

GRAMIN ACCIDENT INSURANCE

1. APPLICABILITY

The Insurance can be granted to any person between the age group of 10 to 70 years irrespective of his occupation, income, etc.

2. BENEFITS

(a)	Death due to accident	Rs.10,000/-
(b)	Total irrecoverable loss of use of two limbs or one eye and one limb due to accident	Rs.10,000/-
(c)	Total irrecoverable loss of use of one eye or one limb due to accident	Rs.5,000/-
(d)	Permanent total disablement due to accident	Rs.10,000/-

3. EXCLUSION

Company shall not be liable for :

- I. Compensation under more than one of sub clauses (a), (b), (c) & (d) in respect of same injury/disablement.
- II. Payment of compensation in respect of injury/disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of the policy.
- III. Death/injury/disablement of the insured from:
 - (a) Intentional self injury, suicide or attempted suicide.
 - (b) Whilst under the influence of intoxicating liquor or drugs.
 - (c) Directly or indirectly caused by insanity.
 - (d) Arising or resulting from the insured committing any breach of law with criminal intent.
- IV. Compensation arising out of war and allied perils.

- V. Death or bodily injury arising out of ionising radiation or contamination by radio activity from any source whatsoever.

4. RATE OF PREMIUM

No. of years	Single gross premium (Rs.)
1	5.00
2	9.00
3	12.75
4	16.00
5	18.75
6	21.00
7	22.75
8	24.00
9	24.75
10	25.00

5. INSTALMENT FACILITY FOR GROUP POLICIES IS NOT ALLOWED.

6. VARIOUS DISCOUNTS

- (a) **Group Discount :** Group policies are entitled to a numerical discount as given below :

No. of persons	%age of discount
101-1000	5
1001-10000	7.5
10001-50000	10
50001-100000	12.5
100001-200000	15
200001-500000	20
500001-1000000	25
Above 10 lacs	30

- (b) **In lieu of Agency Commission :** 15% discount for Group policies only.

Note : No other discount I.e. No claim or low discount to be allowed.

7. CLAIMS PROCEDURE

- a) Immediate notice is to be given to the Company.
- b) Claim form alongwith the medical certificate has to be submitted.
- c) In case of death claim, a death certificate alongwith the original policy, legal heir certificate, FIR, Police Panchnama should be submitted.

8. STAMP DUTY

Re.0.10 per Rs.1000/- Sum Insured.

Note : 1. Sterilization risk is covered.

- 2. Claims from racing on wheels, big game hunting, mountaineering whilst engaged in winter sports, skiing, or ice-hockey are payable.
- 3. Death or disablement from accident should result within 12 months from date of accident.

The Oriental Insurance Company Limited

Incorporated in India Subsidiary of General Insurance Corporation of India

(Regd. Office : Oriental House, Asaf Ali Road, New Delhi-110002)

~~SPAMIN~~

~~JANATA~~ PERSONAL ACCIDENT INSURANCE CLAIM FORM

Claim No. _____

SECTION I (To be completed in respect of all claims)

1. (a) Insured's Name (b) Address (c) Age	(a) _____ (b) _____ _____ (c) _____										
2. (a) Policy No. (b) Period of Insurance (c) Issuing Office	(a) _____ (b) _____ (c) _____										
3. (a) When did the accident occur? (b) Details	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">(a)</td> <td style="width: 20%;">Date</td> <td style="width: 15%;">Time</td> <td style="width: 20%;">Place</td> <td style="width: 30%;">Whether reported to the police</td> </tr> <tr> <td></td> <td>_____</td> <td>_____ a.m./p.m.</td> <td>_____</td> <td>_____ Yes/No.</td> </tr> </table> (b) _____ _____	(a)	Date	Time	Place	Whether reported to the police		_____	_____ a.m./p.m.	_____	_____ Yes/No.
(a)	Date	Time	Place	Whether reported to the police							
	_____	_____ a.m./p.m.	_____	_____ Yes/No.							
4. (a) Were you removed to hospital immediately after the accident? (b) If yes Name and address of the hospital.	(a) Yes/No _____ (b) _____ _____										
5. (a) Have you taken any other Janata Personal accident Policy? If yes please state :- (i) Name of the Company (ii) Address of the issuing office (iii) Policy No. (iv) Period of Insurance (b) Are you entitled to recover medical/hospitalisation expenses under any other medical/hospitalisation scheme If yes- (i) Name of the Scheme (ii) Amount paid or payable	(a) Yes/No: _____ (i) _____ (ii) _____ (iii) _____ (iv) _____ (b) Yes/No. _____ (i) _____ (ii) _____										

SECTION II (To be completed by hospital authorities)

1. Name and Address of the Hospital 2. Date of Admission 3. Date of discharge 4. (a) Nature of Injury (b) Particulars of	As inpatient/out-patient/emergency case 1. _____ <div style="text-align: center;"> <p>CERTIFIED COPY</p> <p>Manager, The Oriental Ins Co Ltd</p> </div>
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5. Has the accident resulted into loss of hand/s, or foot/feet or eye/s or permanent disability of any other type which may prevent insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever ?
If yes, please give details

6. Hospital Expenses (Please attach original bills).

Date.....

