



THE ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)
AND
THE ORIENTAL INSURANCE COMPANY LIMITED
HEALTH & PERSONAL ACCIDENT INSURANCE SCHEME
(ONLY FOR AMC MEMBERS, SPOUSE AND CHILDREN)



PROPOSAL FORM

POLICY OPTED FOR (Individual/Floater) _____

Eligible for No claim discount (Yes/No) _____

PARTICULARS OF PERSONS COVERED Agent Name _____

Sr. No	NAMES	Relation with Proposer	Sex M/F	Date of Birth			HEALTH	ACCIDENT
							Sum Insured	
1		Self						
2								
3								
4								
5								
6								

ARE YOUR PARENTS COVERED IN THE SCHEME? _____

PARTICULARS OF PERSONS COVERED (FATHER, MOTHER, FATHER-IN LAW AND MOTHER-IN-LAW):

Sr. No	NAMES	Relation with Proposer	Sex M/F	Date of Birth			Capital Sum Insured (Rs.)
							Health
1							
2							
3							
4							

SR. NO	PARTICULAR	DETAILS
A)	ADDRESS	
B)	CONTACT NO.	
C)	MOBILE NO.	
D)	E -MAIL	
E)	AMC MEMBERSHIP NO	
F)	DATE OF JOINING	
G)	POLICY PERIOD	

Please fill the following questionnaire

- 1) Has any insurance company ever declined / rejected your proposal_____
- 2) Has any insurance company imposed any special condition on your Medclaim policy
Give details of every person covered _____
- 3) Is this insurance additional to any other Medclaim Policy? Mention details sum insured of other policy including details of your Top up policy if any? _____
Give details in case of every person covered_____
- 4) Have you been under policy cover under H & A scheme earlier?

- 5) Continuity in policy in persons transferred from other policy (Portability) Yes / No
- 6) I fully understand that the following diseases and claims come in the category
 PREEXISTING AILMNETS
 - Hypertension
 - Diabetes
 - Cardiac
 - Malignancy
 - Kidney disease
 - Cataract
 - Joint issues
 - Lung or liver issues
 - Mental health issues
 - Morbid Obesity
 - Any other ailment which is significant and liable for future claims

DISCLAIMER

- ❖ I fully understand that for all preexisting ailments there is a waiting period on entry and on sum insured enhanced
- ❖ I have been given a discount on the basis that I have no claim in the 2024-25 policy till current date for myself/family member
 - In case I get a claim from this point I agree to immediately refund the discount
 - In case of cashless I will make the refund immediately
 - In case of reimbursement, I will make the refund along with the submission of the claim papers
 - In case I fail to make the refund, AMC H&A committee reserves the right to take appropriate action

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:

Approved by:
Chairman / Convenor

Member signature

I hereby nominate & assign the insurance claims that may arise due to my death or total disability to my _____ (relationship) Shri / Smt. _____. The discharge receipt issued to them shall be final and non-negotiable, and the claims shall be payable to my nominee/dependents.

Signature:

PROTECT YOUR LOVED ONES. OUR HEALTH INSURANCE IS AVAILABLE TO MOST OF THEM. PLEASE ENTER NECESSARY DETAILS

- 1. Please insure adequately. More is better, 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. 300/- 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 inclusive of GST and the 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” /NEFT/PAYMENT GATEWAY** 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 1st October. The members are requested to send their cheques along with proposal form to reach us by 31th August of the year. Late payment till 7th 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 25th of the previous month of proposed joining in the scheme
- 3. All renewals of insurance will be from 1st October of one year to the 30th 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 30th Sept to follow. For a shorter than 12 months policy duration prorata collection of premiums 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 –

SR.NO.	UTR NO.	DATE OF PAYMENT	AMOUNT	FOR SR.NO.
1				
2				
3				