



**redefining /**  
general insurance

**Bharti AXA General Insurance  
Company Limited**

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✉ customer.service@bharti-axagi.co.in  
📱 SMS <SERVICE> to 5667700  
🌐 www.bharti-axagi.co.in

# SmartHealth – Critical Illness Insurance Policy- Proposal Form

## Important Note

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.

## 1 Intermediary details

|                                     |                      |                 |  |
|-------------------------------------|----------------------|-----------------|--|
| Intermediary/<br>Sales Officer Name | <input type="text"/> | Code            | <input type="text"/>                                     |
| Branch Name                         | <input type="text"/> | Code            | <input type="text"/>                                     |
| Sales Manager's Name                | <input type="text"/> | Code            | <input type="text"/>                                     |
| Campaign Name                       | <input type="text"/> | Code            | <input type="text"/>                                     |
| Business Indicator                  | <input type="text"/> | Rural Indicator | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 2 Proposer's details

|                                   |                      |
|-----------------------------------|----------------------|
| Name Mr. / Mrs. / Ms. / Dr.       | <input type="text"/> |
| Profession or Occupation          | <input type="text"/> |
| Communication<br>(Postal) Address | <input type="text"/> |
|                                   | <input type="text"/> |
|                                   | <input type="text"/> |

## 3 Details of insured person(s) (the person(s) to be insured)

| Sl. No. | Name | Date of Birth | Relationship | Gender | Height | Weight | Occupation | Details of pre-existing condition/disease/injury, (if any) | Name of Nominee & Relationship |
|---------|------|---------------|--------------|--------|--------|--------|------------|--|--------------------------------|
|         |      |               |              |        |        |        |            |  |                                |
|         |      |               |              |        |        |        |            |  |                                |
|         |      |               |              |        |        |        |            |  |                                |

Insured Person(s) aged 56 years and above or suffering from any pre-existing condition/disease are required to undergo medical examination, as prescribed by the Company.

## 4 Plan details

1. Do you wish to opt for family floater plan\*?  Yes  No

(\*Applicable if you wish to cover your family of four – Yourself, your spouse and two dependent children up to the age of 23 years)

2. What deductible and Sum Insured do you wish to opt for?

**Registered office address:** Bharti AXA General Insurance Co. Ltd.  
First Floor, Ferns Icon, Survey No. 28, Doddanekundi, Bangalore- 560 037.  
ST Registration No.: AADCB2008DST001 Co. Registration No.: U66030KA2007PLC043362

| Sum Insured (Rs) |          |          |          |          |          |          |           |
|------------------|----------|----------|----------|----------|----------|----------|-----------|
| Deductible (Rs)  | 3,00,000 | 4,00,000 | 5,00,000 | 6,00,000 | 7,00,000 | 8,00,000 | 10,00,000 |
| 1,00,000         |          | X        | X        | X        | X        | X        | X         |
| 2,00,000         | X        |          |          | X        |          | X        | X         |
| 3,00,000         | X        | X        | X        |          | X        |          |           |

Period of Insurance\*\*: From           :   To           :

\*\*Applicable only where medical examination is stated to be not required by the Company. In case medical examination is to be done, the policy shall commence on or after the date of approval by underwriter or the date of receipt of premium by the Company, whichever is later.

## 5 Payment details

Kindly select one  Cheque  DD Cheque/DD Amount Rs.

Dated

Bank and Branch Name

## 6 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.

I/We agree to the declaration

Signature

## 7 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 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 punishable with fine, which may extend to Five Hundred Rupees.

Insurance is the subject matter of solicitation.

