

# THE ORIENTAL INSURANCE COMPANY LIMITED

HEAD OFFICE: A-25/27, ASAF ALI ROAD, NEW DELHI-110002



## ORIENTAL BANK MEDICLAIM POLICY (WITH FAMILY FLOATER) FOR THE ACCOUNT HOLDERS / EMPLOYEES OF ORIENTAL BANK OF COMMERCE PROPOSAL FORM

1. FORM TO BE FILLED IN **BLOCK LETTERS**.
2. PLEASE SUBMIT TWO STAMP SIZE PHOTOGRAPHS OF EACH INSURED PERSON ALONGWITH TWO COPIES OF PROPOSAL FORM. NAME AND AGE OF THE INSURED MUST BE WRITTEN ON THE BACK OF THE PHOTO.
3. FAMILY TO INCLUDE THE PROPOSER i.e., ACCOUNT HOLDER/EMPLOYEE of the Oriental Bank of Commerce (OBC). HIS/HER SPOUSE AND TWO DEPENDENT CHILDREN ( i.e. legitimate or legally adopted children) AGED 3 COMPLETED MONTHS ONWARDS UPTO 79 YEARS AS UNDER:
  - FEMALE CHILD UNTIL SHE IS MARRIED. IMMEDIATELY CONSEQUENT UPON HER MARRIAGE SHE SHALL BE CEASED TO BE COVERED UNDER THE POLICY AND NO CLAIM SHALL BE ADMISSIBLE.
  - MALE CHILD UPTO THE AGE OF 26 YEARS IF HE IS ABONAFIDE REGULAR STUDENT AND FULLY DEPENDENT ON PROPOSER i.e., THE OBC ACCOUNT HOLDER.

1. NAME OF THE INSURED PERSON AND RELATIONSHIP WITH THE PROPOSER. ( AGE GROUP 3 COMPLETED MONTHS TO 79 YEARS COMPLETED YEARS) – FAMILY SHALL MEAN THE INSURED PERSON, SPOUSE AND TWO DEPENDENT CHILDREN

S.	Name of the insured's	Relationship	Sex	Date of Birth	Age	Occupation	Sum
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No.	/proposer	with Proposer	M/F				Insured (Rs.)
1.							
2.							
3.							
4.							

2. ADDRESS & TELEPHONE NO. / MOBILE NO. / E-MAIL ADDRESS

																								Mobile No.					
Ph. no.												E-mail																	

3. PLEASE ANSWER THE FOLLOWING IN YES / NO

	Proposer	Spouse	Child-1	Child -2
A. Are all the persons proposed for insurance in good health and free from physical and mental diseases or infirmity or major complaints ?				

4. OBC ACCOUNT NUMBER

BRANCH :	CITY:																												
ACCOUNT NO :																													

5. PERMANENT ACCOUNT NO. OF THE PROPOSER (PAN NO.) (ISSUED BY INCOME- TAX AUTHORTIES)/ (Optional)

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

S.NO.	First Name of the Insured	Name of the Beneficiary	Relation with Insured
1.			
2.			
3.			
4.			

7. DETAILS OF EXISTING MEDICLAIM POLICY (If any):-

Name of Company	Sum Insured	Policy Number	Date of expiry

**DECLARATIONS:**

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.”

I/we also hereby authorise OBC to debit the premium payable under the policy to my/our Bank Account Number: \_\_\_\_\_ with OBC Branch \_\_\_\_\_ at \_\_\_\_\_.

Place		Signature of Proposer (OBC A/c Holder)
Date		Name of Proposer

<b>COUNTER SIGNATURE BY OBC BRANCH MANAGER</b>		
Place		Signature
Date		Name
BRANCH CODE, LOCATION AND CITY		

**INSURANCE ACT 1938 SECTION 41 – PROHIBITION OF REBATES**

Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with provision of this section shall be punishable with fine which may extend of Rs. 500/-.

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.

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