



|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

Photographs of Insured persons:

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| Photograph | Photograph | Photograph | Photograph | Photograph |
|------------|------------|------------|------------|------------|

8. Do you wish to have Policy on  Individual basis or  Family Floater basis

9. If on family floater basis, choose any one :  
(pl. refer to Prospectus for definition of family. Parents have to be covered under separate policy)

Self, spouse and children  
 Parents

Indicate option: A / B / C / D / E / F / G / H

10. If on Individual basis, indicate option for each individual person

- |   |           |                               |
|---|-----------|-------------------------------|
| 1 | Self      | A / B / C / D / E / F / G / H |
| 2 | Spouse -  | A / B / C / D / E / F / G / H |
| 3 | Child -1- | A / B / C / D / E / F / G / H |
| 4 |           | A / B / C / D / E / F / G / H |
| 5 |           | A / B / C / D / E / F / G / H |
| 6 |           | A / B / C / D / E / F / G / H |

11. Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_  
(midnight)

12. Are any of the insured persons at present or have been at any other time in the past covered (Please note that this information is required to decide the coverage of Pre-Existing Disease in this policy. This information may be cross-verified at a later date)

I Under any other Insurance  
Type (Cancer Insurance, Hospitalisation Insurance  
Or other Medical Insurance), If so,

(A) Give particulars of current or expiring policy as well as for the previous four years

| Insurer | Policy No. | Expiry date | Sum Insured (RS.) | Pre existing Diseases, if any | TPA |
|---------|------------|-------------|-------------------|-------------------------------|-----|
|         |            |             |                   |                               |     |
|         |            |             |                   |                               |     |
|         |            |             |                   |                               |     |

Date of first coverage which has since been renewed continuously without break or within grace period .....

II Under any Medical expenses Reimbursement Scheme : YES/NO  
(IMP : A brief note giving details of the Scheme will help in better evaluation of your proposal).

Please furnish the following - (strike off wherever not applicable)

- a. Scheme Provided by : Employer / Others  
 Name of the Employer :  
 Others :
- b. Persons covered : All those who are proposed for coverage under this policy  
 or  
 only some persons.
- c. Expenses reimbursed : Any Hospitalisation / Only Specified Diseases  
 d. Amounts :

| Names of the persons covered under the Scheme | Eligible Reimbursement amount | Remarks |
|---|-------------------------------|---------|
|   |                               |         |

13 Claim amounts received/receivable in preceding five years including expiring policy/Reimbursement Scheme. In case of persons not covered under any Policy or Scheme, the details of hospitalisation for the last five years may be provided -

| Name of the Insurer / Reimbursement Provider | Policy No./ Scheme Name | Period of Hospitalisation | Illness | Claimed amount | Amount settled/pending for settlement | TPA, if applicable |
|--|-------------------------|---------------------------|---------|----------------|---------------------------------------|--------------------|
|  |                         |                           |         |                |                                       |                    |
|  |                         |                           |         |                |                                       |                    |
|  |                         |                           |         |                |                                       |                    |
|  |                         |                           |         |                |                                       |                    |

14. Has any Proposal for this Insurance or any other health insurance been refused Or cancelled or higher premium charged. If so give details:

15.1 Are all the insured persons are in good health and free from Physical and mental diseases or infirmity Or medical complaints?

15.2 If not in good health give full details

| S.N. | Name of the insured persons | Nature of illness / disease injury and treatment received | Date first treated | Name of attending medical practitioner, surgeon with his address and Telephone No. | Whether cured fully |
|------|-----------------------------|---|--------------------|--|---------------------|
| 1.   |                             |   |                    |  |                     |
| 2.   |                             |   |                    |  |                     |
| 3.   |                             |   |                    |  |                     |

16 Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers ? .....

17. Please give details of any knowledge of any positive Existence or presence of any ailment, sickness Or injury which may require medical attention.

- 1.
- 2.
- 3.
- 4.

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 the physical or mental health of any insured persons. 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 its questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance.

I have read the Prospectus and am willing to accept the coverage subject to the terms, conditions and exceptions stated therein and expressed in the Policy.

Signature .....

Date ..... / ..... / .....

Place: .....

PLACE:

DATE:

*Signature of the proposer*

Section 41 OF INSURANCE ACT 1938

> PROHIBITION OF REBATES <

4. 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 a part of commission payable or any rebates of the premium- shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
5. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.