THE NEW INDIA ASSURANCE CO. LTD.

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

NEW INDIA GLOBAL MEDICLAIM POLICY
PROPOSAL FORM

Agency Details:

Name of the Intermediary	
Intermediary Code	
Mobile Number	
Email ID	

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.
All Persons will have to undergo, pre-acceptance health checkup at a designated centre.
The Divisional Office/Branch Office, in the name of centre, 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.
Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.
Fresh proposal form is required along with pre acceptance medical checkup, when there is break in insurance cover.

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. Proposer's Details

Name	
Gender	
Occupation	
Educational qualifications	
Family Monthly Income	
Aadhar card number	
Passport No	
Landline / Mobile Number	
Residential Address (Permanent)	
Address for Correspondence	
Email ID	
Name of Family Physician	
Nominee	
Relationship with the nominee	

2. Give particulars of the Health Insurance Policy in which you are covered in India:

S. No.	Content	Details
1.	Name of Insurer	
2.	Insurance Scheme	
3.	Policy No.	
4.	Period of cover	
5.	Sum Insured	
6.	Has any Claim been reported? If Yes, Please specify the amount	Yes/No

3. 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:

4. DETAILS OF PERSONS TO BE INSURED:

Name of all the persons	Date of Birth	Sex (M/F)	**Relation (*)** with the Proposer	Occupation	Plan selected

(*)Relation as per following table

Self	Spouse	Father
Mother	Son	Daughter

5. Name of the Nominee _____ Relationship _____

6. Plan and Sum Insured Opted:

Plan A (Asia Treatment Plan) USD 0.5 million (USD 1 million Lifetime)		Plan B (Worldwide Treatment Plan) USD 1 million (USD 2 million Lifetime)	

7. Period of Insurance: From_____ To_____

8. MEDICAL HISTORY: Please answer the following questions

Height: _____ cm Weight _____ kg	
Smoking: _____No. of cigarettes/bidis/cigars per day Tobacco/Gutkha: _____No. of pouches per day	**Alcohol:** Hard Liquor_____ pegs per day. (1 peg = 30 ml) Beer _____ bottles per day (I bottle = 350 ml) Wine _____ glasses per day (I glass = 200 ml)
1. During the last five years, have you consulted a doctor or have been advised to undergo any medical investigation or treatment for any medical condition (other than minor cough, cold or flu), or had a surgery, or been hospitalized	❒ Yes ❒ No
2. Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?	❒ Yes ❒ No

3. Has your proposal or application for reinstatement for life, health or accident insurance ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover?	❒ Yes ❒ No

4. Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? Please use ✓ to indicate which condition(s).

❒ hypertension / high blood pressure	❒ diabetes / high blood sugar / sugar in urine	❒ cancer, tumour, growth or cyst of any kind
❒ chest pain / heart attack or any other heart disease / problem	❒ kidney problems or disease of the reproductive organs	❒ tuberculosis or any other lung disorder
❒ Any problems of digestive system like ulcer, colitis, etc	❒ liver or gall bladder problems / jaundice / hepatitis B or C	❒ any blood disorder (e.g. haemophilia, thalassaemia)
❒ HIV infection / AIDS or positive test for HIV	❒ nervous, psychiatric or mental disorder	❒ stroke / paralysis

5. Are you currently suffering from or have you previously suffered from any other physical deformity, critical illness, injury (other than minor fracture of the limbs) or have undergone major surgical operation not mentioned above?	❒ Yes ❒ No
6. Have you ever suffered or suffering from any other pre-existing ailment/disease/condition not mentioned above?	❒ Yes ❒ No
7. FOR FEMALE APPLICANTS ONLY: Have you ever suffered or suffering from any gynaecological problem or illness related to breasts, uterus or ovary or abnormal bleeding etc.?	❒ Yes ❒ No

8. Incase of any of the above questions are replied to in "affirmative", please give complete details regarding exact diagnosis, date of diagnosis, past and current treatment details, if any, and name and address of the treating physician

Q. No.	Exact Diagnosis	Date of Diagnosis	Past and current treatment details	Treating physician details

Additionally please submit a copy of all the medical reports (like consultation / follow up reports, investigation reports, histopathology report and hospital discharge summary report etc) available with you

9. Period of Insurance: From _____ to _____

10. Declaration: I declare that the person proposed for insurance is my family member and I also declare that

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

i. He/She is not suffering 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 the person 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 person.

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."

Signature of Proposer _____
Date: _____/_____/_____ **Place:** _____

Photographs of Insured Persons:

Section 41 of Insurance Act, 1938
Prohibition of Rebates

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 or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

FOR OFFICE USE ONLY:

Name of insured person	Date of Birth	Sex M/F	Relation	Occupation	Plan Selected	Premium
Remarks of Underwriter:				**Service Tax**		
				Gross Total		