



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
 Regd. Office : 9/3, Madha Church Road, Mandaveli, Chennai - 600 028.

MICRO INSURANCE PROPOSAL FORM

PROPOSAL NO. : MCR/

Issuing Office :

The Company will not be on risk until the Proposal has been accepted and full payment of the premium made. Please fill up the form in BLOCK letters. Please submit stamp size photographs of each of the persons proposed for insurance for issuance of Identity Cards. Name and age of the person must be written on the reverse of the photo. Persons above 45 years and of Persons with adverse Medical History may have to undergo Medical Examination by our Panel Doctors at the discretion of the Company before acceptance of this proposal. If you are in any doubt above the information to be given, please seek the advice and guidance from your insurance advisor or agent.

Business Type Urban Rural Sector :

1. PROPOSER DETAILS Mr. Mrs. Ms.

Name of Proposer: First Name, Middle Name, Last Name
 Permanent Address
 City/Taluk, District, State, Pin Code
 Address for Communication
 City/Taluk, District, State, Pin Code
 STD Code, Phone No., Fax, Cell
 E-mail, IT Pan No.
 Marital Status of Proposer: Single Married Widow Widower Divorcee
 Existing SHAICL Customer: Y N. If yes, Customer Code No.:

2. DETAILS OF PERSON(S) TO BE COVERED INCLUDING PROPOSER

| | 1 | 2 | 3 | 4 |
|---|---------------------------|------------|------------|------------|
| Name of the Person to be Insured | | | | |
| Relationship with the Proposer | | | | |
| Date of Birth | DDMMYY Age | DDMMYY Age | DDMMYY Age | DDMMYY Age |
| Sex | M F | M F | M F | M F |
| SUM INSURED | | | | |
| Occupation** | | | | |
| Occupation Type: A: Agriculturist R: Rural Artisan S: service F: Self employed B: Business T: Student H-House wife O-Any other. | | | | |
| Coverage required : | From : DDMMYY To : DDMMYY | | | |

ATTACH STAMP SIZE PHOTOS FOR ISSUE OF ID CARDS

| | | | |
|--------------------|--------------------|--------------------|--------------------|
| Stamp Size Photo-1 | Stamp Size Photo-1 | Stamp Size Photo-1 | Stamp Size Photo-1 |
|--------------------|--------------------|--------------------|--------------------|

Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged. If so provide details.

Y N Y N Y N Y N

Has any claim been rejected by the previous Insurer? If Yes please provide details

Y N Y N Y N Y N

Please provide details of any previous hospitalisation?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Family Physician's Name
 Address
 City/Taluk, District, State, Pin Code
 STD Code, Phone No., Cell, Regn. No.

Premium Payment Details : Cash Cheque DD Cheque/DD No. Date
 Coverage Required : From DDMMYY To DDMMYY Advance Receipt No. Date
 Bank Name/Branch
 Mktg. Officer Name Code No
 Agents Name : Code No
 Corporate Agent's Code No

Declaration :

I hereby declare and warrant that the above statements are true and complete. I consent and authorise the insurers to seek medical information from any hospital/medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected it is found that the statements, answers or particulars stated in the proposal form and/or other questionnaire are incorrect or untrue in any respect the insurance company incur no liability under this policy.

I have read the prospectus and am willing to accept the coverage subject to the terms conditions and exceptions prescribed by the Insurance Company therein.

Date :

Signature of the Proposer

Section-41 of Insurance Act 1938 (Prohibition of Rebates) : 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 on 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 prospectus or tables of the Insurers. 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.