



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY Unique Identification No.: IRDAI/HLT/SHAI/P-P/V.III/134/2017-18 Proposal Form - Unique Reference No.: SHAI/PR0013		Ref. No.		
		Policy No.		
<p>The company will not be on risk until the proposal has been accepted and full payment of premium has been received. Please fill up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity cards</p>				
Policy Issuing Office:	SM CODE AGENT / CORPORATE AGENT / BROKER / IMF CODE	SM NAME AGENT / CORPORATE AGENT / BROKER / IMF NAME		
BUSINESS TYPE	Social Sector Classification*: <input type="checkbox"/> Yes <input type="checkbox"/> No		Rural Sector Classification: <input type="checkbox"/> Urban <input type="checkbox"/> Rural	
If Yes : <input type="checkbox"/> a. Unorganised Sector <input type="checkbox"/> b. Economically Vulnerable or Backward Classes	<input type="checkbox"/> c. Other Categories of Persons <input type="checkbox"/> d. Informal Sector		This classification is based upon the address of the proposer	
* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas. a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons; b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line; c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability; d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship;				
Name of the Proposer Mr / Mrs / Ms.	Date of Birth DD/MM/YYYY			
Occupation of the Proposer	Annual Income		Rs.	
Residential Address:	Office Address:			
Pin Code:	Pin Code:			
Email ID	Mobile No.			
Period of Insurance	From	To		
GST Number	PAN Number			
NOMINATION	Nominee's Name			
	Relationship to the Proposer	Date of Birth	DD/MM/YYYY Age Yrs	
	Name of the Appointee (if nominee is a minor)	Relationship to the Nominee	Age Yrs	
(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)				
I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository		<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wish to receive the physical copy of the policy document	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number: _____				
If you don't have an (eIA) number, choose any one Insurance Repository	<input type="checkbox"/> KARVY <input type="checkbox"/> CIRL - Central Insurance Repository Limited		<input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services <input type="checkbox"/> NDML - NSDL Data Management Services limited	

Bank Details of the Proposer	Account Number			Type of Account : <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> Others please specify _____		
	Name of the Bank			Name of the Branch		IFSC Code
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.						
Payments Details	Annual Premium	Rs.	Mode of Payment : Cash / Chque / DD / Credit Card / Debit Card / NEFT / CC Mandate			
Cheque / DD No.		Date		Drawn on	Branch	
Please attach any one proof of Date of Birth : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Voter ID <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Any other Govt. Recognised Proof						
Policy Term :	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	Family Physician's Name	Phone	Regn No

Particulars	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4
Name of the person to be insured				
Relationship with the proposer				
Gender				
Date of Birth				
Height in cms				
Weight In Kgs				
Occupation/Trade/Business				
Risk Group*	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
Health History				
1) Is the person proposed for insurance in good health and free from physical and mental disease or infirmity. If not give details				
2) Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness / injury. If Yes, give details				
Table A - Sum Insured (Rs.)				
Table B - Sum Insured (Rs.)				
Table C - Sum Insured (Rs.)				
Medical Expenses Extension (Optional benefit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hospital Cash (Optional benefit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* Risk Group I - Persons engaged primarily in administrative functions.
 * Risk Group II - Persons engaged in manual work other than what is specifically provided for under Risk Group III
 * Risk 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

Signature / Thumb impression of the proposer:

Particulars	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4
Home convalescence (Optional benefit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Winter Sports/Rallies (Optional Cover)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the occupation of the proposed persons require engaging in manual labour	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the proposed person engage in or propose to engage in racing on wheels or horse back, Big Game Hunting, Mountaineering, winter sports, skiing or ice Hockey, Ballooning, Polo or sports of similar nature or any other activities of similar nature. If yes give details				
What is the monthly income from Gainful Employment (in Rs.)				
Has/Is the proposed person suffered/ suffering from Physical defect or infirmity or any other disability. If yes give details.				
Has the person ever proposed for any personal accident insurance.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes details of Insurance Company Period of Insurance Sum Insured.				
Has any company Declined to issue a policy or Imposed any restrictions / special conditions				
Has the proposed person ever claimed or received compensation under any Accident Policy? If yes, give full details				

Signature / Thumb impression of the proposer:



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Acknowledgement

Received the proposal for ACCIDENT CARE INDIVIDUAL INSURANCE POLICY policy from Mr/ Mrs/ Ms. _____ along with payment of Rs. _____/- by Cash / vide Cheque/ DD No. _____ dt. _____ drawn on _____. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide advance premium receipt. If the proposal is accepted, the cover will commence from the date of the advance premium receipt, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Date: _____ **Place:** _____ **Name & Code of the authorised person:** _____ **Signature of the authorised person:** _____

Declaration of the Agent / Intermediary : I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any)			
	code	Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF:	Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF:

Declaration

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons. 2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. 3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. 4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and /or claims settlement and with any Governmental and/or Regulatory authority. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPDR.

Submitted the above proposal for ACCIDENT CARE INDIVIDUAL INSURANCE POLICY along with payment of Rs. _____ by cash/vide cheque/DD no. _____ dated _____ drawn on _____. I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Place	Date	Name	
			Signature / Thumb impression of the proposer:

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

I hereby confirm that the details have been explained to the proposer.

Date	Name of the person who explained	Signature of the person who explained

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer

Prohibition of Rebates: Section 41 of Insurance Act 1938.

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 liable for a penalty which may extend to ten lakh rupees.