



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

RAJRAJESHWARI MAHILA KALYAN BIMA YOJANA (NEW)

PROPOSAL FORM

1. **Name of the proposer :**
2. **Address :**
3. **Age (Completed years) :**
4. **Occupation :**
5. (a) **Marital Status**
(b) **Name and age of the husband**
(if applicable)
6. **Cover required (Please specify**
Whether basic or basic with
Extended cover)

7. **Nomination details**

Witness to nomination

Name

1. Name & Address with signature

Address

Relationship with
Proposer

1. **Policy Period (1 year to 5 years)**
2. **Period of Insurance : From : _____ To : _____**

DECLARATIONS

1. **EXISTING DISABILITY : I hereby declare that I do / do not suffer from loss / disablement / incapacity of _____ and I understand that the Company shall not pay for the same in the event of any accidental injury.**
2. **I declare that the questions were explained to me fully by Shri / Smt. / Kumari and that the answers thereto have been recorded by him / her under my dictation and that I have affixed my signature / thumb impression after satisfying myself that they have been correctly recorded.**

Date :

Signature / Thumb Impression of Proposer

DECLARATIONS

I declare that I have explained the questions to the Proposer, that the Proposer's answers thereto have been recorded by me and that he / she has affixed his / her signature thumb impression after satisfying himself / herself that the answers have been correctly recorded.

Date : _____ **Signature of person writing the answers**

I / We, hereby declare that the information furnished above are true and correct to my / our knowledge and belief.

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

NOTICE :

Maximum amount receivable :

Attention is drawn to Condition No.6 of the Policy when the Insured is having more than one Rajrajeshwari Mahila Kalyan Bima Yojna in force at the time of the accident or injury.

Renewal of the Policy after expiry :

It will be necessary for the Insured to contact the nearest Office and obtain a fresh insurance after the expiry of the Policy as renewal notice or intimation will not be sent by the Office.

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.

2. If space is found insufficient, please attach separate sheets for details.

3. Premium will be quoted on application.

4. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 of any kind of risk relating to lives or property in India, any rebate of the whole 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 accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

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 -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE / DEV. OFFICER / AGENT / BROKER- COLLECTION / SCROLL NO		POLICY NO.	