



The New India Assurance Company Limited

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

JAN AROGYA BIMA POLICY PROPOSAL FORM

AGENCY CODE: _____ DEV. OFFICER CODE: _____

POLICY NO.: _____ ANNUAL PREMIUM RS. _____

IMPORTANT: The Company will not be on risk until the Proposal has been accepted by the Company and the premium paid in full.

PROPOSER DETAILS

1. Name of Proposer: _____

2. Address: _____

_____ PIN _____

3. Details of the persons to be insured (Self/ Spouse/Son/Daughter)

Name of the Insured Person	Age	Sex	Occupation	Relationship With the Insured	Details of pre-existing diseases/ illness if any	Premium (Rs.)

4. Period of Insurance: From _____ to _____ (midnight)

I/We, hereby declare that the information furnished above are true and correct to my / our knowledge and belief. I/We, also declare that, I/We, am/are sound in health and am/are devoid of any disease/illness.

Place: _____

Date: