

THE NEW INDIA ASSURANCE COMPANY LIMITED

87, M.G. ROAD, FORT, MUMBAI 400 001.

PROPOSAL FORM DOCTOR'S PROTECTION SHIELD

Please answer all questions fully using BLOCK LETTERS

Name _____

Address for Correspondence _____

Pin Code _____ Telephone No. _____ Email _____

Address of Office Premises which is to be Insured _____

_____ Pin Code _____

Business or Profession _____

Paid up Capital (If a Company) Rs. _____

Offices with Endorsement for Covering Surgery Contents Medical Equipment on all Risk

Period of Insurance From _____ to _____

Please note that

a) Section 1 (Building) and Section 2 (Contents) are compulsory for owner (Building) Insured and Section 2 (Contents) for Tenants (Building) Insured.

b) Insured has to OPT for a minimum of 3 (Three) Sections other than minimum compulsory section prescribed above (a).

Please tick the appropriate boxes in the concerned sections for which you want the cover.

Section 1 Building

The Sum Insured should represent the cost of reinstatement as new of the property.

a) Building(s) Rs. _____

b) Landlord's Fixtures & Fittings. Rs. _____

c) Boundary Walls, Gates & Fences Rs. _____

d) Other Property Rs. _____

Sub Total (a to d) Rs. _____

e) A Suitable amount towards Architects, surveyor, legal fees, debris removal cost Rs. _____

Total (a to e) Rs. _____

Note: If more than one building or structures are used in connection with office work, please specify.

Section 2 Contents

a) Business Furniture, Furnishings, Safes, Office Machinery, Fixtures & Fittings (to the extent not insured under Section-1), Unused Office Stationery Rs. _____

b) I) Documents Rs. _____

II) Telephone, Gas & Electric Meters. Rs. _____

c) Tenant's Improvement & Decoration(s) Rs. _____

d) Pedal Cycle(s) Rs. _____

- e) Electronic Equipment (if not insured under Sec.7) Rs. _____
- f) All other Contents Rs. _____
- g) Professional Instruments & equipments for medical purpose Rs. _____
- Sub Total (a to g) Rs. _____
- h) Clothing & personal effects (except for, property otherwise Insured & Jewellery, Money and Fur) Rs. _____
- Limit : Rs. 5,000 per Person
- i) Temporary Removal of Documents [5% of sub total (a to g) or Rs.15,000 whichever is higher] Rs. _____
- j) Cost of Removal of Debris Rs. _____
- Sub Total (h to j) Rs. _____
- Total(a to j) Rs. _____

The total Sum Insured should represent full replacement value of property by new (see for details of 'Average Clause'.)

Section 3 _____ **Maximum Limit**
Tenant's Liability 'Any one Loss' Rs.

Section 4 Money Insurance

- a) Wages & salary whilst in transit from or to the office(s) Rs. _____
- b) Money other than wages & salary whilst in direct transit between any two places. Rs. _____
- c) Money in office during business hours. Rs. _____
- d) Money in office in locked safe outside business hours. Rs. _____
- Total (a to d) Rs. _____

Please state make and model of safe _____

Section 5 a) Description of plate glass with dimension and of **Fixed Glass** framework and any tinted embossed, ornamental or **& Sanitary Fittings** painted glass.

Sl. No.	Description	Dimension	Value
1.			
2.			
3.			
		Total	Rs. _____
	b) Sanitary fittings		Rs. _____
	c) Signs, nameplate		Rs. _____
		Total (a to c)	Rs. _____

The value should represent the replacement value of property by new.

**Section 6
Fidelity
Guarantee**

a) Total No. of Salaried Staff for whom
the guarantee is proposed. _____
Name/s & Designation

b) Maximum amount of guarantee for
any one salaried staff Rs. _____

Section 7 Electronic Equipment Damage to Electronic Equipment

a) Item no.	Qty.	Description of Items	Yr. of Mfg.	Value
1.				
2.				
3.				
4.				

Sub Total (a) Rs. _____

b) If you want cover for data carrying materials, please state the value separately.

Item no.	Qty.	Description of Items	Yr. of Mfg.	Value
1.				
2.				
3.				

Sub Total (b) Rs. _____

Total Value (a + b) Rs. _____

Please state whether the electronic equipment is maintained under an approved agreement with manufacturer or other concerns approved by manufacturer. **Yes** ___ **No** ___

Please note that the value of electronic equipment should be replacement value by new one of same kind inclusive of freight, custom duty and other charges and cost of erection.

Section 8 (Available only if Section 7 is Insured)

Reinstatement of Please state the sum(s) to be Insured

Data & _____ a) Cost for Reinstatement of Data Rs. _____

Programmes b) Cost for Reinstatement of programme

b) Item No.	Description of Programme	Name of Developing Agency	Yr. of Development	Value
1.				
2.				

Sub Total (b) Rs. _____

Total (a+b) Rs. _____

Please note that only standard programmes which can be exchanged by user are covered under this policy.

Section 9 Portable Computers

a) Item no.	Qty.	Description of Items	Yr. of Mfg.	Value
1.				
2.				
3.				
4.				
Sub Total (a)				Rs. _____

b) If you want cover for data carrying materials, please state the value separately.

