



Star Senior Citizens' Red Carpet Insurance - Proposal

Star Health And Allied Insurance Company Limited
 Regd. & Corp. Off: No.1, New Tank Street, Valluvarkottam High Road,
 Nungambakkam, Chennai - 600 034. www.starhealth.in

The Company will not be on risk until the Company has accepted the Proposal and the Insured Person details and communication of the acceptance has been given to the Proposer in writing on full payment of the premium.

Name of the Proposer	
Address	
Telephone/Mobile	E-Mail ID

Prohibition of rebates : (Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

Attach Photo of the person proposed for insurance.

Insured Person Details

Please fill in the respective columns separately for each person proposed to be covered.

	1	2	3	4
Name of the Person proposed for insurance				
Sex -Male/Female				
Date of birth				
Sum insured opted				
Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged. If so provide details				
Has any claim been rejected by the previous Insurer? If Yes please provide details				
Name & address of the family medical practitioner if any, his qualifications & phone no				
Medical History (please answer Yes or No A mere dash is not sufficient. Has the proposed person/s suffered from any disease/illness irrespective of whether hospitalised or not or sustained any accidents. If yes give details				
a) in the past 12 months	Yes / No	Yes / No	Yes / No	Yes / No
b) before 12 months.	Yes / No	Yes / No	Yes / No	Yes / No

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 the persons proposed for insurance. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is affected 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.

Signature of the Proposer

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.

At:

Dated: _____

Acknowledgement

Proposal No.: _____

Received Proposal from Mr. / Mrs./ Ms. _____ amount of Rs. _____

through Cash / Cheque _____ Dated _____ Drawn on _____

(Subject to cheque realization / receipt of the amount specified above)

The acceptance of risk is subject to realization of complete premium amount. The Policy shall commence from date of underwriting.

Visit at: www.starhealth.in Mail us at: uw@starhealth.in

Received by