



The New India Assurance Company Ltd. Issuing office Address:

(A Government of India Undertaking)

Regd. & Head Office :

New India Assurance Bldg., 87 M. G. Road,
Fort, Mumbai - 400 001.

PROPOSAL FORM FOR JANATA 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 45 years of age or persons below 45 years of age, having adverse medical history declared in the proposal form will have to undergo, pre-acceptance health check-up at a designated hospital/nursing home. The Underwriting Office will give the name of the hospital / Nursing home and give a referral slip for conducting the pre-acceptance health check-up. The details of the check-up to be done are available with the Underwriting Office.

C) If other family members residing with proposer i.e. spouse, eligible dependent children and dependent parents and dependent parents in law are required to be covered, complete details of each person should be furnished. Two Stamp size photographs 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 check-up as mentioned in item (B) above, irrespective of age, when there is break in insurance cover or when there is a 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 (material fact is one which will enable the insurer to decide whether to accept the rule, terms and condition)

1. NAME OF PROPOSER: Mr. / Mrs.

2. RESIDENTIAL / ADDRESS: _____

Tel. No: _____ E-Mail: _____ Fax No. _____

3. Occupation: _____

4. Average Monthly Income Rs, _____ Income Tax PAN No: _____

5. FAMILY PHYSICIAN NAME: _____

ADDRESS: _____

_____ TEL.NO: _____

QUALIFICATION: _____ REGN.NO: _____

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

1. Name of Insurer,
2. Policy Number,
3. Period of cover,
4. Claim Amount Received/receivable

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

8. DETAILS OF PERSONS TO BE INSURED:

Sr. No.	Name of the persons	Date Of Birth	Age	Sex (M/F)	Relation With the Proposer	Sum Insured Selected	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

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

1 2 3 4 5 6 7 8

- 1) Is the person in good health and free from physical and Mental disease or infirmity?
- 2) Has the person ever suffered from any illness or disease upto the date of making this proposal?
- 3) Is the person having any physical defect or deformity?
- 4) Is the person having ever been admitted to any, hospital/ nursing home/clinic for treatment or observation?
- 5) Has any of the persons proposed for insurance has suffered from any illness/disease or had an accident in the past? If so, give details as under

Sr. No.	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.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

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

7) 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:

8) Are you suffering-from any of the following conditions?

Hypertension

Diabetes

9) Name of the Assignee _____ Relationship _____ Age _____

10) Period of Insurance: From _____ To _____

12) Declaration: I declare that the persons proposed for insurance are my family members and they are not engaged in any high risk occupation. I also declare that none of them suffer from any pre-existing conditions and that I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. I further declare that the above statements in respect of myself and my family members, are true and complete. I consent and authorize the insurers to seek medical information from any Hospital/Medical Practitioner who has at any time attended me or my family member or may attend concerning any disease or illness which affects my or my family members physical or mental health. 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 Questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance.

Signature of the Proposer: _____ Date: (DD/MM/YY) ____/____/____

Place: _____

Photographs of Insured Persons:

Photograph (Proposer)	Photograph	Photograph	Photograph	Photograph	Photograph
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1 2 3 4 5 6

Photograph (Proposer)	Photograph	Photograph	Photograph	Photograph	Photograph
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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

Sr. No.	Name of insured person	Date of birth / Age	Sex M/F	Relation	Occupation	Sun insured Rs.	Cumulative bonus %	Premium	Loading Discount
1.									
2.									
3.									
4.									
5.									
6.									
Remarks of the underwriter:						Total:			
						Loyalty discount			
						Family discount 10%			
						Service tax			
						Gross total			