



general insurance

SMARTHEALTH ESSENTIAL INSURANCE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Intermediary/Sales Officer Name Code
Branch Name Code
Sales Manager's Name Code
Campaign Name Code
Initiative Code Business Indicator
Rural Indicator Yes No

PROPOSER'S DETAILS

Name Mr./Mrs./Ms./Dr.

Profession or Occupation
Monthly Income from Gainful Employment
Communication (Postal) Address

Pin code State
Contact Nos. Mobile No. Office +91
Residence +91 E-mail ID

DETAILS OF INSURED PERSON(S) (THE PERSON(S) TO BE INSURED)

Sl. No.	Name	Gender	Date of Birth	Relationship with the Insured Person	Name of Nominee	Relationship of Nominee with the Insured Person

Do you or any of your family members who have proposed for this insurance suffer from any disease or illness? Yes No

If yes, please give details.

Sl. No.	Name	Details of disease or illness

Please attach the relevant medical reports in case the proposed Insured Person is above 55 years of age or is suffering from any pre-existing condition/disease/injury. (Proposal shall not be referred in the absence of relevant medical reports).

PLAN DETAILS

Please Tick against the plan you have opted for.

Plan A Plan B Plan C (Not applicable for Insured person(s) aged 56 and above)

Period of Insurance: From : : To : :

DETAILS OF OTHER INSURANCE POLICY

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

Sl. No.	Name & Address of Insurance Company	Sum Insured	Period of Insurance		No Claim Bonus %	Claims Received / Receivable (Rs.)	Nature of illness / Disease
			From	To			

Please refer to the "Exhibit of Benefits" under various coverage plans available.

Any other information relevant for this insurance.

PAYMENT DETAILS

Kindly select one Cheque D.D./P.O. Cash

Cheque/D.D./P.O. no. Dated

Bank Name

Premium Amount Rs.

In words

DECLARATION

I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above 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 Bharti AXA General Insurance Company Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

Date: _____

Place: _____

Signature of the Proposer

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

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 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to five hundred rupees.



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Bharti AXA General Insurance Company Limited

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Email: customer.service@bharti-axagi.co.in. **SMS**<SERVICE> TO 5667700. **Website:** www.bharti-axagi.co.in