



## 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 OMP Policy (E & S)

(To be submitted in original with two copies)  
(Available to persons in the age group of 18 – 60 years)

#### ELIGIBILITY:

This Insurance is specially designed for you if you are an Indian Citizen residing or will be proceeding shortly temporarily outside India solely for the purpose of EITHER

1. furthering your education ; OR
2. engaging in research activities ; OR
3. temporary posting in a sedentary non-manual work, provided you are a holder of a appropriate and valid visa for the same purpose issued by the authorities in India.

#### IMPORTANT NOTICES:

If a spouse or a child accompanying you is/are also to be covered, a separate proposal form should be completed by each accompanying person.

You must complete and sign a Proposal Form to the best of your knowledge and belief and all materials facts\* must be disclosed. An adult may complete and sign on behalf of his child aged 18 years or less

\* A material fact is one that is likely to influence the acceptance or assessment of the Proposal. You should consult the Insurance Company if you are in any doubt as to what constitutes a material fact.

#### 1.0 PERSONAL DETAILS:

1.1 Name (Mr. / Mrs./ Miss/ Master) \_\_\_\_\_  
(BLOCK LETTER)

1.2 Sex: Male / Female

1.3 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
DD MM YY

1.4 Height: \_\_\_\_\_ ft \_\_\_\_\_ in ( \_\_\_\_\_ cms.) Weight: \_\_\_\_\_ lbs \_\_\_\_\_ (kgs)

1.5 Passport No.: \_\_\_\_\_

1.6 Date of Issue: \_\_\_\_\_

1.7 Type of Visa Held: F1 \_\_\_\_\_ J1 \_\_\_\_\_ H1 \_\_\_\_\_ Any other \_\_\_\_\_  
(Student) (Research) (Temporary Employment)

1.8 State Type: \_\_\_\_\_

1.9 Is the Proposed Person a spouse or child of an Insured Person (participant), if so state Policy Number \_\_\_\_\_ of Insured Person and Passport No. \_\_\_\_\_ of Participant.

2.0 Your address in India: \_\_\_\_\_  
\_\_\_\_\_ Tel No. \_\_\_\_\_

2.1 Your Next to Kin (Mr. / Mrs./ Miss): \_\_\_\_\_

2.2 Relationship: \_\_\_\_\_

2.3 Address: \_\_\_\_\_  
\_\_\_\_\_ Tel No. \_\_\_\_\_

**3.0 YOUR COUNTRY OF VISIT:**

3.1 Country of Studying or Posting: \_\_\_\_\_

3.2 Address in country of studying or posting: \_\_\_\_\_  
\_\_\_\_\_ Tel No. \_\_\_\_\_

3.3 Name and Address of School / work place you are attending: \_\_\_\_\_  
\_\_\_\_\_ Tel No. \_\_\_\_\_

4.0 Brief details of nature of future studies / research and activities /or employment /employment to be undertaken: \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YY MM YY

4.1 Name and address of Indian Sponsor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

5.0 Period of Insurance required: \_\_\_\_\_

5.1 Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

5.2 Total period of months that you are intending to study/work in the country of study / posting: \_\_\_\_ months.

**6.0 YOUR MEDICAL HISTORY:**

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT)**

6.1 Are you in good health and free from physical defect or infirmity? \_\_\_\_\_

6.2 Do you ordinarily enjoy good health? \_\_\_\_\_

6.3 Have you ever suffered from:

a any nervous or mental condition, fainting episode, blackout fit or paralysis of any kind ? \_\_\_\_\_  
\_\_\_\_\_

- b. high blood pressure, a heart condition, hemorrhoids, varicose veins, or other circulatory disorder, rheumatic fever or diabetes? \_\_\_\_\_
- c. a "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition ?  
\_\_\_\_\_
- d. any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels ?  
\_\_\_\_\_
- e. any other condition requiring specialist consultation or surgical or hospital treatment in the future? \_\_\_\_\_
- f. any symptom or tendency that might necessitate such consultation or treatment in the future ?  
\_\_\_\_\_

