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UNITED INDIA INSURANCE COMPANY LIMITED REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014

DIVISIONAL / BRANCH OFFICE.....

SUPER TOP UP MEDICARE PROPOSAL FORM

AGENCY CODE ANNUAL PREMIUM POLICY NO

DEV. OFFICER CODE

IMPORTANT

- a) The Company will not be on risk until the proposal and Insured Persons details have been accepted by the Company and communication of the acceptance has been given to the proposer in writing on full payment of premium
- b) If other family members residing with proposer i.e., spouse and eligible dependent children required to be covered, separate Insured Person details forms should be completed for each of such family members.
- c) Persons may be required to undergo pre-acceptance health check-up at a recognised Hospital/Nursing Home/Laboratories/Clinic at the cost of insured in some cases as mentioned in the prospectus.
- d) Fresh proposal form is required along with pre-acceptance medical check-up as mentioned in item (c) above, irrespective of age, when there is break in insurance cover or when there is a request for enhancement in the sum insured.
- e) Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy (material fact is one which will enable the Insurer to decide whether to accept the risk and if yes, at what rate, terms and conditions.
- f) Please fill up the proposal form completely. If space is insufficient, separate sheet may be attached wherever required.

PROPOSER DETAILS

1. Nam	e of the proposer		•
	(Surname)		(Name)
2.	Residential Address and Telephone No	:	
3.	Occupation (Profession/Occupation/ Trade/ or Business) Name of Office & Address	: :	
4.	Monthly Income	:	
5.	Income-Tax PAN No.	:	
6.	Name of the Medical Practitioner, his qualifications & Telephone no. if any Medical Practitioner's Regn. No.	:	
7.	Total number of Persons to be covered	(in figures):	

Details of Insured Persons and their specimen signatures

(in words):

S.No	Name of Insured Person	Date of	Age	Sex	Relation	Signature
		Birth				
1						
2						
3						
4						
5						

						_			
	Photograph	Photo	ograph	Pł	notograph		Photograph		Photograph
8.	8. Do you wish to have Policy on : Individual basis or Family Floater basis								
9.	9. If on family floater basis, choose any one:								
	Indicate optio	n:A / B / 0	C / D / E /	/ F / G	i / H				
10	If on Individua	ıl basis, inc	dicate opt	tion fo	r each indiv	idua	l person		
	1	Self			- A /	B /	C / D / E / F / G	i /	Н
	2	Spouse	-		A /	B /	C / D / E / F / G	i /	Н
	3	Child -1	-		A /	B /	C / D / E / F / G	i /	Н
	4				A /	B /	C / D / E / F / G	i /	Н
	5				A /	B /	C / D / E / F / G	i /	Н
	6				A /	B /	C / D / E / F / G	i /	Н
11.	Period of Insu	ırance	From		То				(midnight)
<u>cover</u>	Are any of the in the integration of the integratio	that this This infor	informati mation m	ion is	required to	deci	de the coverage		
	Type (Cancer	Insurance,	Hospitali		Insurance				
	Or other Medi	cal Insurai	nce), If so),					
((A) Give particula	ers of curre	ent or exp	iring p	olicy as wel	ll as	for the previous	fo	ur years
Insui	rer Policy No.		Expiry da	ite	Sum Insu (RS.)	ired	Pre existing Diseases, if any	T	PA .
								+	
Date of first coverage which has since been renewed continuously without break or within grace period II Under any Medical expenses Reimbursement Scheme: YES/NO (IMP: A brief note giving details of the Scheme will help									
	in better evaluation of your proposal).								
	Name	ne Provided of the Em	d by :		f wherever . Employer /				
	Other: b. Persor	s ns covered	: :		All those who are proposed for cov under this policy or				
		ses reimbu nounts	ursed :		only some p Any Hospital		ons. on / Only Specifie	d D	iseases

Photographs of Insured persons:

Names of the persons covered under the Scheme	Eligible Reimbursement amount	Remarks

13 <u>Claim amounts received/receivable in preceding five years including expiring policy/Reimbursement Scheme</u>

Name of the	<u>Policy</u>	<u>Period</u>	<u>Illness</u>	<u>Claimed</u>	<u>Amount</u>	<u>TPA, if</u>
<u>Insurer / _</u>	<u>No./</u>	<u>of</u> _		<u>amount</u>	settled/pend	<u>applicable</u>
<u>Reimbursement</u>	<u>Scheme</u>	<u>Hospitali</u>			<u>ing for</u>	
<u>Provider</u>	<u>Name</u>	<u>sation</u>			<u>settlement</u>	

- 14. Has any Proposal for this Insurance or any other health insurance been refused Or cancelled or higher premium charged. If so give details:
- 15.1 Are all the insured persons are in good health and free from Physical and mental diseases or infirmity Or medical complaints?
- 15.2 If not in good health give full details

S.N.	Name of the insured persons	Nature of illness / disease injury and treatment received	Name of attending medical practitioner, surgeon with his address and Telephone No.	у
1. 2. 3.				

16 Are there any additional facts affecting

the proposed insurance which should

be disclosed to Insurers?

17. 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.

I hereby declare and warrant that the above statements are true and complete. I consent and authorise the Insurers to seek medical information from any Hospital / Medical Practitioner who has at any time attended or may attend concerning any disease or illness which affects the physical or mental health of any insured persons. 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 questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance.

I have	read	the	Prospectus	and	am	willing	to	accept	the	coverage	subject	to	the	terms,
condition	ons ar	ıd ex	ceptions sta	ted t	here	ein and e	exp	ressed ir	ı the	Policy.				

Signature	 Date / -	/
Place:		
PLACE:		
DATE:	Signo	ature of the proposer

Section 41 OF INSURANCE ACT 1938

> PROHIBITION OF REBATES <

- 4. 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 a part of commission payable or any rebates of the premium- shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- 5. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.