

Proposal Form for Reliance Mediclaim Policy

(to be filled in ALL RESPECTS in BLOCK LETTERS)

Intermediary Details

Intermediary Name _____ Code _____
 Branch Name _____ Code _____
 Sales Manager Name _____ Code _____

Proposer's Details

Name of the Proposer Mr. Ms. F I R S T _____ M I D D L E _____ L A S T _____
 Address of the Proposer Plot No./Door No. _____ Building Name _____
 Road/Street/Sector _____
 Area _____
 Taluka/Village/District/City _____ Pin Code _____
 State _____ Country _____
 Residence Number _____ Mobile _____
 Email ID _____ Pan Number _____

Family Doctor Details

Name Dr. F I R S T _____ M I D D L E _____ L A S T _____
 Address for the Doctor Plot No./Door No. _____ Building Name _____
 Road/Street/Sector _____
 Area _____
 Taluka/Village/District/City _____ Pin Code _____
 State _____ Country _____
 Telephone _____ Mobile _____
 Fax _____ Qualification _____

Details of Insured Person/(s) (The person/(s) to be Insured)

Sr. No.	Name	Gender	Date of Birth	Relationship with the Insured	Sum Insured	Full disclosure of any disease / illness suffered / or suffering from	Duration of such disease / illness	Nominee

- Are/were you a regular Smoker or consumer of Tobacco (chewing paste), Gutka, Pan Masala in any form? Yes No
 If yes, duration you are / were smoking / consuming the _____
- Have you suffered / are you suffering from any disease / illness due to the same? Yes No
 If yes, please furnish details _____

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Form No. _____

Proposer's Full Name Mr. Ms. _____
 Sum Insured _____
 Cheque/DD No. _____ Cheque/DD Date d, d, m, m, y, y, y, y _____ Cheque/DD Amount _____
 Drawee Bank _____
 Intermediary Name _____ Code _____
 Branch Name _____ Code _____
 Sales Manager Name _____ Code _____

Intermediary Signature _____

3. Does any person to be insured suffer or has suffered from any of the following?
Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma, anti-respiratory condition, cancer or tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/birth defects/diseases, AIDS or tested positive for HIV.

If yes, indicate in the table given below

Yes No

4. Does any person to be insured receive any treatment/ medication or has he/she in the past received treatment to any medical condition?
If yes, indicate in the table given below

Yes No

5. Any other information relevant for this insurance.

Sr. No.	Name	a) Name of disease/illness/injury suffering from b) Treatment/ medication received/ receiving	When first treated	Name of attending medical practitioner/ surgeon with his address and telephone no.	If fully cured?

Details of Other Insurance Policy

6. Details of any other Insurance like Medclaim, Cancer Policy, Critical Illness or any other Medical Insurance Policy (Please attach a photocopy)

Policy No.	Name and address of Insurance Company	Sum Insured (Rs.)	Period of Insurance		No Claim Bonus%	Claims Received /Receivable (Rs.)	Nature of Problems
			From dd/mm/yy	To dd/mm/yy			

7. Details of previous claims history (where required please furnish details in a separate sheet) _____

8. Details of Commutative Bonus (please attach necessary proof form the insurance company with whom you have the expiring insurance policy)

Payment Details

- Cheque DD

Cheque or DD Amount /- Amount in words ()

Bank Name

Cheque/DD No. Cheque/DD Date

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Period of Insurance starting from To

Signature 1. _____ 2. _____ 3. _____ 4. _____

Date _____ Place _____

Prohibition of rebates - 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 or 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, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate 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 Rs. 500/-

Registered & Corporate Office Address

Reliance General Insurance Company Limited

Registered Office Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Corporate Office 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400 031.

For further assistance call **3033 8282**