Signature of the Competent authority of Hospital/Nursing Home

Name.....
Designation.....

*Rubber Stamp of Hospital,

SECTION : III (To be completed by nominee in the event of Insured's death)

Detail of Nominee :-

- (a) Full Name.....
- (b) Address.....
- (c) Age.....
- (d) Relationship with the deceased.....

Date

Signature of the Nominee

Please attach the following documents :

- 1. Death Certificate.
- 2. Post Mortem Report.
- 3. Original Policy.

Declaration to be Signed by the Insured or by the Nominee (in the event of death of Insured)

I HEREBY DECLARE and warrant they truth of the foregoing particulars in every respect-I have concealed or suppressed any facts. I agree that if I have made or shall make false or untrue statement or any material information, my rights for compensation shall be forfeited.

I ALSO HEREBY DECLARE that I am accepting the amount of Rs.....in full of your obligations under the policy to the Insured and/or his/her legal heirs and I will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Date.....

Signature

दि आरिएण्टल इश्योरेंस कम्पनी लिमिटेड
(भारतीय साधारण बीमा निगम की सहायक कम्पनी)
क्षेत्रीय कार्यालय :
स्नेहलता 6-3-871, पो. बा. नं. 45,
ग्रीनलैंड्स रोड, बेगमपेट, हैदराबाद - 500 016.



THE ORIENTAL INSURANCE COMPANY LTD.,
(Subsidiary of General Insurance Corporation of India)

REGIONAL OFFICE :
"SNEHALATHA" 6-3-871,
P.B. No. 45, Greenlands Road,
Begumpet, Hyderabad - 500 016.

Grams : ORIENTHYD

**Jamata/Gramin Personal Accident Insurance
Proposal Form**

జనతా/గ్రామీణ వ్యక్తిగత ప్రమాద భీమా ప్రపోజల్ ఫారం
(5-70 వయస్సుగల వారికి)

FOR OFFICE USE

Agency	D.O./Branch	Policy No
ఏజన్సీ	డి.ఓ./బ్రాంచ్	పాలసీ నెం.
Dev. Office Code	Receipt No రసీదు నెం.	

- Proposer's Name (in full)
భీమా చేసిన వ్యక్తి పూర్తి పేరు
- Address (in full)
పూర్తి చిరునామా
- Occupation
వృత్తి
- Age in years
వయస్సు
- Date of Birth
పుట్టిన తేదీ
- Name of Nominee (in full)
నామినీ పూర్తి పేరు
- Signature (if available)
సంతకము. (డారికినచర్)
- Address (in full)
పూర్తి చిరునామా
- Relationship with Proposer
భీమాచేయు వ్యక్తికి గల బంధుత్వము
- Nomination witnessed by : 1)
నామినేషన్ కు ప్రత్యక్ష సాక్షులు
- 2)
- Insurance required : From To
భీమా కాలవరిమితి వరకు
- Average monthly income Rs. 11. Sum Insured : 12. Premium Rs.
సగటున నెలసరి ఆదాయము రూ. భీమా మొత్తము ప్రీమియం రూ.
- Whether you have taken any other JPA Insurance, if Yes,
(Please note that one person should not be given more than one policy
and the Maximum Sum Insured is restricted to Rs. 1,00,000/- per person)
మీరు ఇంతక్రితం ఏమైనా జనతా ఇన్సూరెన్స్ పాలసీ తీసుకున్నట్లయితే,
(ఒక వ్యక్తికి రూ. ఒక లక్ష గరిష్ట భీమా మొత్తమునకు ఒకే ఒక పాలసీ
ఇవ్వబడుతుందని గమనించవలెను).
- If you have already lost eye sight
or limbs, please give details:
మీకు ఏదైనా అంగవైల్యం ఉన్నానో వివరాలు ఇవ్వండి.

I hereby declare and warrant that the above statements are true. I desire to effect an insurance as described herein and agree that this proposal and declaration shall be the basis of the contract between me and the Company I agree to accept a policy as prescribed by the Company.

మన కనవరచిన విషయములన్నింటికీ, యిచ్చిన సమాధానములన్ని నాకు తెలిసినంత వరకు యిర్ధ్యామైనవనీ దృవపరుస్తున్నాను. ఈ ప్రతిపాదింపు ద్వారా కోరుకొన్న భీమాను తీసుకోవటానికి అంగీకరించి మరియు నేను ప్రతిపాదించిన వివరములు/సమాధానములు నాకు మరియు కనవరచిన వారితో సుష్టములన్ని ఒప్పించుము మరియు కనవరచిన వారికి తీసుకోవటానికి అంగీకరించుచున్నాను.

Place / ప్రదేశము
Date / తేదీ

Proposer's Signature/Thereto Impresor for
భీమా చేయువారి సంతకము/తీసుకోవటానికి

HRO 300 Pads X 100 L 3000 SYB

08/08/2017/25/11047
Manager,
The Oriental Ins Co Ltd