

**National Insurance
Company Limited**
Registered Office :
3, Middleton Street
Kolkata 700 071



Policy Issuing Office :
Branch DAB IX
Sterling Cinema Building,
6th Floor, 65 Murzban Road,
Fort, Mumbai - 400 001.

Proposal form for

National Insurance Sampoorna Suraksha Bima

For Office use only

Policy Nos.	Premium
Risk Date	Time
Receipt Nos.	Agency Code

Please read the prospectus carefully before completing this form.

All questions should be answered in full. Ticks or dashes will not suffice unless otherwise mentioned. Suppression or non-disclosure of any material information will make the insurance void.

A. GENERAL INFORMATION

1. Full name of the Proposer:
2. Business/Occupation :
3. Address

Place of Business / Occupation	For Communication

4. Telephone Nos. Office _____ Residence _____
5. Fax _____ E-mail _____
6. Date of birth _____ Age in completed years _____
7. Sex - Male/ Female
8. Average monthly income
9. Income Tax PAN
10. Details of existing insurance with our Company

10. Period for which this insurance is required now.

FROM.....TO.....(Both days inclusive)

The cover will commence only from the time of receipt of premium provided the risk as per proposal is accepted by the office.

SECTIONS CHOSEN (Please tick)

Section-I is Compulsory. Besides, minimum two more sections from the six optional sections are to be taken.

- Section – I** Personal Effects of the proposer and family members staying with Him/Her against Fire & Allied perils, Earthquake, Burglary and Theft, Specified home appliances against Breakdown, Televisions against breakdown, accidental damage & TPL and Jewellery & valuables against All risks
- Section – II** Residential building (Fire & Allied perils, Earthquake)
- Section – III** Personal Accident (For the proposer & named family members)
- Section – IV** Mediclaim Insurance (For the proposer & named family members)
- Section – V** Professional Indemnity (For the proposer)
- Section – VI** Personal Computer (Of the proposer & / or his family members installed in the residence)
- Section – VII** Private Car/ Motor Cycle owned by proposer (Package cover)

DETAILS TO BE COMPLETED IN RESPECT OF THE SECTIONS CHOSEN

SECTION – I : Please read the Prospectus and choose the appropriate Plan.

IMPORTANT : WHILE CHOOSING THE PLAN PLEASE NOTE THAT IN THE EVENT OF A LOSS IF THE VALUE OF THE CONTENTS INSURED IN YOUR HOUSE IS MORE THAN THE SUM INSURED IN SUB SECTIONS – IA / IB OF THE PLAN CHOSEN AND / OR IF THE NEW REPLACEMENT VALUE OF THE SPECIFIED ITEMS INSURED UNDER SUB SECTIONS IC OR ID OR IE IS MORE THAN THE SUM INSURED FOR THOSE ITEMS IN THE SUB SECTION PLAN CHOSEN THEN YOU WILL BE CONSIDERED AS YOUR OWN INSURER FOR THE DIFFERENCE IN AMOUNT AND ACCORDINGLY THE LOSS PAYABLE SHALL BE REDUCED PROPORTIONATELY

1. Please tick the Plan chosen and cross out the others.

PLAN 1 2 3 4 5 6

1A. Do you require for Terrorism ? : Yes / No

2. The complete address of the RESIDENTIAL PREMISES the contents of which are to be insured under the chosen plan.

SECTION II - RESIDENTIAL BUILDING (ADDRESS OF WHICH IS GIVEN IN SECTION-I ABOVE)

Cover against and Fire and allied perils and earthquake as mentioned in the prospectus.
Construction of the Building – Pucca only. (Kutch building as per Fire Tariff are not covered)

- (i) Reinstatement Value of the Residential Building / Flat to be insured excluding plinth and foundation. Rs.....
- (ii) Do you require for Terrorism ? : Yes / No

SECTION – III : PERSONAL ACCIDENT

Details of the Persons to be covered. (Proposer, Spouse, eligible dependant children)

i. Amount to be insured for in Rupees Lakhs: Please tick the appropriate box.

a) Proposer

1	2	3	4	5	6	7	8	9	10
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b) Spouse (If earning)

1	2	3	4	5	6	7	8	9	10
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c) Spouse (if not earning) 50% of the CSI (Proposer) or Rs2 lacs whichever is lower

d) Children 25% of the CSI or Rs1 lac whichever is lower(per child)

Insured	Name	Age	Existing Infirmary/Disability if any	Risk Type	Name Of Assignee	Relationship Of Proposer with Assignee	CSI	C B earned
Proposer								
Spouse								
Child								
Child								

ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE

I.....do hereby assign the money payable in the event of my death by National Insurance Company Limited to Shri./Smt.....my.....and I further declare that his/her receipt shall be sufficient discharge to the Company.

