company.

Date

Proposer's Signature