



The Oriental Insurance Company Limited
 Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

HOUSEHOLDER'S INSURANCE

PROPOSAL CUM SCHEDULE

Agency
 Insured:

1. Name of Proposer in Full:
2. Residential Address:
3. Occupation:

Policy No.
 Period of Insurance
 From _____ A.M./P.M.
 To Midnight _____

Section No.	DESCRIPTION OF PROPERTY	SUM INSURED	Rate Per mille	Premium (for the use of the Co.)
I FIRE & ALLIED PERILS	A. BUILDING OF CLASS-A (CONSTRUCTION ONLY) B. CONTENTS : belonging to the Proposer and members of his family permanently residing with him/her _____ a) Further, Personal effects and Household goods (no one articles other than furniture is deemed to be more than 5% of the sum proposed for Insurance under this Section Unless separately specified hereunder and value stated) <u>S. No.</u> <u>Description</u> <u>Value</u> _____ _____ _____ b) Other items (to be specified separately) <u>S. No.</u> <u>Description</u> <u>Value</u> _____ _____ _____			
II BURGLARY HOUSR BREAKING INCLUDING LARCENY OR THEFT	CONTENTS: All contents in the premises stated at the above address _____ <hr/> NOTE: Insurance on contents should be for value equivalent to the value mentioned under item-B above.			
III ALL RISKS	JEWELLARY AND VALUABLES Description of Jewellery and Valueables <u>S. No.</u> <u>Description</u> <u>Value</u> _____ _____ _____ (if space not sufficient please attach separate sheet giving details)			
IV PLATE GLASS	Description of Plate Glass and its value <u>S. No.</u> <u>Description</u> <u>Value</u> _____ _____ _____			
V BREAK DOWN OF DOMESTIC APPLIANCES	Description of all Electrical, Electronic and Mechanical appliances, apparatuses or Gadgets belonging to the proposer. S. No. Description Year of Make Value _____ _____ _____ Total:- _____			

VI T.V. SET	Make	Model	Year of Make	Value				
	_____	_____	_____	_____				
	_____	_____	_____	_____				
	_____	_____	_____	_____				
VII PEDAL CYCLE	Make and Name Manufacturer	Year of Manufacture	Frame No.	Value Including accessories				
	_____	_____	_____	_____				
	_____	_____	_____	_____				
	_____	_____	_____	_____				
VII BAGGAGE INSURANCE	Details of personal Baggage, Personal effects and other articles carried during the period of Travel anywhere in India.							
	Baggage	Description	Value					
	_____	_____	_____					
	_____	_____	_____					
	_____	_____	_____					
IX PERSONAL ACCIDENT	Name	Age	Occupation	Relationship With proposer	Details of existing Infirmity/ Disability	Table Benefits	Name of Assignee & address	Rate as per Tariff
	1.							
	2.							
	3.							
	NOTE: for assignment of benefit in case of death please see below							
X PUBLIC LIABILITY	A) Public Liability B) W.C. Liability (for domestic servants/Driver)							
	S. No.	Name	Occupation					

Note:

- The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid.
- The sum insured stated against each Section shall be the maximum limit of liability/ indemnity under the Policy during the Policy Period, for the said section.

Total Premium Rs.
Less: discount for covering
More than 4 Section...%

Rs.
NET PREMIUM Rs.

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal cum schedule forming part of the company's standard policy shall be on the basis of the contract between me/us and the Insurance Company. I/We further declare that the sum Insured herein represent the full value of the property described herein.

Plance

Date

Signature of Proposer

ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE-SECTION IX

I _____ do hereby assign the money payable in the event of my death by the ORIENTAL INSURANCE COMPANY LTD. to _____ (relation to insured/Insured Person) and I further declare that his receipt shall be sufficient discharge to the Company.

Dated this _____ day of _____ 200

WITNESS: 1) Name:
2) Address:

Signature of Proper

(TO BE COMPLETED BY INSURANCE COMPANY)

SPECIAL CONDITIONS: INSURANCE COVER HEREIN APPLIES TO SECTION NOS _____ ABOVE.

IN WITNESS WHEREOF SIGNED BY AND ON BEHALF OF THE COMPANY AT _____ ON _____ DAY OF _____ 200__

FOR THE ORIENTAL INSURANCE CO. LTD.

