



THE ORIENTAL INSURANCE COMPANY LIMITED
Regd.Office : Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road, New Delhi- 110002
Regional Office: 3rd Floor, Anand Bhawan, S.C. Road, Jaipur - 302001
Phone No. 0141-2361560, 2374818 Fax : 0141-2363312

PROPOSAL FORM FOR "NAGARIK SURAKSHA POLICY"

- 1 Full Name of the proposer : Student Name
- 2 Full Name & Address of the person to be insured and relation with the proposer : Complete Address
- 3 Occupation of the person to be insured : First Year Student
- 4 Annual Income of the person to be insured :N/A.....
- 5 Date of birth of the person to be insured : DD/MM/YYYY
- 6 Particulars of disablement / injury / sickness, if any, of the person to be insured :N/A.....
- 7 Details of other similarly insurances; if any, :N/A.....
- 8 Sum insured
- a) Personal Accident Section(80% of TSI) : Rs. 1,00,000/-
- b) Hospitalization Section (20% of TSI) : Rs. 25,000/-
- Total Sum insured (TSI) : Rs.1,25,000/-
- 9 Nationality : INDIAN
- 10 Proposed Period of Insurance :From. JULY 2020 To JUNE 2023

Declaration

I hereby declare that the above declaration is true to the best of my knowledge and belief and I have disclosed all the particulars for the acceptance of the risk. I agree that this proposal and declaration shall be the basis of this Contract between me and the Insurance Company.

Place: JAIPUR (ONLY JAIPUR)
Date : DD/MM/YYYY

Signature of the proposer.
STUDENT SIGNATURE

Assignment

I**STUDENT NAME**..... hereby assign the moneys payable, in the event of my death, arising out of accident, payable under the policy by the Oriental Insurance Company Limited to Mr./Mrs.....**NOMINEE NAME**.....(relation with the insured).....**FATHER/MOTHER**..... And I further declare that his/her receipt shall be final and sufficient to the insurance Company.

Place: JAIPUR
Date: DD/MM/YYYY

Signature of the persons to be insured. : (STUDENT SIGNATURE)
Signature, Name and Address of the witness: ONLY PRINCIPAL