

. THE NEW INDIA ASSURANCE CO. LTD.
 Regd. & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001
CORONA KAVACH POLICY, THE NEW INDIA ASSURANCE CO. LTD
INDEMNITY POLICY
PROPOSAL FORM (NIA/Health/20-21/CZ)

Name of the Intermediary:		Mobile Number:	
Intermediary Code:		Email ID:	

Corona Kavach Policy, The New India Assurance Co. Ltd

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.

Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co-operation by the insured will nullify the cover under the policy.

1. Proposer's Details

Name of the Proposer (As per the Id Card)		Date of Birth:	
Gender (M/F/T)	Male/Female/Third Gender	Educational Qualifications	
Residential Address (Permanent)	Landmark/Area/City/Town:		
	District:	State:	Pin:
Address for Correspondence	Landmark/Area/City/Town:		
	District:	State:	Pin:
Email Id		Occupation	
Landline/Mobile Number		Family Income	
Nature of Id	PAN Card/Voter Id/Passport/Any other	Id Card No	
PAN Card No		GST No (If applicable)	
Assignee/Nominee Name		Relationship with Assignee/Nominee	
		DoB of Assignee/Nominee	

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<i>*If the Nominee is minor, Name of Appointee and Relationship with Minor</i>	<i>Appointee Name</i>		<i>Relationship with Minor</i>
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2. Details of persons to be Insured and type of Policy:

Sum Insured: Sum Insured options available are Rs. 50,000/- to Rs. 5 L (In multiples of Rs. 50,000). Separate proposal form is required if members of the same family are opting for Individual and Floater Sum Insured's. Allowed relations are Self, Spouse, Children, Parents and Parents in Law. **Age** of the proposed members should be 1 Day to 65 Years. 5% Discount is applicable to Females.

- a) **Individual Sum Insured:** Maximum 10 members can be covered under the policy
- b) **Floater Sum Insured:**
 - i. Maximum 10 members can be covered under the policy.
 - ii. Discount of 5% shall be applicable for Floater Sum Insured

Details	Name of the Person	DoB	Gender (M/F/T)	Sum Insured		Co- Morbidities*, please refer to the below list	Relation with the Policyholder	Occupation
				Individual	Floater			
Member 1						Yes/No		
Member 2						Yes/No		
Member 3						Yes/No		
Member 4						Yes/No		
Member 5						Yes/No		
Member 6						Yes/No		
Member 7						Yes/No		
Member 8						Yes/No		
Member 9						Yes/No		
Member 10						Yes/No		

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**List of Co-Morbidity conditions. A loading of 30% is applicable if the member is suffering from any of the listed co-morbidities. Please note that Non-Disclosure of Comorbidity condition/s of the person/s covered shall reduce the admissible claim amount by 30%.

Diabetes	Respiratory Diseases like Asthma, COPD etc..	Cancer
Hypertension	Lung Fibrosis	HIV
Cardiovascular Diseases (Heart related ailments)	Stroke and Circulatory Diseases	Auto Immune Diseases

3. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If yes, then give details below:

4. Whether you want to opt for **Optional Cover**: Hospital Cash? Yes/No. _____

Note: 0.5% Sum Insured shall be paid per day for each 24 hours of continuous hospitalization for a maximum of 15 days. 15% premium shall be loaded if this cover is opted.

5. Whether Self or Spouse is a Health Care Worker? Yes/No. _____ (Discount of 5% on the premium is applicable for self, spouse and children if Proposer or Spouse is a Health Care Worker)

Note: For the purpose of this policy **Health Care Worker** shall mean doctors, nurses, midwives, dental practitioners and other health professionals including laboratory assistants, pharmacists, physiotherapists, technicians and people working in hospitals.

If Yes, **Name of the Hospital/Institution:**

Registration/Id-Card No:

6. Whether Self or Spouse is working with New India Assurance? Yes/No. _____

If Yes: **Sr No:**

Details of the Office:

7. Proposed Period of Insurance: From _____ to _____

Period	Select
105 Days	
195 Days	
285 Days	

8. **Important:**

- The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer is complete and accurate in all respect.
- The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance advisor/ Insurance Company.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

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- d) The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

9. **Proposer 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 consent for the loading of Premium by 30% in case any of the proposed member/s is suffering from any of the listed co-morbidity condition	YES	NO
I do understand that in case of Non-Disclosure of any Comorbidity condition/s of the person/s covered, admissible claim amount shall be reduced by 30%.	YES	NO

- a) "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.
- b) 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.
- c) 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.
- d) 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.
- e) 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:

Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo
Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8	Insured 9	Insured 10
Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature

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10. STATUTORY WARNING

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.

11. Agent Declaration: I, _____ in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Agent: _____ **Date:** _____ **Place** _____

Agent Code: _____

Signature of the Agent _____

12. FOR OFFICE USE ONLY:

S No	Name of the Person	Gross Premium (Including Loading/Discount), if any	S No	Name of the Person	Gross Premium (Including Loading/Discount), if any
Member 1			Member 6		
Member 2			Member 7		
Member 3			Member 8		
Member 4			Member 9		
Member 5			Member 10		
Remarks of the underwriter :					
Total Gross Premium					
GST					
Net Premium (Including GST)					

CHOICE OF TPA.

Third Party Administrator (TPA) means a Company registered with the IRDAI, and engaged by Us for providing health services.

The following TPAs are allotted for servicing your Policy.

1. Assigned TPA:
2. Optional TPA:

If you wish to change your Assigned TPA to Optional TPA, please sign the below declaration and submit it to the Operating Office.

I wish to change my Assigned TPA to Optional TPA i.e. to -----

Signature of the Proposer.

Date

Recommended by the Office In-charge:

Name:

Date:

DO/BO/MO:

Seal: