

**THE NEW INDIA ASSURANCE CO. LTD.**

Regd. & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001.

**PROPOSAL FORM FOR NEW INDIA FLOATER MEDICLAIM POLICY**

Please read the prospectus before filling up this form.

- A. The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.
- B. For persons above 50 years of age or persons below 50 years of age, having adverse medical history declared in the proposal form will have to undergo, pre-acceptance health checkup at a designated hospital/nursing home. The Divisional Office/Branch Office in the name of hospital/Nursing home will give a referral slip for conducting the pre-acceptance health checkup. The details of the check up to be done are available with the Divisional Office/Branch Office.
- C. If other family members residing with proposer i.e. spouse, eligible children and eligible parents are required to be covered, complete details of each person should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.
- D. Fresh proposal form is required along with pre acceptance medical checkup as mentioned in item (B) above, irrespective of age, when there is break in insurance cover **or** when there is request for enhancement in the sum insured.
- E. **Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy.**

1. NAME OF PROPOSER : Mr. /Mrs. \_\_\_\_\_

2. RESIDENTIAL ADDRESS: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Occupation: (please Tick)

- 1) Professional/Administrative/Managerial
- 2) Business /Traders
- 3) Clerical, Supervisory and related workers
- 4) Hospitality and Support Workers
- 5) Production Workers, Skilled and non-Agricultural Laborers
- 6) Farmers and Agricultural Workers
- 7) Police/Para Military/Defense

- 8) Housewives
- 9) Retired Persons
- 10) Students - School and College
- 11) Any Other

4. Average Monthly Income Rs. \_\_\_\_\_ Income Tax PAN No: \_\_\_\_\_

5. NAME, ADDRESS & TEL.NO: OF FAMILY PHYSICIAN \_\_\_\_\_

\_\_\_\_\_  
 QUALIFICATION: \_\_\_\_\_ REGN .NO: \_\_\_\_\_

6. Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance). If so, give particulars of:

Sr. No.	Content	Details
1.	Name of Insurer	
2.	Insurance Scheme	
3.	Policy No.	
4.	Period of cover	
5.	Claim Amt. Recd./receivable	

7. Any proposal for this Insurance or any other similar insurance refused or cancelled or higher premium charged, either by us or by any other Insurer. If so, give details:

**8. DETAILS OF PERSONS TO BE INSURED:**

Sr.No:	Name of all the persons	Date of Birth	Age	Sex (M/F)	Relation (*) with the Proposer	Sum Insured selected	Occupation
1							
2							
3							
4							
5							
6.							

**(\*)Relation as per following table**

Self	Spouse	Father
Mother	Son	Daughter

**9. MEDICAL HISTORY:** Please answer the following questions with Yes or No (A dash is not sufficient and give full details **in respect of all the persons to be insured**)

**1)** Are all the members proposed for insurance in good health and free from physical and Mental disease or infirmity? If no, give details of the Illnesses / diseases for each member. **Select the Illness/conditions from the table given below:**

S. No.	Name of the Person	Nature of illness/pre-existing diseases (*)
1.		
2.		
3.		
4.		
5.		
6.		

**\*Table for selecting Pre-Existing Disease (PED)**

Spinal or Vertebral Disorders	Cataract	Breathing Disorders
Uterine Bleeding	Arthritis and Joint disorders	Gastritis and Duodenitis
Kidney disorders	Headache Syndromes	Hernia
Stroke and T.I.A.	Any Malignancy	E.N.T. Disorders
Cholelithiasis	Ischaemic Heart Disease	Hemorrhoids
Enlargement of Prostate (BPH, enlargement of prostate)	Thyroid and Other Hormonal Disorders	Any Other (Please specify)

**2)** Does any of the person proposed for insurance suffer from Diabetes?

Yes  No

If yes, please furnish the details of the person(s) suffering from Diabetes:

S. No.	Name of the Person
1.	
2.	
3.	
4.	
5.	
6.	

3) Does any of the person proposed for insurance suffer from Hypertension?

Yes  No

If yes, please furnish the details of the person(s) suffering from Hypertension.

S. No.	Name of the Person
1.	
2.	
3.	
4.	
5.	
6.	

4) Have any of the persons proposed for insurance suffered from any illness/disease or had an accident in **the past six years**? If so, give details as under:

Name of the person	Nature of illness/disease/injury & treatment received	Date on which first treatment taken	First treatment completed/is continuing	Name of attending medical practitioner / surgeon with his address & tel. Nos.

**Note:** This information should be given for each of the persons proposed for insurance, if he/she had suffered from any illness/disease injury, please give details separately.

5) Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? If yes, then give details below:

6) Please give details of any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? If yes, then give details below:

- 7) Where do you wish to take treatment? (See Table Below) : Zone I  
 Zone II  
 Zone III

EACH ZONE IS CLASSIFIED AS BELOW: (The cities mentioned below would include their Urban Agglomeration)	
Zone I	Mumbai (includes Mira-Bhayandar, Thane, Navi Mumbai, Kalyan-Dombivli, Ulhasnagar, Ambarnath, Badlapur) and state of Gujarat
Zone II	Delhi NCR (Includes Faridabad, Gurgaon, Mewat, Rohtak, Sonapat, Rewari, Jhajjar, Panipat and Palwal, Meerut, Ghaziabad, Gautam Budha Nagar, Bulandshahr, and Baghpat, Alwar and NCT of Delhi) ,Bangalore, Chennai, Hyderabad and Secunderabad, Pune and Kolkatta
Zone III	Rest of India (other than those areas specified in Zone I and II)

8) Name of the Nominee - \_\_\_\_\_ Relationship \_\_\_\_\_

9) Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_

10) Are you an employee of NIA / NIC / UIIC / OIC / GIC  Yes  No

If Yes, Please Furnish SR No. \_\_\_\_\_ and Name of Company \_\_\_\_\_

11) **Declaration:** I declare that the persons proposed for insurance are my family members and I also declare that

**(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)**

- i. None of them suffer from any pre-existing conditions  Yes  No
- ii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought.  Yes  No

1. "I/We hereby 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 any time 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 proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.”

Photographs of Insured Persons:

Proposer	1	2	3	4	5
Proposer	1	2	3	4	5

**Signature** \_\_\_\_\_

**Date:**    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  DD       MM       YY

**Place:** \_\_\_\_\_

**Section 41 of Insurance Act, 1938**  
**Prohibition of Rebates**

1) No person shall allow or offer to allow either directly or indirectly as an inducement of 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 except any rebate except such rebate as may be allowed in accordance with the 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 ONLY:**

S No	Name of insured person	Date of Birth /Age	Sex M/F	Relation	Occupation	S.I. (Rs.)	CB	Premium
1								
2								
3								
4								
5								
6								
<b>Remarks of Underwriter:</b>					<b>Total:</b>			
					<b>Service Tax</b>			
					<b>Gross Total</b>			

<b>DETAILS OF INTERMEDIARY (AGENT / BROKER / DIRECT)</b>		
Name	:	
Code	:	