



# Insurer LIFE INSURANCE

## LIFE INSURANCE PROPOSAL FORM

Policy Type: Term Life Insurance

### 7. NOMINEE DETAILS

#### 7. NOMINEE DETAILS

Full Name	<input type="checkbox"/> Relationship	YES	Percentage Share	Aadahar /
Pacuimtior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Conditions/Loadings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### DECLARATION BY NOMINEE

Full Name	Relationship	Premium Amount (NR)	Payment Method:
			Paynment Method

#### DECLARATION BY NOMINEE

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### 8. PAYMENT DETAILS

Applicant Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Introducer  
Dignature \_\_\_\_\_ Place \_\_\_\_\_



**[Insurer LIFE INSURANCE**

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### **6. UNDERWRITING DECISION & APPROVAL**

#### **Decision**

Aceision	<input checked="" type="checkbox"/> Postponed	YES	Declined	NO
Paramptior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Conditions/Loadings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### **6. UNDERWITINGS & CONSENT**

Underwriter's Name \_\_\_\_\_

Underwriter's Remarks \_\_\_\_\_

Date \_\_\_\_\_

Signature of Underwriter \_\_\_\_\_

### **CUSTOMER ACKNOWLEDGEMENT**

Applicant Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_ Mumbai \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_



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### 4. LIFESTYLE & OCCUPATION

<b>Nature &amp; Work</b>	Desk-based software development	Age
Work Environment	Office-based	<input type="checkbox"/>
Hazardous Occupation	NO	NO
Hazardous Hobbies	NO	NO

### 5. DECLARATIONS & CONSENT

I, Rahul Mehta, hereby declare that all the statements made above true true the best of knowledge of my best of knowledge belief. I understand, any render my policy void to undergo any medical examination, and to verification of my data and medical history from relevant sources, as deemed necessary by the insurer.

### SIGNATURE SECTION

Applicant Signature: \_\_\_\_\_

Applicant Name:

Rahul Mehta

Mumbai

Date: 15/01/2025

Place



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APPLICANT DETAILS		POLICY DETAILS	
Full Name	Rahul Mehta	Rahul Mehta	
Date of Birth	14/08/1989	Age	
Age of Birth	35 years	Male	
Gender	Software Engineer	Married	
Martial Status	INR 18,00,000	Policy Term	25 years
Annual Income	1XXXXX1,000	Projsul.mehta@example.com	
Mobile Number	9XXXXXXX	Annual	
Residential Address	Flat 1203, Shanti Heights, Andheri East, Andheri East, Mumbai, Mumbai, Maharashtra - 40069		
Proposed Policy	Mumbai, Maharashtra: 15/01/2025		

### MEDICAL DECLARATIONS

Condition		YES	NO
Diabetes	Hypertension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Disease	Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoking / Tobacco Use	Alcohol Consumption	<input type="checkbox"/>	<input type="checkbox"/>

Frequency: Occasionally (1-2 times per month)

Applicant has disclosed controlled diabetes under medication.