RELIANCE GENERAL INSURANCE
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
(Toll Free) 1800 3009
(022) 4890 3009 (Paid)

Proposal Form for Reliance Critical Illness Policy

Proposal Form No: _____

1. To be filled and signed by proposer.
2. This proposal shall be the basis of contract for Policy issuance.
3. Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company commences only when this proposal is accepted by the Company and the premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

Intermediary Details

Intermediary Name | FIRST | MIDDLE | LAST

Intermediary Code

Branch Name

Branch Code

Sales Manager Name | FIRST | MIDDLE | LAST

Sales Manager Code

Proposer Details

1. Name of the Proposer | FIRST | MIDDLE | LAST

2. Address

Flat/Building | Road/Street/Sector

Area | City

Pin Code | State | Country

Phone Number | Mobile

D.O.B (dd mm yyyy) | Email Id

UID Aadhaar No. | PAN No.

3. Do you have a GST Registration Number ☐ Yes ☐ No

If Yes, please specify

Nationality | Business Type

Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others

Monthly Income: ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

Plan/Policy Details of Insured

a. Sum Insured ☐ 5,00,000 ☐ 7,00,000 ☐ 10,00,000 ☐ 15,00,000 ☐ 20,00,000 Lakhs

b. No. of members to be covered _____ Members

c. Policy Tenure ☐ 1 Year ☐ 3 Years

Nomination Details of Insured

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
	dd/mm/yyyy		

An ISO 9001:2015 Certified Company

IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered Office & Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300. UIN No. RELHLGP08003V010708. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/HL-23/PF/Ver. 1.4/060320.

Details of person(s) proposed to be insured

Section A : Personal Details		Member
Name	First name	
	Last name	
DOB		dd/mm/yyyy
Gender		
Nationality		
Relationship with Proposer		
Marital Status		
Occupation		
Height (in cms.)		
Weight (in kgs.)		

Has any person to be insured been diagnosed/hospitalized/under any treatment for any illness / disease or injury during any time in the past? If yes please select the disease / injury as mentioned below. If others, please specify

A. Diabetes	☐ Yes mm|yyyy
B. Hypertension	☐ Yes mm|yyyy
C. Respiratory disorder(s)	☐ Yes mm|yyyy
D. HIV/AIDS/STD	☐ Yes mm|yyyy
E. Liver disease(s)	☐ Yes mm|yyyy
F. Cancer/Tumor	☐ Yes mm|yyyy
G. Heart Disease(s)	☐ Yes mm|yyyy
H. Kidney Disease(s)	☐ Yes mm|yyyy
I. Paralysis/Stroke	☐ Yes mm|yyyy
J. Congenital Disease(s)	☐ Yes mm|yyyy
K. Others (Please Specify) Name of Disease / Injury	
Since	mm|yyyy
Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate	☐ Yes / ☐ No

Section B: Current/Previous Health (Including Critical Illness) - Insurance details

Details		Member 1
Name of Insurer		
Policy no.		
Policy period	From (DD/MM/YYYY)	
	To (DD/MM/YYYY)	
Sum Insured (₹)		
Type of Cover		☐ IND ☐ FLOATER
Have any of the persons to be insured ever filed a claim with their current / previous insurer? If yes, please provide details on a separate sheet		☐ Yes / ☐ No
Has any proposal of life, critical illness or health insurance been declined, cancelled or charged a higher premium?		☐ Yes / ☐ No

Attending Physician's Details

Name of Family Physician: ☐ Mr. ☐ Mrs. ☐ Ms. FIRST MIDDLE LAST

Contact Number Email Id

Premium Payment Details

Payment by: Cheque*/DD*/ Credit Card#/Debit Card # (Tick whichever is applicable)

☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card

Cheque or DD Amount /- Amount in words ( )

Bank Name

Cheque No./DD No./Card No. Cheque/DD Date d d m m y y y y

Name of the Premium Payer

*In case of payment made through Cheque / DD then please issue an A/c payee instrument in favour of "Reliance General Insurance Company Limited" #In case of payment made through Credit/ Debit Card the Card needs to be in the name of the Proposer

Proposer's Bank Details

Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. FIRST MIDDLE LAST

Bank Account No.: Account: ☐ Saving ☐ Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

FSC Code (11 character code appearing on your cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Declaration & Warranty on Behalf of All Persons Proposed to be Insured

I. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.

ii. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

iii. I/We further declare that I/We will notify in writing any change occuring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.

iv. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

v. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.

vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.

vii. I/We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.

Acknowledgement for Proposal

Please retain this counterfoil for your records (on behalf of Reliance General Insurance Company Limited)

NOT VALID AGAINST CASH Proposal Form No.

Date: d d m m y y y y

We acknowledge the receipt of payment of ₹ _____ vide cheque/DD _____ from Mr./Mrs./Ms. _____ .

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Name of the Employee:

Signature of the Employee: _____

Company Seal & Stamp

viii. I/We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.

ix. I/ We consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.

x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

xi. I/We hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

xii I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

xiii I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Signature: _____ Date: d d m m y y y y Place: _____

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature : _____

Date: d d m m y y y y Place: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Registered & Corporate Office Address

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