



**THE ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)  
AND  
THE ORIENTAL INSURANCE COMPANY LIMITED  
HEALTH & PERSONAL ACCIDENT INSURANCE SCHEME  
(ONLY FOR AMC MEMBERS AND THEIR PERMITTED DEPENDENTS)**



**PROPOSAL FORM**

1. PARTICULARS OF PERSONS COVERED

Agent Name - \_\_\_\_\_

Sr. No	NAMES	Relation with Proposer	Sex M/F	Date of Birth	Capital Sum Insured (Rs.)		
					Health	Accident	
						W	O
1		<i>Self</i>					
2							
3							
4							
5							
6							

2. ADDRESS (IN BLOCK LETTERS)

\_\_\_\_\_

Contact No. \_\_\_\_\_ Mob. No. \_\_\_\_\_ E mail: \_\_\_\_\_  
AMC Membership No. & Date of Joining AMC- \_\_\_\_\_

Period of Insurance required from 1<sup>st</sup> /-----/201\_\_ to 30<sup>th</sup> Sept 20\_\_

3. Has any insurance company ever declined / rejected your proposal \_\_\_\_\_

Imposed any special condition on your mediclaim policy \_\_\_\_\_  
**Give details in case of every person covered** \_\_\_\_\_

4. Is this insurance additional to any other mediclaim policy? **Give details in case of every person covered** \_\_\_\_\_

5. Have you been under policy cover under H & A scheme earlier? \_\_\_\_\_

6. Have you had or do have any major illness / disability  
If yes give details such as Diabetes, Hypertension, B.P.  
Cancer or any other major or chronic disease. \_\_\_\_\_  
Or disability or history of previous surgery \_\_\_\_\_

**Give details in case of every person covered** \_\_\_\_\_  
Continuity in policy in persons transferred from other policy. Yes / No

Please use another sheet of paper if you need to answer the questionnaire in full.

I declare that the answers provided in these columns and those following, are true to the best of my knowledge, belief and that I have disclosed all particulars affecting the assessment of risk; I agree that this proposal and declaration shall be the basis of contract between me and The Oriental Insurance Co. Ltd./ AMC.

Place: - Mumbai

Date : -

Member Signature:

**PROTECT YOUR LOVED ONES. OUR HEALTH INSURANCE IS AVAILABLE TO MOST OF THEM.  
PLEASE ENTER NECESSARY DETAILS ON THE BACK PAGE.**

Approved by

Chairman / Convenor

To,  
The Chairman,  
H & A Cell,  
AMC.

Dear Sir / Madam,

**Re: Health & Personal Accident Insurance**

I have received & read the details of the health scheme and hereby WHOLLY accept the terms & conditions of this policy of AMC.

I also understand that the AMC will have no legal liability whatsoever towards any claim or disputes raised with regard to the decision of the scrutiny committee of the H & A cell of AMC which I accept is final & binding on me and my heirs and persons availing of this Health & Accident Insurance Scheme.

I hereby assign the insurance claims that may arise due to my death or total disability to my \_\_\_\_\_ (relationship) Shri / Smt. \_\_\_\_\_ whose discharge receipt will be final & non negotiable, to my family & dependents.

Yours Faithfully,

Signature

**Note:**

1. Please insure adequately. Better more not, less.
2. Please declare the presence of pre-existing disease or previous surgery of the insured person in the respective column in respect of the insured person. Non-declaration of the above details may prejudice settlement of claim.
3. We request you not to take H & A policy just to get insurance cover for treatment of an existing Aliment e.g. Surgery for existing hernia.
4. Corpus fund of Rs. 200/- Per Person is to be paid in addition to premium amount

Our policy is based on Honesty. Be reasonable in billing your colleagues who may come to you for treatment. Otherwise, increasing claim ratios will automatically mean an increased premium for all.

The H & A premium, service tax and AMC corpus fund (One cheque for all these items-by crossed cheque only). Drawn in favour of "Association of Medical Consultants, Mumbai A/c H & A" along with the prescribed form should be sent to AMC office either through the insurance agent, courier or post so as to reach the office on the dates and terms specified below.

1. Renewals due are only made from the 1<sup>st</sup> October .The members are requested to send their cheques along with proposal form to reach us by 31<sup>th</sup> August of the year. Late payment till 7<sup>th</sup> Oct. do carry a late fee.
2. New entrants desirous of joining the health scheme can only do so from the first of any month from October of one year to July of the next year by sending in the required application form fully filled up as indicated along with their cheque for the desired amount to the office of the A M C so as to reach the office latest by the 25<sup>th</sup> of the previous month of proposed joining in the scheme
3. All renewals of insurance will be from from 1<sup>st</sup> October of one year to the 30<sup>th</sup> Sept of the following year
4. New entrants to the scheme will have their insurance period from the first of the month of joining (PROPOSAL) and ending on the 30<sup>th</sup> Sept to follow.. For a shorter than 12 months policy duration prorata collection of premium will become payable. However those joining in August or September will pay premium up to next September.
5. Outstation members should pay by demand draft or local clearing cheque only. **Outstation cheques will not be accepted.**

**Payment details –**

**Grand total of all persons paid by single** 1) Chq. No. \_\_\_\_\_ Bank \_\_\_\_\_ Br. \_\_\_\_\_  
Date \_\_\_\_\_ Amt. \_\_\_\_\_ Receipt No. \_\_\_\_\_

**OR**

Chq. No. _____	Bank _____	Br. _____	Date _____	Amt. _____	Receipt NO. _____
Chq. No. _____	Bank _____	Br. _____	Date _____	Amt. _____	Receipt NO. _____
Chq. No. _____	Bank _____	Br. _____	Date _____	Amt. _____	Receipt NO. _____
Chq. No. _____	Bank _____	Br. _____	Date _____	Amt. _____	Receipt NO. _____

**PLEASE ATTACH ONE STAMP SIZE PHOTOGRAPH OF EACH INSURED PERSON**

<b>Main Member</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
--------------------	----------	----------	----------	----------	----------