## CARE & CONCERN MEDI.

## THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: Oriental House, P. B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002. PROPOSAL FORM FOR "NAGRIK SURAKSHA POLICY" (PERSONAL ACCIDENT WITH HOSPITALISATION EXPENSES INSURANCE POLICY)

	Full Name of the Proposer	3		*		9	3	
1	Full Name & address of the person to be insured & relation with the proposer	. 38	;					
3.	Occupation / Profession of the person to be insured	į.		<i>v</i>		æ	·	
1.	Annual Income of the person to be insured	\$						
5.	Date of Birth of the person to be insured	1	9		86	ři *		
5.	Particulars of disablement/injury/sickness, if any, of the person to be insured	\$ \$		. N E V			an a s	
7	Details of the similar other Insurance policy(ies) held, if any, by the person to be insured	:			* = FA =	÷ :		
8.	Sum Insured (I) Personal Accident Section	:	Rs			(80% of		
	(II) Hospitalisation Section	:					1,3.1)	
	(III) Total SUM INSURED (I+II)	:	Rs	<del>,                                     </del>			9 " Jr"	
9.	Nationality					-		
10.	Proposed Period of Insurance		From			to		
-		DECLA	RATION	2.				
me a	eby declare that the above declaration is true to culars for the acceptance of the risk. I agree that and the Insurance Company.  ature of the Proposer / Insured		90					
Plac	e:	ASSIG	NMENT				18.8	
I	hereby assi	an the mo	nevs navable	e, in the event of	of my death,	arising ou	t of accident	
	the and the nation by The Oriental Insurance	e Compan	y Limited, to	Mr./IVIS			TOTO TOTO	
the	nsured) and I further declare the	nat his/he	r receipt snaii	pe final and st	incient to th	ie maarane	o Company.	
Sign	nature Name and address of the witness		-					
							oser/Insured	
Plac	ce :					<del></del>		
			N OF REB	ATE				
1.	Section 41 of the Insurance Act 1938 provid No person shall allow, or offer to allow, either or continue an insurance in respect of any k part of the commission payable or any rebat	ind of risk	r mairectly as	vn on the notice	nor shall a	ny person t	out or renew the whole or aking out or	

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five hundred rupees,