Proposal Form No.:

STARE HEALTH AND ALLED INSURANCE COMPANY LIMITED Support Support Support Support Support Support Support Support Support Support Sup	Star H	ealth and Allied Insurance Co. Ltd.						P	roposal Form
FAMILY ACCIDENT CARE INSURANCE POLICY Unique Identification No: SHAHL P21042V10211 Proposal Form - Unique Reference No: SHAIPR054 Policy No. The company will not be on risk with the proposal has been accepted and full payment of premum has been received. Please fill up the form in block letters. Also submit photographis of each of the person proposed for insurance for issuance of identity cards. Policy issuing Office: SM CODE SM NAME ACENT / CORPORATE ACENT / BROKER / MIC CORPORATE BROKER / BROKER	The	STAR Health Personal & Caring	Regd. & Cor Cheni	rporate Office: 1, I nai - 600 034. ★ P	New Tank Street hone : 044 - 282	:, Valluvar Kotta 288800 ★ Email	m High Road, Nung : support@starhea	jambakk alth.in	am,
Unique Identification No: SHAHLIP21042/10211 Policy No: The company will not be on risk unit the proposal has been accepted and full payment of premum has been received. Policy No: Place SIII up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity cards Policy No: Policy Issuing Office: SM CODE SM NAME CORPORATE ACENT / CORPORATE ACENT / CORPORATE ACENT / CORPORATE ACENT / CORPORATE ACENT / CORPORATE BUSINESS TYPE Social Sector Classification*: L the romal bector classification*: L thermal Bector L thermal Bector IFYES: a. Unragnised Sector C other Classification*: L thermal Bector This classification is under the classification is under up on the sector classification*: IFYES: a. Unragnised sector Informal Sector Urban In acria This classification is under up on the sector secoresector secoresector sector sector sector sector sector sector									
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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 heteropersonal 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 DOMMYYYY Occupation of the Proposer Annual Income Rs. Residencial Address: Pin Code : Pin		b. "Economically Vulnerable or Bacc. "Other Categories of Persons" in	kward Classes" ncludes persons	means persons who with disability as de	efined in the Perso	ons with Disabilities			
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PRO / FAC / V.2 / 2020

Star Health and Allied Insurance	C	0.	Lt	d
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Insured person Details (Please fill in the respective column for each person proposed to be covered)

Policy Term : 🔲 1 Year		🗖 2 Y	'ears	Family Physician's Name		Phone			Regn No		
Sum Insured Opted				Rs.			Annual Income	Rs.			
Bank Details of	Account N	lumber					Type of Account :	SB 🗆 CA	Others	s please specify	
the Proposer	Name of t	ne Bank					Name of the Branch			IFSC Code	
Please attach a pho	to copy of c	ancelled cheque	e leaf of th	e above B	ank Account.		·			· · · · ·	
Payments Details		Policy Premi	um	Rs.		Mode of Payment : C	ash / Cheque / DD / Credit Ca	ard / Debit Card /	NEFT / CC Ma	ndate	
Cheque / DD No.				Date		Drawn on		Branch			

Particulars	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4	Insured Person - 5
Name of the person to be insured					
Relationship with the proposer					
Gender			Healt	•h	
Date of Birth		Personal & C	aring Insur	ance	
Height in cms				unee	
Weight in Kgs	The He	aith insuran	ce Specialis	t	
Occupation / Trade / Business					
Health History					
Is the person proposed for insurance in good health and free from physical and mental disease or infirmity. If not give details					
Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness / injury. If yes, give details.					

Star Health and Allied Insurance Co. Ltd.

Insured person Details (Please fill in the respective column for each person proposed to be covered)

Proposal Form

3 of 4

Particulars	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4	Insured Person - 5
Does the occupation of the proposed persons require engaging in manual labour	YES 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					
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.	YES NO				
If yes details of Insurance Company Period of Insurance Sum Insured.		Personal & C	aring Insur	n ance	
Has any company Declined to issue a policy or Imposed any restrictions / special conditions	The He	alth Insuran	ce Specialis	t	
Has the proposed person ever claimed or received compensation under any Accident Policy? If yes, give full details					

Signature / Thumb impression of the proposer:

Family Accident Care Insurance Policy

\checkmark	
STAR Personal & Carling	Health Insurance
The Health Insurance Spi	ecialist /

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED Acknowledgement

the Cas	h/Cheque will also be	FAMILY ACCIDENT CARE INSI dtdt e acknowledged by our office vide a ce, in case policy is not received wit Place:	drawn on dvance premium receipt. If the p	The Cash/Cheque proposal is accepted, the cover will com		onvenience and banking mium receipt, subject to re Si	with payment of Rs/- by Cash / vide Cheque/ DD No. of the Cash/Cheque does not mean acceptance of risk by us. The receipt of ealization of the Cheque. If the proposal is not accepted, the amount paid will ignature of the uthorised person:
	suitability has bee proposal is true to	<u>e Agent / Intermediary</u> : I / We of en explained to the proposer. The i o the best of my knowledge and rec Enclose Insurance Agent's Confid	nformation furnished in the ommend acceptance of the	Code	ne of the Agent / Specified Person of Corporal Person / Insurance Sales Person (te Agent / Broker Qualified of the IMF:	Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF:
1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, other persons. 2. I understand that the information provided by me will form the basis or declare that I will notify in writing any change occurring in the occupation or general h seeking medical information from any doctor or from a hospital who/which at anytime h and seeking information from any insurer to whom an application for insurance on the p including the medical records of the insured/proposer for the sole purpose of underwritin source of funds for premium paid under this policy is legal. I hereby confirm that the feature				t the above statements, answers and/or p e insurance policy, is subject to the Board th of the life to be insured/proposer after attended on the person to be insured/prop son to be insured/proposer has been mad the proposal and /or claims settlement and as of the product have been understood by	approved underwriting policy of the insure the proposal has been submitted but befo poser or from any past or present employe e for the purpose of underwriting the propo d with any Governmental and/or Regulator	er and that the policy will co re communication of the ri er concerning anything whic osal and/or claim settlemen y authority. I confirm that the llied Insurance Company to	ome into force only after full payment of the premium chargeable. 3. I further isk acceptance by the company. 4. I declare that I consent to the company chaffects the physical or mental health of the person to be insured/proposer int. 5. I authorize the company to share information pertaining to my proposal he payment is made through my card / bank account. I also confirm that the
	dated	bove proposal for FAMIdrawn	onlur				bject to the acceptance of proposal by you.
		Place	Date	Na	ame	Health	
			Th	Persona e Health Ins	al & Caring Aurance Spec	Signature / Thum impression of the proposer:	
	WHERE THE PRO OF THE PROPOS	AL FORM.	NS IN A LANGUAGE DIFFERE details have been explained to the	ENT FROM THAT OF THE LANGUAG	E The contents of the proposal form the product have been fully expla have fully understood the sign proposed contract.	nined to me and I 1. No nificance of the an	ibition of Rebates: Section 41 of Insurance Act 1938. o person shall allow or offer to allow, either directly or indirectly, as n inducement to any person to take out or renew or continue an surance in respect of any kind of risk relating to lives or property in dia, any rebate of the whole or part of the commission payable or any
	Date	Name of the person who	explained Sig	nature of the person who explained	Signature / Thumb impression of	rei ou rei pro 2. An	bate of the premium shown on the policy, nor shall any person taking it or renewing or continuing a policy accept any rebate, except such bate as may be allowed in accordance with the published ospectuses or tables of the insurer. ny person making default in complying with the provisions of this action shall be liable for a penalty which may extend to ten lakh rupees.