I further declare that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the policy and I further declare that his/her/their receipt shall sufficient discharge to the Company.

Place.....

Date:.....

.....
Signature of the Proposer

Assignment witness by

Sl. No.	Name	Address	Signature
1.			
2			

Section- IV : MEDICLAIM INSURANCE (modified)

Details of the Persons to be covered. (Proposer, Spouse, eligible dependant children and Dependant parents residing with the Proposer)

Sr. No	Name	Sex	Date of Birth	Relation-ship with Proposer	Sum Insured (to be in multiples of Rs. 50,000/- to max. Rs 5 lacs) Rs.	Cumulat-ive Bonus earned For Mediclaim
1						
2						
3						
4						
5						
6						

If other family members residing with the proposer (i.e Spouse, eligible dependant children and dependant parents) are required to be covered, separate Insured Person details form should be completed for each of such family members.

INSURED PERSON'S DETAILS (FOR THE PROPOSER)

To be completed separately including Questionnaire Form for each insured person (if more than one Insured Person is required to be covered please obtain additional forms from the Company).

1) Profession/Occupation/Trade or Business
(Please describe fully with nature of duties):

2) Name and address of your Family/ usual
Medical Practitioner, his qualifications
PIN CODE _____ Tele No. _____
State/ Union Territory _____

Medical Practitioner's Regn. No.: _____

3) Are you at present or any other time in
the past covered under any other Insurance
Type (PA, Cancer Insurance, Hospitalisation
Insurance or other Medical Insurance).

If so, give particulars of - : _____

Insurer, policy no. and period of Cover : _____

Claim Amt. Received / receivable : _____

Period :From _____ To _____

4) Any Proposal for this Insurance or any other
similar insurance refused or cancelled or higher
premium charged. If so, give details.:

MEDICAL HISTORY TO BE COMPLETED BY THE PROPOSER/INSURED PERSON.

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS, IF ANSWER IS YES :

- i. Are you in good health and free from physical and mental disease or infirmity or medical complaints?
If not in good health give full details.
- ii. Have you ever suffered from any diseases/illness?
If yes, give details including clinic/hospital where Treatment taken and duration of treatment.

NOTE : If you had ever suffered from Diabetes or Hypertension, please complete the additional Questionnaire for Diabetes & /or Hypertension below.

- iii.
 - a. Have you ever suffered from dental problems?
 - b. If yes, specify the same
 - c. When were you treated last for the same.

iii. Give particulars in table below of any other illness or diseases or accident or operation sustained by you in the past.

Nature of illness/disease/ Injury and treatment received	Date first treated	Name of attending medical practitioner Surgeon with his Address and Telephone Number	Whether fully recovered. Is treatment continuing
1.			
2.			
3.			
4.			

iv. Are there any additional facts affecting the proposed Insurance which should be disclosed to Insurer?

v. Please give details of any knowledge of any positive existence or presence of any ailment, sickness or injury which may require medical attention.

- 1.
- 2.
- 3.
- 4.

TO BE COMPLETED BY PROPOSER IN CASE OF ADVERSE HISTORY IN THE PROPOSAL FORM IN RESPECT OF APPLICABLE ILLNESS

DIABETES QUESTIONNAIRE

1. Date of diagnosis of Diabetes :-----

2. Did you suffer from coma or procoma? :-----

3. Do you take any anti-diabetic drugs ?
If so, please give names with dose.

4. Please give details of Fasting and Postprandial
Blood Sugar Readings, E.C.G. findings and
Other investigation reports with dates. Please :-----
also send reports.

5. Do you suffer or have suffered from any
complications of diabetes or any other diseases? :-----