



**THE ORIENTAL INSURANCE COMPANY LIMITED,  
HEAD OFFICE: A-25/27, ASAF ALI ROAD, NEW DELHI 110002**

**PNB-ORIENTAL ROYAL MEDICLAIM – 2017**  
**PROPOSAL FORM**

- i. PROPOSAL FORM TO BE FILLED IN BLOCK LETTERS AND IN DUPLICATE.
- ii. PLEASE ATTACH TWO STAMP SIZE PHOTOGRAPHS OF EACH INSURED PERSON. NAME AND AGE OF THE INSURED MUST BE WRITTEN ON THE BACK OF THE PHOTO.
- iii. THE COMPANY WILL NOT BE ON RISK UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND COMMUNICATION OF THE ACCEPTANCE BEEN MADE TO THE PROPOSER IN WRITING ON RECEIVING FULL PAYMENT OF PREMIUM.
- iv. FAMILY SHALL MEAN
  - a. THE PROPOSER i.e., ACCOUNT HOLDER OF THE PUNJAB NATIONAL BANK (PNB) OR REGIONAL RURAL BANKS affiliated thereto, legally wedded spouse and three Dependent Children (natural or legally adopted) between the ages of 91days to 18 years, both ends inclusive.
  - b. Male child can be covered upto the age of 26 years if he is a bonafide regular student and financially dependent. Female child can be covered until she gets married. Divorced and widowed daughters are also eligible for coverage under the policy, irrespective of age. If the child above 18 years becomes financially independent or if the girl child gets married during the currency of the policy, he or she shall be ineligible for coverage in the subsequent renewals.
  - c. Age will be completed age as on date. So, if on the date of proposal, the person is 79 years 364 day old, he will be considered as 79 years old.
  - d. Maximum Entry age is 79 years.

1. Name of the Persons Proposed for insurance and relationship with the proposer.

S. No	Name of person	Relationship with Proposer	Gender M/F/TG	Dependent on Proposer- Y/N	Date of Birth	Age in completed years	Occupation
1.							
2.							
3.							
4.							
5.							

**\*Third gender**

**2. SUM INSURED OPTED: Rs. \_\_\_\_\_ In words \_\_\_\_\_**

Signature of Proposer

**3. Declaration of good health**

	PROPOSER	SPOUSE	CHILD 1 (name)	CHILD 2 (name)	CHILD 3 (name)
Are the persons proposed for insurance in good health and free from physical and mental diseases, infirmity and major health complaints ? (YES OR NO)					
If No, please specify the nature & duration of illness					

**4. PNB / PNB ASSOCIATED RRB ACCOUNT DETAILS**

Branch Name				City name			
A/c No.							

**5. PERMANENT ACCOUNT NO. OF THE PROPOSER (PAN No.) (Optional)**

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**6. ADDRESS & TELEPHONE NO. / MOBILE NO. / E-MAIL ADDRESS OF PROPOSER:**

Ph.No																			
E-mail																			

**7. NAME - ADDRESS & TELEPHONE NO. OF FAMILY PHYSICIAN**

Ph.No																			

**8. PLEASE GIVE DETAILS OF HOSPITALISATION/ILLNESS/DISEASE AT PRESENT OR IN THE PAST FOUR YEARS.**

Sl. No	Name of the proposed Insured Person	Name of the Insurer (if any)	Policy no.	Policy Period	Type of policy (Please specify P.A., Cancer, Mediclaim, others)	Sum Insured	Illness/disease

Signature of Proposer

**9. Details of existing Health Insurance Policies, if any:**

Policy No.	Policy Period	Sum Insured	Name of Insurer	Whether any health policy of PNB / OBC (Y/N)

**10. PROPOSED DATE & PERIOD OF INSURANCE (DD MM YYYY)**

FROM															To														
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**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 insurer and that the policy will come into force only after full payment 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 that I consent to the company seeking medical information from any doctor or from a hospital who / which at anytime has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health and seeking information from any insurance company to which an application for insurance 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 of the insured / proposer for the sole purpose of proposal underwriting and/or claims settlement with any Governmental and/or Regulatory authority.
6. I have carefully read the Prospectus and having understood the same, I propose for a policy in the standard form issued by the Company.

**UNDERTAKING:**

I, 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.

**\* A material fact is one which can influence the insurer’s judgement to accept or reject the Proposal or the terms of acceptance.**

Place		Signature of Proposer.
Date		Name of Proposer

I/we also hereby authorise PNB/ Associated RRB to debit the premium payable under the policy to my/our Bank Account  
 Number: \_\_\_\_\_ with PNB Branch

\_\_\_\_\_ at \_\_\_\_\_.

**NOMINATION**

I .....do hereby nominate  
 .....(Relationship with the Proposer) and I further declare  
 that his receipt shall be sufficient discharge to the Company.

Dated this.....Day of.....200.....at.....

Proposer

Signature of

Signature of Witness:  
 Name and address:

COUNTER SIGNATURE BY PNB BRANCH MANAGER		
Place		Signature
Date		Name
BRANCH CODE, LOCATION AND CITY		

**NOTE:**

1. In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website (www.orientalinsurance.org.in).
2. In case of death claims, the name of the beneficiary making claim, relationship with the insured and legal status is to be mentioned.
3. Claim for any of the Insured Person will be payable in the name of Proposer and discharge voucher signed by him will be considered valid. However, in the unfortunate event of demise of the Proposer, the claim may be payable to the Nominee declared by the Proposer in this form.

**PROHIBITION OF REBATES (Section 41 of the Insurance Act 1938 provides)**

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.