



THE ORIENTAL INSURANCE COMPANY LIMITED
MUMBAI CITY DIVISIONAL OFFICE NO. 22, Oriental Building, 3rd Flr., Above lic of India, Flora Fountain, Mumbai 400001.
Regd & Head Office: A-25/27, Asaf Ali Road, New Delhi 110 002.

PROPOSAL FORM FOR DOCTORS AND MEDICAL PRACTITIONERS
PROFESSIONAL INDEMNITY FOR AMC MEMBERS



Agent: _____

1	Name	
	Address(For Correspondence) E-mail ID:- Mob No:- Tel No:-	
2	Professional Qualification	
3	Registration No. with Date of Registration	
4	Specialty (Mention Name of Medical Branch)	
	Interventional	RATE-2
	Lasik /Cosmetic Cover/ Intensivist	75% Loading
	Radioactive Treatment	15% Loading
5	AMC Membership Number	
6	Previous Policy No.	
	Retroactive Date	
	Retroactive Sum Insured (Attach Policy Copy)	
7	Specify Facilities such as Dispensing, X-Ray, radiation Therapy, Scanning, ECG, Sonography, MRI etc.	-
8	Do you want to cover Unqualified Personnel also (Extra Premium will be Charged @ 7.5%)	-
9	Any Claims made upon you Or likely Legal Proceedings In respect of your treatment	-
10	If attached to any Hospital And you want to get the name Mentioned on policy/Certificate. Please give Name of Hospital For this Purpose. However, Your indemnity Policy covers You Anywhere in India.	Anywhere in India.
11	Limits of Indemnity	
12	Period of Insurance:	

SPECIAL FEATURES & TERMS & CONDITIONS OF AMC'S UNIQUE GROUP PROFESSIONAL INDEMNITY POLICY WITH THE ORIENTAL INSURANCE CO. EXCLUSIVE TO AMC MEMBERS.

- ❖ Single master policy is issued for the entire group & each doctor is issued a certificate of insurance by the Insurance company.
- ❖ Complaints before MMC, NHRC, Competition Commission of India (CCI) covered under the policy (No other existing indemnity policy covers them)
- ❖ Defence costs for criminal cases arising out of medical accidents, mishaps & operative deaths etc. covered (Not covered in any other policy).

- ❖ Provision for compromised settlement in appropriate cases as determined by Medico Legal Cell.
- ❖ Cashless service for payment to advocate as per schedule of fees (this schedule is higher by about 200% as compared to normal schedule) as far as possible.
- ❖ Cosmetic procedures & surgery covered at an extra premium.
- ❖ Travel expenses for attending national commission for evidence etc. covered.
- ❖ Intimation of claim to be given to AMC as per prescribed proforma within 15 days of receipt of any notice
- ❖ Advocate to be appointed exclusively by Medico Legal Cell of AMC from AMC panel & authorization letter given to Advocate / Doctor.

I have noted the special features, terms & conditions of AMC Group Professional Indemnity policy as detailed above & undertake to abide by the same so as to avail all benefits of the scheme. I understand that the above policy will be renewed subject to special features, terms & conditions.

Paid by cheque No. _____ Dt. _____ Premium Rs. _____ (if after renewal date, please add 25% otherwise retroactive date will not be given by insurance company)

Approved by

Chairman / Convenor

Signature of Doctor

Cheque In favour of : “ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI MEDICO LEGAL”