

Name of the Person to be Insured	Relationship to the Proposed Insured	Gender	Birth Date	Passport No.	Nominee	Relationship with Insured person

Is/are any of proposed insured suffering from or have they suffered from any of the following (please tick)?

Arthritis, Allergies, Circulatory Disorder, Cancer of any kind, Diabetes, Disorders of the Spinal Cord or Vertebral Column like Slipped Disc etc, Disorders of the Stomach/Large or Small Intestine, High Blood Pressure, Heart Condition, Hernia of any kind, Hemorrhoids, Hematological (blood) Disorder, Mental Condition, Nervous Disorder, Fainting Episode, Blackouts, Fits, Paralysis of any kind, Respiratory Disorder, Urinary Disorder, Varicose Veins or any diseases or Injury requiring Surgical or Medical Treatment.

If your answer is 'Yes' to any of the above, please provide details:

Insured Name	Disease(s) Details	Physician Details	
		Name of Doctor	Contact No./Mobile No.

PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently)

(*Mandatory fields)

Mode of Payment Cheque DD Savings Bank Account Credit Card Debit Card

Cheque No/DD No. Credit/Debit Card No. Date of Expiry

Amount Date

Bank Name Branch

Bank Account No.* IFSC Code*

PART III - DECLARATION BY PROPOSER

- I/We hereby declare on my behalf and on behalf of all the persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorised to propose on behalf of these other persons.
- 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.
- I/We further declare that I/we will notify in writing any change occurring 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.
- 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.
- I/We authorise 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.

Date: Place: Signature of Proposer _____

SECTION 41 OF INSURANCE ACT, 1938

- No person shall 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 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.
- 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.