



# The Oriental Insurance Company Limited

Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002

## PROPOSAL FORM PRAVASI BIMA YOJANA POLICY-2006

### ELIGIBILITY:

This insurance scheme is available to all Indians Citizens who apply for and obtain an emigration clearance as required under the Emigrant Act, 1983 (31 of 1983) between the age group of 18-60 years whilst stay abroad for the purpose of employment only, for the period of cover as stated in the schedule to the policy.

### IMPORTANT NOTICE:

This Proposal Form must be completed and signed in all respect to the best of the proposer's knowledge and belief and all material facts\* must be disclosed.

- A material fact is one that is likely to influence the acceptance or assessment of the Proposal.
- Non-disclosure of material facts, providing wrong or misleading information or fraud by the insured will nullify the cover under the policy issued.

### 1.0 PERSONAL DETAILS:

1.1 Name (Mr/Mrs/Miss): \_\_\_\_\_  
(BLOCK LETTERS)

1.2 Father/Spouse's Name: \_\_\_\_\_

1.3 Sex: Male / Female: \_\_\_\_\_

1.4 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) Age \_\_\_\_\_

1.5 Height: \_\_\_\_\_ft. \_\_\_\_\_ inch (\_\_\_\_cms.) Weight: \_\_\_\_\_ lbs \_\_\_\_\_ (Kgs.)

1.6 Passport No.: \_\_\_\_\_

1.7 a) Date of Issue: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) b) Place of Issue: \_\_\_\_\_

1.8 Address of the proposer in India: \_\_\_\_\_  
\_\_\_\_\_

Pin Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

1.9 a) Details of Spouse and / or children (maximum two) of the Proposer: -

S.No	Name	Sex	Relation	Date of Birth	Age
1.					
2.					
3.					

b) Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_

2.0 Country of Employment: \_\_\_\_\_

2.1 Addresses in Country of Employment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Tel.No.: \_\_\_\_\_

2.2 Name & Address of work place the proposer is attending: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Tel. No.: \_\_\_\_\_

3.0 a) Brief details of employment to be undertaken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Period of Contract From: \_\_\_\_\_ to \_\_\_\_\_  
 (Note: please attach attested copy of the appointment letter)

3.1 Name & Address of Overseas Employer / Sponsor: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_

4.0 Period of Insurance Required: \_\_\_\_\_

4.1 Commencement Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY)

5.0 **PROPOSER'S MEDICAL HISTORY:**

ANSWERS TO THE FOLLOWING QUESTIONS ARE TO BE GIVEN AS YES OR NO (A DASH IS NOT SUFFICIENT)

5.1 Is the proposer in good health and free from physical defect or infirmity? YES /NO

5.2 Does the proposer ordinarily enjoy good health? YES /NO

5.3 Are there any additional facts affecting the proposed insurance, which should be disclosed to insurers? \_\_\_\_\_  
 \_\_\_\_\_

6.0 Please attach a copy of the Medical Report of the Proposer, if any, which was required for Entry Visa. \_\_\_\_\_

7.0 **DECLARATION:**

I hereby declare that I have read the prospectus and understood the policy terms & conditions and that the particulars contained herein are true and correct and that no material fact has been withheld/misstated or misrepresented and also this PROPOSAL FORM forming part of the company's standard policy shall be the basis of the contract between me and the company.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Place: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

8.0 **ASSIGNMENT:**

I, \_\_\_\_\_ do hereby assign the moneys payable by The Oriental Insurance Company Limited, in the event of my death to Mr./Mrs. (Name)\_\_\_\_\_ (relation to the insured) \_\_\_\_\_ and I further declared that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the Policy and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Place: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Witness: 1.

2.

**UNDERTAKING,**

Mr/Mrs/Miss \_\_\_\_\_ do hereby solemnly declare and state that all information given above are true and correct to the best of my knowledge. In case any such information is found at any time in future to be false or misleading or it is found by the insurer that I have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me shall be deemed to be null and void and I shall not be entitled to any benefit thereunder .

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Place: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

**PROHIBITION OF REBATES**

Section 41 of the Insurance Act, 1938

(1) No person shall allow, or offer to allow, either directly or indirectly as an inducement of any person to take out of 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 this 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.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend upto five hundred rupees.