



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 :
- 2 Full Name & Address of the person to be insured and relation with the proposer :
- 3 Occupation of the person to be insured :
- 4 Annual Income of the person to be insured :N/A.....
- 5 Date of birth of the person to be insured :
- 6 Particulars of disablement / injury / sickness, if any, of the person to be insured :N/A.....
- 7 Details of other similiary insuances; 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. To.

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:.....

Date :.....

Signature of the proposer.

Assignment

I.....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.....(relation with the insured)..... And I further declare that his/her receipt shall be final and sufficient to the insurance Company.

Place: Signature of the persons to be insured. :

Date: Signature, Name and Address of the witness: