



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

PROPOSAL FORM FOR BHAVISHAYA AROGYA (TO BE FILED IN BY THE PROPOSER)

<p>FILL IN ALL PARTICULARS IN BOXES IN BLOCK LETTERS. ONE BOX FOR ONE ALPHABET. LEAVE ONE BOX BLANK AFTER EACH WORD. DO NOT SPLIT THE WORD. USE NEXT LINE</p>	<p>FOR POLICY ISSUING OFFICE USE ONLY</p> <p>POPOSAL REGISTRATION USE U/W year Group Number Proposal Number <input type="text"/> <input type="text"/></p> <p>Date of Registration</p>
<p>GROUP NAME: M/s <input type="text"/></p> <p>GROUP NUMBER: _____ NUMBER OF PERSONS COVERED: _____ NAME OF PROPOSER: 1) Mr. 2) Mis</p> <p>FIRST: <input type="text"/></p> <p>MIDDLE: <input type="text"/></p> <p>SURNAME: <input type="text"/></p> <p>MALE/FEMALE (Indicate with a X mark): <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>SHORT NAME: <input type="text"/></p> <p>ADDRESS FOR COMMUNICATION: <input type="text"/></p>	<p>MARKETING ORGANISATION</p> <p>Name of Prospecting Office</p> <p>Prospecting office Code <input type="text"/></p> <p>Inspector's Name</p> <p>Agent's Code <input type="text"/></p> <p>Inspector's Name: Agent's Code <input type="text"/></p> <p>Agent's Licence No _____</p> <p>Date of Expire: UNDERWRITING entry date: <input type="text"/></p> <p>Entry Date:</p>

<p>PLACE: <input style="width: 100%;" type="text"/></p> <p>PIN CODE: <input style="width: 100%;" type="text"/></p>	<p>Date of Birth: _____</p> <p>Entry Age _____</p> <p>(Completed Year) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Retirement Age _____</p>
<p>DATE OF BIRTH MONTHLY INCOME (Rs.) OCCUPATION <input style="width: 20px;" type="text"/> _____</p> <p>DAY MONTH YEAR</p>	<p>(Selected by Proposer) _____</p> <p>Premium Mode: Single/Annual Payment</p>
<p>INSURANCE COVER DESIRED: POLICY RETIREMENT AGE SELECTED <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (Choose from 55-60 only)</p> <p>SUM INSURED (Rs.) <input style="width: 100%;" type="text"/></p> <p style="text-align: center;">A S</p> <p>PAYMENT BY ANNUAL/SINGLE PREMIUM <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (indicate with x mark)</p>	<p>Tabular Premium Rs. _____ for SA Rs.50.000</p> <p>Sum Assured Rs. _____</p> <p>Policy Premium S.A. x T.P.</p>
<p>PREVIOUS HISTORY OF MEDICAL/HEALTH INSURANCE:</p> <p>(1) ARE YOU AT PRESENT COVERED UNDER ANY OTHER INSURANCE?</p> <p>(2) NAME OF INSURER _____</p> <p>(3) PERIOD: COMMENCEMENT DATE OF BENEFITS _____</p> <p>HAS ANY PROPOSAL FOR THIS INSURANCE OR ANY OTHER SIMILAR INSURANCE BEEN REFUSED OR CANCELLED OR HIGHER PREMIUM CHARGED? IF SO. GIVE DETAILS _____</p> <p>PAYMENT DETAILS: PREMIUM AMOUNT Rs. _____ AMOUNT IN WORDS _____ MODE OF PAYMENT: CHEQUE <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>INSTRUMENT NO. _____ DATE: _____</p> <p>DRAWN ON: _____ (Name of Bank & Branch)</p>	<p>Group Discount Rs. <input style="width: 100%;" type="text"/> (If any)</p> <p>Net Rs. _____</p> <p>Age Proof Accepted Yes No</p> <p>Occupation Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>State Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Centre Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>COLLECTION PARTICULARS Receipt/ Collection No. <input style="width: 100%;" type="text"/></p> <p>Date of Receipt / Collection <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> D D M M Y Y</p> <p>AMOUNT COLLECTED Rs. <input style="width: 100%;" type="text"/></p> <p>_____ Signature of Cashier</p>

DECLARATION

I _____ (NAME OF THE PROPOSER) hereby declare and warrant that the above statements are true and complete. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaire are incorrect or untrue in any respect the Insurance Company shall be undergo liability under this insurance.

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

