

Agency Code

INSURANCE PROPOSAL FORM

POLICY TYPE : INDIVIDUAL MEDICLAIM / PARIVAR / VIDYARTHI / VARISHTHA / PA

1. Name of the Proposer / Insured :
2. Address & Telephone No. :
3. Family Doctor's Name :
4. Are you presently covered under any above selected policy : YES / NO
 - If yes, Policy No. & Office :
 - Period of Insurance & Claim amount, if any : From To.....

5. DETAIL OF THE PERSONS TO BE INSURED/Floater sum insured

Name of Member	Date of Birth	Relation	Occupation/ Monthly Income	Sum Insured/ Table	C.Bonus If any	Pre-existing Disease if any With duration in Months	Risk Type

6. Period of Insurance : From To Annual Premium.....
7. Critical Illness : Yes / No / Medical Benefits : Yes / No
(Applicable for Varishtha Policy) (Applicable for PA Policy)
8. Assignee's Name : Relation :
(Applicable for PA & Vidyarthi Policy)

I/We, hereby declare that the details / information furnished above are true to the best of my knowledge and belief. If after the insurance is affected, it is found that the statements, answer, particulars are incorrect the company shall have no liability under this insurance in respect of my self and members proposed for insurance.

Place : Delhi

Date : _____ Signature of the Insured / Proposer

(Note : 1. Please mention Date of Birth of Guardian in Sr. No. 1 after name in case of Vidyarthi Policy)
2. Please Strike out which ever is not applicable in the selected policy)

Following pre-acceptance health check-up is mandatory when age is 50 years and above and he/she is seeking insurance cover for the first time as an individual or as member of a family and in case of increase in Sum Insured on renewal by more than 2 or 3 slabs in the case of Individual and Parivar Mediclaim Insurance as the case may be:

1. PHYSICAL EXAMINATION
2. BLOOD & URINE SUGAR
3. BLOOD PRESSURE

THE COST OF THE HEALTH CHECK-UP WILL BE BORNE BY THE PROPOSER