OFFICE ADDRESS:

Authorised Signatory



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

HOUSEHOLDER'S INSURANCE
List of Articles covered/to be covered

Cover Note No.(To be filled up by the inspector or issuing office)
 Policy No.
 Name of the Insured/Proposer.
 Address of Insured's.
 Residential premises.
 Occupation.

Section - A

Clothings (Please include Gents/Ladies/Children's Clothings while giving the approximate value)

Amount

- a) Cotton
 - b) Woollen.
 - c) Silken.
 - d) Others.
- Sub Total (A)

Section-B

Kitchenware/Crockery/Cultery etc.

- a) Utensils
 - b) Gas Burner and Cylinder
 - c) Crockery
 - d) Cutlery
 - e) Cooking Range
 - f) Oven
 - g) Others
- Sub Total (B)

Section-C

Furniture /Fixture

- a) Sofa Set
 - b) Dining Tables
 - c) Dressing Tables
 - d) Beds
 - e) Study Tables
 - f) Carpets with size
 - g) Almirahs
 - h) Decorative Pieces
 - i) Curtains
 - j) Any other item
 - i)
 - ii)
 - iii)
- Sub Total (C)

SECTION-D

Miscellaneous items

Proposer Estimated Value

- a) Toys
- b) Household linens
- c) Books
- d) Boxes/Suitcases
- e) Any other item

Sub Total(D)

Section-E

Electrical/Mechanical Appliances

		<u>Make</u>	<u>Model</u>	<u>Amount</u>
a)	Refrigerator	.....	.....	.....
b)	Airconditioner	.....	.....	.....
c)	Heater/Toster	.....	.....	.....
d)	Video	.....	.....	.....
e)	Sewing Machine	.....	.....	.....
f)	Radio/Transistor	.....	.....	.....
g)	Iron	.....	.....	.....
h)	Washing Machine	.....	.....	.....
i)	Table/Ceiling Fans	.....	.....	.....
j)	Lamps	.....	.....	.....
k)	Cooking Range	.....	.....	.....
l)	Oven	.....	.....	.....
m)	Any other item	.....	.....	.....
		i)	.....	.....
		ii)	.....	.....
		iii)	.....	.....
				Sub Total (E)

Section-F

Valuables

		<u>Make</u>	<u>Model</u>	<u>Amount</u>
a)	Watches	.....	.....	.....
b)	Timepieces	.....	.....	.....
c)	Other Articles (Cameras, Costly Pen set etc.)	.....	.....	.....
		i)	.....	.....
		ii)	.....	.....
		iii)	.....	.....
				Sub Total(F)

Section-G

Jewellery

1)	Silverware	<u>Weight</u>	<u>No. of Articles</u>	<u>Amount</u>	
	i)	.....	.....	.....
	ii)	.....	.....	.....
	iii)	.....	.....	.....
2)	Gold Items	<u>Make14/22)</u>	<u>No. of Articles</u>	<u>Weight</u>	<u>Amount</u>
	i)	Bengles	.....	.....	.....
	ii)	Neklace	.....	.....	.....
	iii)	Kangan/Kara	.....	.....	.....
	iv)	Rings	.....	.....	.....
	v)	Tops	.....	.....	.....
	vi)	Ear Rings	.....	.....	.....
	vii)	Other Items	.....	.....	.....
		a)	.....	.....	.....
		b)	.....	.....	.....
		c)	.....	.....	.....
		d)	.....	.....	.....
		e)	.....	.....	.....
					Sub Total (G).....

Section -H

T.V. Set

	<u>Make</u>	<u>Model</u>	<u>Amount</u>
i)
ii)
			Sub Total(H).....

Section-I

Pedal Cycle

- i)
- ii)

Sub Total(I).....

Section -J

Details of Personal baggage

(Only if Section viii is to be covered).....

- i) Description of Baggage & Packages Excluding valuables.....

Sub Total(J).....

GRAND TOTAL RS.....

Signature of the Proposer

Date:

NB: Number of diamonds set on the Jewellery to be declared separately, if value of any single diamond exceeds Rs. 2,500/- kindly attach a valuation certificate from a reputed jeweler.