First Floor, The Ferns Icon, Survey No. 28, Next to Akme Ballet, Doddanekundi, Off Outer Ring Road, Bangalore- 560037,

Toll-Free Helpline: 1800-103-2292

E-mail: customer.service@bharti-axagi.co.in

SMS <SERVICE> to 5667700

Website: www.bharti-axagi.co.in



SMARTHEALTH - INSURANCE POLICY

Income tax benefits under Section paid by Cheque	n 80D of the Income	eTax Act 1961	would b	e applica	ble sub	ject to	oremiu	m for t	:his pc	licy be	ing
Please fill this form in Block Let	ters and Tick the i	Boxes 🗹 wh	nere appi	ropriate							
(Please answer all questions or realisation of premium.)	completely. This po	licy commend	ces only	after th	ne prop	oosal i	s acce	pted a	and s	ubject	to
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SI. No.	Name	Date of Birth	Gender	· Height	Weight	Relationsh with the Proposer	Naminee	Relationship of Nominee with the Insured Person	
						Self			
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	ave you or any of the Insure yes, indicate in the table giv		ered / are	e sufferir	ng from a	any disease į	/ illness? Y	′es	
SI. No. Name			(a) Name of disease / illness suffering from		Whe first	medicai practitionei /		If fully cured?	
31. 1	lo. Name	(b) Treatme received	nt / med I / receiv		treate	2 Surg	geon with his/her is and telephone no.	Answer Yes / No	
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			PLA	N DET	AILS				
	se Tick against the p se refer to our Plan Benefits	-		tions ava	ilable)				
Smar	t Health Basic (BIH)	50,000**	1	,00,000		2,00,000	3,00,000*	5,00,000*	
Smar	t Health Premium (IHS)	1,00,000	2	,00,000		3,00,000*	4,00,000*	5,00,000*	
Smar	t Health Optimum (ESC)	1,00,000*	2	,00,000*		3,00,000*	4,00,000*	5,00,000*	
	t applicable for insured pers oplicable only for one Insure		ve 55 yea	ars					
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Downloaded from www.insureatclick.com - Broker: Loyal Insurance Brokers Ltd.

DETAILS OF INSURED PERSON(S) (THE PERSON(S)

^{*}Applicable only where medical examination is stated to be not required by the Company. In case medical examination is to be done, the policy shall commence on or after the date of approval by underwriter or the date of receipt of premium by the Company, whichever is later

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DETAILS OF INSURED PERSON(S) (THE PERSON(S) TO BE INSURED)

Details of any other Insurance like Mediclaim, Cancer Policy, Critical Illness or any other Medical Insurance Policy (existing or previous) (Please attach a photocopy)

SI. No.	Name & Address of Insurance Company	Sum Insured	Period of	Insurance	No Claim Bonus %	Claims Received / Receivable (Rs.)	Nature of Problems
			From	То			

PAYMENT DETAILS
Mode of Payment Cash Cheque DD DD
Cheque/DD number Dated D D M M Y Y Y Y
Bank and Branch Name
Premium Amount Rs.
In words
DECLARATION
I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under
this insurance.
I/We agree and undertake to convey to Bharti AXA General Insurance Company Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.
Date:

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

Signature of the Proposer

- 1. 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 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 accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses 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.

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Whether medical test required? [Yes No						
Test advice date given by the underwriter DIDIMIMIYIYIYI							
If yes, please mention date of medical exam	ination DIDIMIMIYIYIYIY						
2. Whether proposal has been approved?	Yes No						
a. If yes, i. please indicate premium							
ii. Date of approval	MITITIO						
iii. Period of Insurance							
iv. special conditions, if any							
b. If no, please mention the reason for no	ot accepting the proposal						
Name of Underwriter	Signature of Underwriter	Employee Number					

Insurance is the subject matter of the solicitation.

FOR OFFICE USE ONLY



Bharti AXA General Insurance Company Limited

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