

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

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

**PROPOSAL FORM FOR MEDICLAIM POLICY (2012)**

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 Divisional Office/Branch Office in the name of hospital/Nursing home will 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 Divisional Office/Branch 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 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 Labourers
- 6) Farmers and Agricultural Workers
- 7) Police/Para Military/Defence
- 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:**

S. No	Name of all the persons	Date of Birth	Age	Sex (M/F)	Relation (*) with the Proposer	Occupation	Sum Insured selected	History of (Please Tick)	
								Diabetes	Hyper tension
1.									
2.									
3.									
4.									
5.									
6.									

(\*)Relation as per following table

Self	Spouse	Father
Mother	Son	Daughter
Others (please specify)		

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.	Thyroid and Other Hormonal Disorders	E.N.T. Disorders
Cholelithiasis	Any Malignancy	Hemorrhoids
Enlargement of Prostate (BPH, enlargement of prostate)	Ischaemic Heart Disease	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.	

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.	

**IMPORTANT NOTE:** PERSONS SUFFERING FROM DIABETES OR HYPERTENSION SHALL BE CHARGED 10% ADDITIONAL PREMIUM FOR EACH CONDITION AND THIS ADDITIONAL PREMIUM IS APPLICABLE FOR EACH RENEWAL. NON DISCLOSURE OF THIS MATERIAL INFORMATION, OR MISREPRESENTATION, IN REPLY TO QUESTIONS 2 OR 3, WILL NULLIFY THE COVER UNDER THE POLICY.

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
- Zone IV

**EACH ZONE IS CLASSIFIED AS BELOW: ( The Cities mentioned below would include their Urban Agglomeration )**

<b>Zone- I</b>	<b>Greater Mumbai</b>
<b>Zone-II</b>	<b>Delhi and Delhi NCR ,Bangalore, Chennai, Hyderabad, Secunderabad, Ahmedabad and Kolkatta, Vadodara</b>
<b>Zone-III</b>	<b>Rest of India (other than those areas specified in Zone I,II and IV)</b>
<b>Zone-IV</b>	<b>The States of Bihar, Orissa, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Jharkhand, Sikkim, Chhattisgarh, Uttarakhand, Jammu and Kashmir</b>

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

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

- 10) **Declaration:** I declare that the persons proposed for insurance are my family members and they are not engaged in high risk occupation. I also declare that
- None of them suffer from any pre-existing conditions
  - I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought.

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

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 members or may attend concerning any disease or illness which affects me or my family members, physical or mental health. I agree that this proposal shall form the basis of the contract should the insurance be affected. If after the insurance is affected, 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.

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:**

Sr. No	Name of insured person	Date of Birth /Age	Sex M/F	Relation	Occupation	S.I. (Rs.)	CB (%)	Premium	Loading for diabetes and hypertension
1									
2									
3									
4									
5									
6									
<b>Remarks of Underwriter:</b>						<b>Total:</b>			
						<b>Family Discount (10%)</b>			
						<b>Service Tax</b>			
						<b>Gross Total</b>			