2.

which may extend to five hundred rupees.



# 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 be							
	insured & relation with the proposer :							
3.	Occupation/Profession of the person							
	to be insured :							
4.	Annual Income of the person							
	to be insured :							
5.	Date of Birth of the person to be insured :							
6.								
	if any, of the person to be insured :							
7.	Details of the similar other Insurance							
	policy(ies)held, if any, by the person 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							
^	37 (1) 11:							
10.	Proposed Period of Insurance : Fromtoto							
DEC	CLARATION							
	ereby declare that the above declaration is true to the best of my knowledge and belief and that I have							
	closed all the particulars for the acceptance of the risk. I agree that this proposal and declaration shall be the							
	is of this contract between me and the Insurance Company.							
	nature of the proposer/insured							
Plac								
	<u>SIGNMENT</u>							
I	hereby assign the moneys payable, in the event of my death, arising out of accident payable							
und	er the policy, by The Oriental Insurance Company Limited, to Mr./Ms(relation with insured)and I further declare that his/her receipt shall be final and sufficient to the Insurance							
the	insured)and I further declare that his/her receipt shall be final and sufficient to the Insurance							
Con	npany.							
Sign	nature Name and address of the witness Signature of the Proposer/Insured							
Plac								
_	OHIBITION OF REBATE							
1.	Section 41 of the Insurance Act 1938 provides as follows:							
	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



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

# NAGRIK SURAKSHA 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

#### > TYPES OF POLICIES

- INDIVIDUAL INCLUDING FAMILY PACKAGE POLICY
- GROUP POLICY
- SUM INSURED

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.
- > ELIGIBILITY

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
- > PAYMENT OF CLAIM: 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