Form No. A C | P 0 6



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Corporate Office: 1, New Tank Street, Valluvarkottam High Road, Chennai - 600 034.

ACCIDENT CARE (INDIVIDUAL) PROPOSAL FORM

	PROPOSAL. NO. :	AC/	Issuing Office :		
		1			
Premium Payment Detai	ils : Cash Cr	neque DD C	heque/DD No.	D	Pate
Coverage Required : Fro	om D D M M Y Y	To D D M M Y Y	Dep. Pre. Rt. No.	D	Pate
Bank Name/Branch					
Mktg. Officer Name			Code No		
Agents Name :			Code No		
Corporate Agent's			Code No		
Allied Insurance Compa form in BLOCK letters.	iny commences only u	pon the acceptance of thise the age of 18 years and e and guidance from you	s proposal notwithstandi d less than 70 years onl	ng the payment of a ly be covered. If you	he liability of Star Health and any deposit. Please fill up the u are in any doubt about the
1. PROPOSER DET	AILS Mr. M	rs. Ms.			
	st Name	Middle N	ame	Last Name	
Name of Proposer					
Permanent Address					
City/Taluk		District	State		Pin Code
Address for Communication					
City/Taluk		District	State		Pin Code
STD Code	Phone No.		Fax	Cell	
E-mail			IT P	Pan No.	
Marital Status of Propos	ser Single	Married			
Educational Qualification	n III	Occupation			
Existing SHAICL Custor	mer Yes N	o If yes, Custom	er Code No :		
2. DETAILS OF PER	SON(S) TO BE COVE	RED INCLUDING PROP	OSER		
Name of the Person to b			: 	3	4
Insured (Insured Persor	n)				
Relationship with the Proposer					
Date of Birth		Age	Age	Age	Age
Educational Qualificatio		PG PC NM M G M-Matric, G-Graduate, P	·	G PG PC Professional Cours	
Ht. in mtrs & wt in Kgs.	Ht. W		Wt. Ht.	Wt.	Ht. Wt.
Profession/Occupation/ Trade or Business of the Insured person. (Please describe fully with	е				

yo	pes your Occupation rec ou to engage in Manual abour	quire	Y	1 N		Y	2	N			Y	3 N			4	N
Do to	o you engage in or propo :	ose														
a.	racing on wheels or horse back		Y	N		Υ		N			Y	N			Y	N
b.	Big game hunting		Y	N		Y		N			Y	N			Y	N
C.	Mountaineering		Y	N		Y		N			Y	N			Y	N
d.	Winter Sports, Skiing or Ice Gockey		Y	N		Υ		N			Y	N			Y	N
e. Wh	Ballooning or Polo or spo of similar nature & any or activities of similar natur at is your average	ther	Y	N		Υ		N			Y	N			Y	N
	nthly Income from :			Rs.			Rs	s.				Rs.		- —	- 1	₹s.
1.	Gainful Employment	Щ			<u> </u>									┦┞┼		
2.	Other Sources	\vdash			<u> </u>				<u> </u>							
	Total ve you ever suffered or you suffer from:				┷											
a.	Any physical defect or infirmity.		Y	N		Υ		N			Y	N			Y	N
b.	Gout or diabetes, paralysis, fits of any kind or any other chronic disease.		Y	N		Y		N			Y	N			Y	N
C.	Any other disability	<i></i>	Y	N		Y		N			Y	N		>	Υ	N
	ve you ever proposed Personal Accident	(full pa	articular Y	rs must be	given ir	n case th	e ansv	wer to a	any of	the at	oove qu	estions	are YE	=S)		
	urance? es, details of:								$\overline{}$					1 —		
	me of the Insurance mpany															
Per	iod of Insurance															
Sur	m Insured															
Has	s any company :															
1.	Declined to issue a policy to you?		Y	N		Υ		N			Y	N			Y	N
2.	Imposed any restrictions or special conditions.		Y	N		Υ		N			Y	N			Y	N
	es, details of : me of the Insurance															
Cor	mpany															
Add	dress															
rece	ve you ever claimed or eived compensation der any Accident Policy '	?	Y	N		Y		N			Y	N			Y	N
Nar	o, give full particulars, me of the Insurer, ount and dates															

Please indicate the	capital sum assured :				
Table I					
Table II					
Table III					
Whether you require	_				
a. Medical Expense		N	Y N		
b. War Risk extens	=	N	Y N	Y [N Y N
c. Winter Sports/Ra		N	T IN	<u>[Ť]</u> [Ĭ	1 11
3. ASSIGNMENT		II the henefits that	shall become na	vable under the policy will b	e paid to the person named as the
	sured Person and his/her				o paid to the percent named do the
SI.No. Name of	f the Insured Person	Name of the	he Assignee	Relationship	Signature of the Insured Person
1.					
2.					
3.					
4.					
assessment of the ri Date : Place : 4. ASSIGNMENT	sk. I agree that this propo	osal and declaration	n shall be the ba	sis of the contract between	Proposer's Signature Star Health and Allied Insurance
	-				
				r the Assignee named nereil shall be sufficient discharge	all benefits shall become payable to the Company
	day of				to the company.
Witness Signature	:				
Name	:				
Address	:				
					Signature of the Proposer
For Office use only:					
Proposal Recd. on					
Processed by			ate		
Approved by			ate		
			u.o		
Customer ID				Policy No.	

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 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 prospectus or tables of the Insurers. 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.

RISK GROUP

Group I Persons engaged primarily in administrative functions

Group II Persons engaged in manual work other than what is specifically provided for under group III

Group III Persons working in explosives industry, mine and / or magazine workers, High Tension Electric supply Horse Racing including jockeys, Athletes and occupations of similar hazard.

RATING TABLE

COVERAGE/RISK GROUP	GROUP 1	GROUP 2	GROUP 3
Table I	0.45 per mille*	0.60 per mille	0.80 per mille
Table II	0.80 per mille	1.30 per mille	1.75 per mille
Table III	1.25 per mille	1.75 per mille	2.00 per mille

^{*} per mille means per thousand sum insured

Medical Expenses Extension: 10% of policy premium

Family package discount: 10%