



THE ORIENTAL INSURANCE COMPANY LTD.

(A Govt. of India Undertaking)

PROPOSAL FORM FOR DOCTORS AND MEDICAL PRACTITIONER PROFESSIONAL INDEMNITY

ओरिएण्टल इन्श्योरेंस कम्पनी लिमिटेड
Oriental Insurance Company Limited

This Proposal must be signed all. questions must be answered. The completion and signature of this proposal does not proposer or insurer to complete a contract of insurance. If the space is insufficient to answer question, Please use additional sheets and attach it to this form. The company does not assume any liabilities- until Proposal has been accepted and premium Paid.

1. Name of the Proposer :.....
2. Address.....
3. Pincode.....Tele No.....
4. Professional qualification and the year of such qualification.....
5. Medical Registration No. & Year.....
6. Are you member of any Medical Association/Council.....
If so, please state name and address of such.....
Association/Council with membership No.
7. State the address of your Clinic/Chamber.....
8. Are you attached to/or attending, as a visited Physician/Surgeon in any hospital.....
Nursing Home/Clinic etc. if yes, Please give details.....
9. Are you a general physician/Surgeon/ Dentist/Specialist/Consultant Physician or
Anesthetist (in Case of specialist state exact line in which you specialized).....
and in which branch of medicine viz.(Allopathy/Homopathy/Aurvaedic etc.).....
10. How long have you been practicing.....
11. Estimated Annual Income.....
12. (A) Specify facility such as X-ray, Radiation Therapy, Scanning etc. available.....
Operated by you under your control and the avenues no. of person using such.....
facility in a day.....
13. State the average Number of patients you are attending per day.....
14. Limit of indemnity* (B)
Any one Act Rs.Any one year Rs.Ratio.....
15. Extension for unqualified staff.....
16. Have any Claims been made upon you or legal proceedings instituted or likely to.....
Be instituted against you by Patients in respect of your treatment etc.....
If so, please give details.....
17. Have you been previously insured for the subject risk if so : give full particulars.....
18. Has any Company
(a) Declined your proposal
(b) Required an increased premium.....
(c) Refused to renew your policy.....
(d) Cancelled such a policy.....
19. Period of insurance.....from.....to.....

I hereby declare that the above statement and particulars are true and I have not suppressed or misstated any material and that at the present time I have no reason to anticipate any claim being brought against me for any negligent etc. error or omission on my part and agree that this declaration shall be on the basis of the contract between me and the insurer. I also agree that the insurance shall, not be availed for claim arising out of act of negligence, error of omission of mis, conduct committed PRIOR to commencement of this insurance.

Date :.....

Place :.....

SECTION 41, OF INSURANCE ACT 1938

Prohibition of Rebates

Signature

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 or any rebate of whole or part or the commission payable or any rebate of premium shown on the policy of any person taking out or continuing a policy except any rebate except such rebate as may be allowed in accordance with prospectus of tables of the insure.

Any person in default in complying with the provisions of the section shall be punishable with fine which may extent to Rs. 500/-
“the proposer has right of choosing any one act limit and one year limit in the ratio of 1:1, 1:2, 1:3, 1:4