Item No.	Qty. of Items	Description of Items	Year of Manufacture	Value
1.				
2.				
Sub Total (b)				Rs. _____
Total (a+b)				Rs. _____

Please note that the value of portable computer should be replacement value by new one of same kind inclusive of freight charges, custom duty and cost of erection.

Section 10

Additional _____	Limit of indemnity	Sum Insured
Expenses of	(25% of the Sum Insured on contents	
Rent for	under section 2)	
Alternative	(Please note that the indemnity period	
Accommodation	is 12 months)	Rs. _____

Section 11 Personal Accident

Sl. No.	Name of Insured Person	Age	Details of Existing Infirmity/ Disability	Occupation	S.I.	Name of Assignee
1.						
2.						
3.						
4.						

(Please note that the age limit for purpose of this section is 18 to 70 years.) Total Rs. _____

Section 12 Breakdown of _____ Office Appliances	a) Item No.	Qty.	Description of Item	Model of Items	Yr. of Manufacture	Value
	1.					
	2.					
	3.					
Total Rs.						_____

Please note that the value of item should be replacement value by new one of same kind inclusive of custom duties & other charges, freight charges and erection cost.

Section 13

Baggage _____	Limit	Sum Insured
	a) Any one event per person	Rs.10,000/-
	b) Any one year for all persons	Rs. _____

Section 14

Liability _____	Limit Of Liability
Insurance	Rs. _____
a) Public Liability	
b) Workmen's Compensation Liability	

Sl. No.	Name of Employee	Nature of Work	Monthly Earnings	As per W.C. Act
1.				
2.				
3.				
4.				

Total Rs. _____

Section 15 Professional Indemnity

Description of the business (Please attach details) _____

Qualifications of the Insured _____

How long the insured is in this business _____

Loss details of the past. _____

Voluntary excess opted by insured. _____

Please give gross fee received during the past five years-

19 Rs.

20 Rs.

20 Rs.

20 Rs.

20 Rs.

Estimated fee for the coming 12 months Rs. _____

Limits of Indemnity proposed – For Any One Year (AOY) Rs. _____

AOA : AOY Ratio proposed – 1:1 or 1:2 or 1:3 or 1:4

Section 16 HIV Accident Policy On Duty Cover

Description of the business (Please attach details) _____

Qualifications of the Insured _____

How long the insured is in this business _____

Did you underwent Western Blot test any time ? _____

If yes - When, Date/Details

Details of the Paramedical Staff to be covered by the policy.

Sum Insured for each Paramedical Staff propose to be covered under the policy (sum insured to be limited to 10 times of annual income of the person proposed for insurance subject to a maximum of Rs.25 lacs for Medical as well as Paramedical Staff. The proof of income to be attached to the Proposal Form.)

NAME	CATEGORY	DT.OF BIRTH	S. I. PROPOSED
1			
2			
3			
4			
5			

Section 15 Mediclaim

Sl. No	Name	Age	Date of Birth	Details of any genetic diseases with which you are suffering	Have you suffered from any disease/ illness/ disablement Yes/No	Name of Illness	Existing from MM /YY

DECLARATION

I declare that I am not engaged in any high risk occupation. I also declare that I am not suffering from any pre-existing condition which is not fully cured. All the information given in this form is fully correct and true to the best of my knowledge and belief and shall be the basis on which cover is granted. I agree to be bound by the mediclaim policy (terms and conditions) (To be signed by all the above members).

Signature

- For group proposals of a size more than 100 persons separate terms will apply.

*ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE - SECTION VII

Ido hereby assign the money payable in the event of my death by the New India Assurance Co. Ltd. to (relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated thisday.....20 at.....

WITNESS

NAME :

ADDRESS :

SIGNATURE OF THE PROPOSER

We hereby declare that subject to any exceptions and variations disclosed in item below :

1. The Building of the premises are:
 - a) Having external walls of bricks, stone, concrete blocks, asbestos sheets cladding and/or metal sheet cladding glass panel/partly or fully open sided and roof of RCC/masonry/Asbestos concrete sheet / tiles / wooden shingles or boarding on RCC/steel/wooden framework.
 - b) In good repair and so maintained.
 - c) Occupied by me/us in connection with business/profession above and used solely as offices or medical establishment and/or residence and do not form part of premises having manufacturing units, shops dealing in hazardous goods or godowns containing hazardous goods.
2. Book of account are regularly entered up.
3. No Insurer has declined my/our proposal, cancelled or refused to renew my/our policy or required any special terms or conditions in respect of any of the risk proposed.
4. Sum Insured represent the full value of the property described herein.
5. All reasonable steps to safeguard the property against loss or damage will be taken.
6. All the proof, evidences, documents required in case of claim will be provided to the company.
7. I/We have disclosed all the facts which could influence the acceptance of this proposal or the term(s) to be approved.
8. Exceptions and variations if any to the above declaration.

Date : _____ Place: _____ Signature of the proposer

Note : If you do not find sufficient space in any of the columns above please use additional sheets for giving full details.

PROHIBITION OF REBATES Section 41 of the Insurance Act 1938 provides as follows :

1. 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 or part of the commission payable or any rebate of the premium shown on the policy except any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in compliance with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.