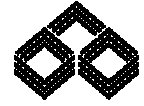




**UNITED INDIA INSURANCE COMPANY LIMITED**  
**IOB-NRI Shield**  
**Proposal form for IOB-NRI Shield Personal Accident Package**  
**Policy**



(To be submitted in Original with two copies)  
 (Available to persons in the age group of 5 years to 65 years)  
 (Separate application form for each member of family is required and  
 separate premium for each member is to be paid)

**Important**

Please make sure you read and fully understand this document before you travel from overseas country to the Republic of India. Failure to follow the instruction given could result in rejection of any claim that might be made.

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 The IOB-NRI Shield package policy provides personal accident death and permanent total disablement benefits, in addition also total loss of checked baggage, delay of checked baggage, loss of passport and reimbursement of expenses necessarily incurred for immediate treatment of injury first sustained due to accident (during the period of insurance of travel to the Republic of India subject to policy terms and conditions.) It also provides fire and special perils cover to the dwellings and contents of the proposer situated in the Republic of India subject to policy terms and conditions. The attention of the proposer is drawn to item II (medical history) of the proposal form especially in relation to previous disability must be disclosed to the policy issuing office.

**I. General Information**

1. Name of the proposer : Mr./Mrs./Miss./Master  
(In block letters) as stated in the passport
2. Home address and telephone number :
3. Proposers actual occupation :  
(specify)
4. Office Address :
5. Telephone Number :
6. Age (in completed years) : (Date of Birth)
7. Passport Number :  
Date of Expiry :  
Name of passport issuing authority :
8. Name, Registration Number, address and :  
telephone number of family physician
9. Period of Insurance :From: To:

**II Medical History**

**(A) To be completed by the proposer**

Please answer the following questions with 'yes' or 'no' (a dash is not sufficient) and give full details:-

1. Are you in good health and free from physical  
And mental disease or infirmity. : \_\_\_\_\_
2. Do you have any physical defect or deformity : \_\_\_\_\_

.2.

- 3. Have you had an accident prior to the first Day of insurance : \_\_\_\_\_
- 4. If the answer is yes to any of the foregoing Questions please give full details as under :

Nature of injury & treatment received	Date on which first treatment taken	First treatment completed / is continuing	Name of attending medical practitioner / surgeon with his address & Telephone NO.

- 5. A) Have you any intention of engaging in professional sports?
- B) If so, give details : \_\_\_\_\_

6. Please give details of any knowledge of any positive existence of any injury, which may require medical attention whilst on tour to India.

**Capital Sum Insured (section I) :Rs. \_\_\_\_\_**

**Assignment:**

I, ..... do hereby assign the monies payable under the policy in the event of my death to my..... (relation to the insured) Mr./Mrs./Miss./Master..... I further declare that his / her receipt shall be sufficient discharge to the company.

**Section II (residential building & its contents in India owned by the proposer / spouse / other relative by virtue of his /her being a legal heir)**

Location of residential building (Class A construction) : \_\_\_\_\_

Description of contents: Please attach a detailed list in case the value of individual item exceeds 5% of the sum insured for contents.

Sum Insured for building :  
 Sum insured for contents :  
**Total sum insured :**

I / We hereby declare that and warrant that the particulars contained herein are true and correct that no material fact has been withheld, misstated or misrepresented and also that this proposal forming part of the company's standard policy shall be the basis of contract between me/us and the insurance company. I/We further declare that the sum insured herein represent the full value of the property described herein. I am willing to accept the policy, subject to terms, conditions & exceptions mentioned therein.

Note: The liability of the company does not commence until the proposal is accepted by the company and the full premium paid

Place:

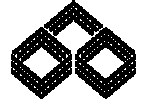
Date:

Signature of proposer



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**IOB-Health Care Plus**  
 Group Mediclaim Insurance Proposal Form For Account Holders of  
 Indian Overseas Bank

Annexure D



1. Name of the Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_
2. Name of the Proposer: \_\_\_\_\_
3. Type of Account : S.B / C.D.      4. Account Number: \_\_\_\_\_
5. Postal Address: \_\_\_\_\_
6. Name and Address of Medical Practitioner / Family Doctor: \_\_\_\_\_
7. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_
8. Sum Insured per family: Rs. 50,000/1,00,000/1,50,000/2,00,000/2,50,000/3,00,000/ 3,50,000/  
4,00,000/4,50,000/5,00,000 (Strike out the amounts which are not applicable)
9. Do you require Personal Accident Death Cover: Yes / No
10. Premium for Health Insurance Rs. \_\_\_\_\_ For accident cover Rs. \_\_\_\_\_ Total Premium Rs.  
\_\_\_\_\_ Paid to the Debit of account mentioned above.

11. Details of persons to be covered:

SIN o	Name of Insured	Relationship	Existing Disease/Illness/ Injury	Treatment received for the past 3 years	Date of birth	Sex
2						
2						
3						
4						
5						
6						

12. Photograph of insured persons:

Account Holder	Spouse	Child 1	Child 2	Father	Mother

13. Do you require the services of Third Party Administrator (TPA): Yes / No

14. If yes Specify the name of the TPA :

I hereby declare and warrant that the above statements are true and complete. Myself and family members are maintaining good health subject to item no.11. I have read the salient features of the scheme and willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company as per the Agreement between Indian Overseas Bank and United India Insurance Company Limited. I understand that in case of any claim under the policy, Indian Overseas Bank will not undertake any responsibility or will not accept any correspondence and the same have to be pursued with the Insurance Company / Specified TPA only.

**I request you to renew the policy on due date duly debiting my Account. I am aware that the policy will be renewed basing on premium rates, terms and conditions prevailing at the time of renewal.**

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

Date: \_\_\_\_\_

Signature of proposer

-----For Office use-----

Premium remitted by IBSA no..... dated..... For Rs.....

Date:.....

Signature of Branch Manager