Proposal for Surgical and Hospitalization Expenses Insurance

Age Limit – 0 Years to 70 Years

Name of the Proposer (Mr/Mrs/Miss)	
Period of Cover	
NIC No	
Date of Birth	
Employer	
Occupation	
Permanent address in Full	
Temporary address in Full	
Office address	
Contact Details	Home Mobile
	Office
	E-Mail address
VAT/SVAT no (if any)	

Name of the person to be insured (If you are already insured, your spouse and all children below 18years should be insured	Relationship to proposer	Date of Birth	Height Mt. Cm.	Weight Kg	Occupation
01.					
02.					
03.					
04.					
05.					

Have you or any of the dependents listed above ever been declined deferred or accepted on special terms for life, accident or illness insurance, surgical and hospitalization expenses insurance or has any insurer cancelled or declined to renew a policy or desired or amends the terms of the policy? If "yes" give us the details.

Are you or any of the dependents listed above, has insured against accident or illness?
If "Yes", give us the details about the insurers and the amounts.

Does the occupation or past times of either you or any dependents listed above involve any circumstances which may increase the risk of accident or illness?
If "Yes", give us the details.

Have you or your dependents proposed for insurance cover, ever make a claim under any accident, sickness or medical expenses policy?
If "Yes", please give particulars.

Declaration:

I/We hereby warrant that the above answers are true and complete and that I/We have withheld no information whatever material to this proposal. I/We agree that this proposal and declaration is the truth and completeness of the answers herein shall be the basis of the contract between me/us and Orient Insurance Limited. If the answer/s now given by me/us cease to be true and/or complete I/We undertake to give immediate notification to the Company. I/We further agree to accept a Policy subject to the terms and conditions prescribed by the Company therein.

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  Proposer's Signature   Date