**THE NEW INDIA ASSURANCE CO. LTD.**
Regd. & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001.

# NEW INDIA SIXTY PLUS MEDICLAIM POLICY
## PROPOSAL FORM(NIA/Health/18-19/SN)

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 taking insurance for the first time or Persons who are not having a continuous coverage of Health Insurance Policy for the last four years with New India Assurance Co. Ltd. or any other Insurance Company or persons 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.
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.
Fresh proposal form is required along with pre acceptance medical checkup, irrespective of age, 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/Pan card No | |
| Landline / Mobile Number | |
| Residential Address ( Permanent ) | |
| Address for Correspondence | |
| Email ID | |
| Name of Family Physician | |
| Name of the Assignee/Nominee | |
| Relationship with the Assignee/Nominee | |

2. 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:

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

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:**

| S. No | Name of all the persons | Date of Birth | Age | Sex (M/F) | **Relation (*) with the Proposer** | Occupation | Aadhar card number/Pan card No | Sum Insured selected |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |

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

| | | |
|---|---|---|
| Self | Spouse | Father |
| Mother | Son | Daughter |

5. Insured's Address: (❒ Same as Proposer)

6. 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**)

a) 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. | | |

***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 |
| Enlargement of Prostate (BPH, enlargement of prostate) | Thyroid and Other Hormonal Disorders | E.N.T. Disorders |
| Cholelithiasis | Any Malignancy | Hemorrhoids |
| Stroke and T.I.A. | Ischaemic Heart Disease | Any Other (Please specify) |

**b)** Have any of the persons proposed for insurance suffered from any illness/disease or had an accident in the past four 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.

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

**d)** 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.** Period of Insurance: From ____________________ to ____________________

**8. 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 ☐ ☐

ii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. ☐ ☐

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."

**Signature of Proposer** ______________________

**Date:** ________/________/________ **Place:** ______________________

Photographs of Insured Persons:

| Photo<br><br>Insured 1 | Photo<br><br>Insured 2 |
|---|---|
| Signature | Signature |

**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:**

| S. No | Name of insured person | Date of Birth | Sex M/F | Relation | Occupation | S.I. (Rs.) | Premium |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| **Remarks of Underwriter:** | | | | | **Total:** | | |
| | | | | | **GST** | | |
| | | | | | **Gross Total** | | |