**6.4** Have you any intention of engaging in winter sports or any other sports or pastimes rendering you liable to personal injury? \_\_\_\_\_

**6.5** Are there any additional facts affecting the proposed insurance which should be disclosed to insurers?  
\_\_\_\_\_

**6.6** Name and address of usual medical physician in India \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tel No. \_\_\_\_\_

**7.0** Please attach a copy of your medical report, if any, which was required for Entry Visa or Application to Study.

**7.1** If your answer is YES to any of the questions 6.3 (c) to (f), \_\_\_\_\_  
Please give full details with dates \_\_\_\_\_

**8.0 DECLARATION:**

Please read **IMPORTANT NOTICES** above before your signing.

I hereby declare and warrant that the above statements are true and complete. I consent to the Insurance Company and / or their appointed Claims Administrator seeking medical information from any Doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorise the giving of such information. I agree that this Proposal shall form the basis of the contract of Insurance.

I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by the Insurance Company therein.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

**9.0 STUDY:**

If you are under 18 years of age and / or residing with your parent (s), one of your parents must confirm the accuracy of the information provided in this proposal by signing below:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Parent (or Guardian): \_\_\_\_\_  
DD MM YY

Place: \_\_\_\_\_

**10.0 EMPLOYMENT:**

If you are being posted overseas by an Indian Employer, the competent official of your Company must confirm the accuracy of the information provided in this proposal by signing below :

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer's competent official's signature: \_\_\_\_\_  
DD MM YY Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Place: \_\_\_\_\_ Seal: \_\_\_\_\_

**IMPORTANT**

IF YOU ARE NOT ABLE TO SIGN THIS DECLARATION AND WARRANTY AT THE TIME OF PROPOSAL, OR HAVING SIGNED THE DECLARATION AND THEREAFTER CIRCUMSTANCES CHANGE BEFORE THE FIRST DAY OF INSURANCE WHEREBY THE DECLARATION IS RENDERED INVALID, YOU MUST INFORM THE INSURANCE COMPANY FOR FURTHER ADVICES.

**UNDERTAKING**

I, Mr. / Mrs. / Miss / Master \_\_\_\_\_  
do hereby agree and undertake to refund to The Oriental Insurance Company Ltd. providing the insurance (hereinafter referred to as the Insurers) all medical related expenses, made by Insurer's Claims Administrators on my behalf which expenses are found to be not payable as per terms and conditions of the Policy and which expenses are required to be reimbursed by the Insurers to the Claims Administrators under the agreement made between the Insurers and their Claims Administrators. Such payments would be refunded by me to the Insurers in Indian rupees immediately.

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Place: \_\_\_\_\_

**NOTE: If the Proposer: -**

- a. is over 40 years of age and is travelling to USA / CANADA
  - b. Answer to the questions posed under the Medical History Section of this form indicates that the proposal represents in the view of the Insurers a materially sub Standard Risk,
- the Proposer should make arrangements for a Medical Examination by a Doctor taking with him this proposal in order that the Doctor completes the section, which follows below.

**TO BE COMPLETED BY THE DOCTOR**

1. a. History
- b. Any past history of disease, Operation, accidents, investigations etc.
- c. General Examination.
- d. Systemic Examination.
  
2. **Electrocardiography:**
  - a. Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe :
  - b. Does the abnormality represent a current illness or disease which may possibly be expected to require medical treatment during proposer's forthcoming trip? :
  - c. Does the proposer now or did he/she in the past require medication for this abnormality? :
  - d. Please describe any treatment taken by the proposer in the past or being taken at present ? :
  - e. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his medical condition? :
  
3. Does the Fasting Blood and Urine Sugar, Urine Strip Test show any Sugar? :

Signature of Doctor : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

**SECTION – 41 OF INSURANCE ACT 1938  
PROHIBITION OF REBATES**

1. No persons shall allow or offer to allow either directly or indirectly as an inducement to any person to take put 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 prospectus or labels of the insurers.
  
2. Any persons making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.