

The New India Assurance Company Limited Head Office: 87, M G Road, Fort, Mumbai-400001

PROPOSAL FORM FOR BHAVISHAYA AROGYA

(TO BE FIILED IN BY THE PROPOSER)

	FOR POLICY ISSUING OFFICE USE ONLY
FILL IN ALL PARTICULARS IN BOXES IN BLOCK LETTERS ONE BOX FOR ONE ALPHABET. LEAVE ONE BOX BLANK AFTER EACH WORD. DO NOT SPLIT THE WORD. USE NEXT LINE	S. POPOSAL REGISTRATION USE U/W year Group Number Proposal Number Date of Registration
GROUP NAME: M/s GROUP NUMBER: NUMBER OF PERSONS COVERED: NAME OF PROPOSER: 1) Mr. 2) Mis FIRST:	MARKETING ORGANISATION Name of Prospecting Office Prospecting office Code
	Inspector's Name
MIDDLE:	Agent's Code Inspector's Name:
SURNAME:	Agent's Code
M F MALE/FEMALE (Indicate with a X mark): SHORT NAME: ADDRESS FOR COMMUNICATION:	Agent's Licence No Date of Expire: UNDERWRITING entry date: Entry Date:
_	

PLACE: PIN CODE:	Date of Birth: Entry Age (Completed Year) Retirement Age
DATE OF BIRTH MONTHLY INCOME (Rs.) OCUPATION DAY MONTH YEAR INSURANCE COVER DESIRED: POLICY RETIREMENT AGE SELECTED (Choose from 55-60 only) SUM INSURED (Rs.) A S PAYMENT BY ANNUAL/SINGLE PREMIUM (indicate with x mark)	(Selected by Proposer) Premium Mode: Single/Annual Payment Tabular Premium Rs for SA Rs.50.000 Sum Assured Rs Policy Premium S.A. x T.P.
PREVIOUS HISTORY OF MEDICAL/HEALTH INSURANCE: (1) ARE YOU AT PRESENT COVERED UNDER ANY OTHER INSURANCE? (2) NAME OF INSURER (3) PERIOD: COMMENCEMENT DATE OF BENEFITS HAS ANY PROPOSAL FOR THIS INSURANCE OR ANY OTHER SIMILAR INSURANCE BEEN REFUSED OR CANCELLED OR HIGHER PREMIUM CHARGED? IF SO. GIVE DETAILS PAYMENT DETAILS: PREMIUM AMOUNT RSAMOUNT IN WORDSMODE OF PAYMENT: CHEQUEOTHER INSTRUMENT NO DATE: DRAWN ON:(Name of Bank & Branch)	Group Discount Rs. (If any) Net Rs Age Proof Accepted Yes No Occupation Code

DECLARATION

I(NAME OFTHE PROPOSER) hereb
declare and warrant that the above statements are true and complete. I agree that this
proposal shall form the basis of the contract should the insurance be effected. If after the
insurance is effected, it is found that the statements, answers or particulars stated in the
proposal form and its questionnaire are incorrect or untrue in any respect the Insurance
Company shall be undergo liability under this insurance

I have read the Prospectus and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company therein

Signature of the Proposer		
ASSIGNMENT OF POLICY MONIES:		
Ido hereby assign the monies payable by the Insurance Company in the event of my death to myagedyears (Relationship)		
ASSIGNEE'S NAME		
Assignee's Address for Communication:		
PIN:		
I further declare that the assignee's receipt shall be sufficient discharge to the Company. Dated thisday of 200 at		
Witness: Signature: Signature of the Proposer:		
Name & Address		
Specimens Signature of the Proposer: Specimen Signature of the Proposer:		

PROHIBITION OF REBATES

Section 41 of 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 or 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 rebate except such rebate as may
 be allowed in accordance with the published prospectus or tables of the
 Insurer.
- 2. Any person making default in complying with the provision of this Section shall be punishable with fine which may extend to five hundred rupees.