



UNITED INDIA INSURANCE COMPANY LIMITED

No. 24, WHITES ROAD

CHENNAI - 600 014

UNI CRITI CARE POLICY

PROPOSAL FORM

PROPOSER'S DETAILS:

1. Name of the proposer (capital letters) :

2. Profession / Occupation :

3. Address for communication :
(with pin code, Contact number, etc.)

4. DETAILS OF INSURED PERSON(S):

S.No.	Name	Age	Gender	ANNUAL* INCOME	Relationship with the proposer	Name of nominee	Relationship of nominee with the Insured person

* Please attach proof of income

5. Do you or any of your family members who have proposed for this insurance suffer from any disease or illness?
Have you or any Insured person(s) suffered / are suffering from any disease / illness?

If Yes, give details as follows:

S.No.	Name	(a) Name of disease / illness suffering from (b) Treatment / medication received / receiving	When first treated	Name of attending medical practitioner / surgeon with his/her address and telephone no.	Is fully cured? Yes / No

6. FAMILY DOCTOR'S DETAILS:

Name :

Contact No.

Mobile No. :

Clinic/ Hospital/Nursing Home No. :

7. DETAILS OF OTHER INSURANCE POLICY

Details of any other Insurance (Please attach a photocopy)

S.No.	Name & Address of Insurance Company	Sum Insured	Period of Insurance		No claim Bonus %	Claims Received / Receivable (Rs.)	Nature of Problem
			From	To			

8 Any other information relevant for this insurance:

9. Period of Insurance From: To: (Midnight)

10. Please furnish passport size photograph of each person proposed for insurance:

photograph	photograph	photograph	photograph	photograph
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1. I/We declare on my behalf and on behalf of all 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 authorized to propose on behalf of these other persons.

2. 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.

3. 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.

4. 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.

5. I/We authorize the company to share information pertaining to my personal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

I/We have read the Prospectus and am/are willing to accept the coverage subject to the terms, definitions, provisions, exclusions and conditions prescribed by the Insurance Company therein.

Place:

Date:

Signature of the Proposer

PROHIBITION OF REBATES (SECTION 4) 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 a part of commission payable or any rebates of the premium- shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus 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.

FOR OFFICE USE: