



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PROPOSAL FORM

DOCTOR'S COMPOSITE PACKAGE INSURANCE

INSURED : 1) Name of Proposer in full Dr.

- 2) a) Qualifications
 b) Name of University
 c) Year of passing
 d) Whether member of any recognized Medial Association.
 If so, specify
- 3) Addressa. Residence

b. Dispensary / Consulting Room

- 4) Specify exact scope of your professional Activity
- 5) Period of Insurance From : To :

TABLE	DESCRIPTION OF PROPERTY	SUM INSURED (RS.)	RATE % (RS.)	PREMIUM (RS.)
A (I) FIRE & ALLIED PERILS	a) Building (of Class A Construction only)	Rs.	0.07	
	b) Contents (excl. Money / Valuables) 1. Furniture, Fixtures, Fittings 2. Stock of medicines / injections / medical instrument NOTE : Total S.I under items (a) & (b) should not exceed Rs. 5,00,000	Rs. Rs.	0.07	
A (II) BURGLARY HOUSE BREAKING & THEFT	Contents in the dispensary, consulting room. Note : Insurance on contents should be for value equivalent to that mentioned under item A(I) b above.	Rs.	0.40	
B FIDELITY GUARANTEE	Available for Cashier / Compounder or other authorized employees. Name, Designation, Salary Amt. Of Guarantee (Max. guarantee amount of Rs. 20,000)	Rs.	1.00	
C MONEY IN TRANSIT	Available for self / Cashier / Compounder / authorized employee (Max. amount in any one transit Rs.20,000)	Rs.	0.60	
D DOCTOR'S KIT	Loss or damage to Doctor's Kit during visits within Municipal city limits value (Maximum Sum Insured -Rs.5,000)	Rs.	1.00	

E ALL RISKS ELECTRONIC ITEMS	Fore EGC Machine and other such electronic appliances used in Doctor's profession. Value Rs. list to be attached. Max. S.I Rs. 1,00,000	Rs.	1.50	
F SIGN BOARD	At the premises insured hereunder Max. S.I Rs. 5,000	Rs.	1.00	
G DOCTOR'S PROFESSION AL INDEMNITY	Any one event Period 35% disc. in premium allowed for member of recognized Medical Association, this covers insured Doctor's own professional liability	Rs. 5 lacs Rs. 10 lacs	Rs.125	

IMPORTANT - The tables A (I) and (II) is compulsory. Total Premium Rs. _____
Less % for more than 2 tables (Other than table A) Rs. _____
NET PREMIUM Rs. _____
+ Service tax Rs. _____
TOTAL Rs. _____

I hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld mis-stated or mis-represented and also that this proposal-cum-schedule forming part or company's standard policy shall be the basis of contract between me and the insurance company. I further declare that the sum insured herein represents the full value of the property described herein.

PLACE : _____ **DATE :** _____ **SIGNATURE OF PROPOSER** _____

- Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.
2. If space is found insufficient, please attach separate sheets for details.
3. Premium will be quoted on application.
4. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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, any rebate of the whole 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 rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY

DATE & TIME

RATE

REMARKS

CODES - OFFICE /DEV. OFFICER / AGENT /BROKER-

COLLECTION / SCROLL NO

POLICY NO.