

Transcript of Proposal for SMART Super Health Insurance Policy

Quote Number : QRN201711060000807

Policy Number : J9406574

Dear SHILPA,

This is to inform you that the contract under policy number J9406574 has been finalized, based on the information and declaration provided by you, the transcript whereof is mentioned below. We request your confirmation of the same. We would request you to get in touch with us within 10 days in case of any disagreement or any changes with respect to information mentioned below. Please note that the policy has been issued based on the details mentioned in this transcript. We advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

The details that we have received from you is as mentioned below:

I. Proposer details

Name :	SHILPA
Address :	ADDRESS ADDRESS PARK
Fixed Line Contact No. :	9829482934
Mobile Number :	9892834928
Email ID :	LAVANYA.S.DHRUV@BHARTI-AXAGI.CO.IN
DOB :	1/1/1990
Nationality:	Indian
Occupation:	Manager/Administrative
Income :	10000

II. Insured details

Sl.No.	Name	Gender	Date of Birth	Relationship with the Insured	Height	Weight	Occupation	Sum Insured
1	MR NITHIN UG	MALE	6/11/1990	SELF	150	50	Manager/ Administrative	500000
2	MRS KARTHIKA ML	FEMALE	1/8/1990	SPOUSE	150	50	Engineer (Office Duties Only)	

*Family Floater policy will have same Sum Insured for all members

Nominee Details:-	
Name of Nominee for Primary Insured	nominee
Relationship with Primary Insured	Father
In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer. *If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:	
Appointee Name	
Relationship	

III. Product

Plan Opted	Value - 500000
Period of insurance	From 6/11/2017 To 5/11/2020 .
Tenure	3 Years
Sum Insured basis (Individual / Family Floater)	Family Floater
Optional Add-on Benefit	

SL No	Benefit Type	Benefit Opted	Sum Insured	Member
* S1-Self,S2-Spouse,C1-Child1,C2-Child2,C3-Child3				
Premium paid (excluding applicable taxes)		26328.65		
Other Insurer Details				
Policy No		NA		
Insurer		NA		
Sum Insured(Rs)		NA		
Period of Insurance		NA		
Claims lodged		NA		
Cumulative Bonus / Claims Discount, if any		NA		

IV. Health & Life style information

A. Medical History: Below mentioned questions were asked and your replies individually to them were Yes(Y)/No (N) as below. If the answer to any of the questions is Yes, complete details for the same are as in the table for additional medical information. You would have answer the questions truthfully. Please understand that, not doing so may affect your coverage in case of a Claim and may lead to cancellation / termination of the Policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person1	Insured Person2	Insured Person3	Insured Person4	Insured Person5
1. Have you suffered from or are you currently suffering from any disease, illness, disability, injury or accident or advised/consuming medication other than for common cold or undergone/advised/awaiting any surgical procedure (other than Normal /assisted Delivery or Caesarean section without any complication) or undergone any investigations, in the past 4 years?	Y	N	NA	NA	NA
2. Have you ever had or has a doctor ever said that you have any of the following conditions / diseases -: High blood pressure, diabetes or sugar, any heart related ailment, brain stroke, Paralysis, TB or asthma or breathing problem, tumor or cancer, liver or gall bladder diseases, prostrate, kidney or stone diseases, arthritis or bone disease, blood diseases or disorders, ulcer or stomach disorder, eye or ENT disease, dizziness or fits, HIV/AIDS / any other sexually transmitted disease, Ulcer (Stomach / Intestine), Anaemia, Leukaemia or any other blood/lymphatic system disorder	N	N	NA	NA	NA
3. Have you ever had or has a doctor ever said that you have multiple sclerosis, epilepsy, tremors, paralysis, psychiatric/mental illnesses or sleep disorder	N	N	NA	NA	NA
4. Have you or any other member(s) proposed to be insured taken any medication for more than 2 weeks in last 5 years?	N	N	NA	NA	NA
5. Have any of the females proposed to be insured currently suffering from or have ever suffered from Dysfunctional uterine bleeding, Fibroid, Cyst / Fibroadenoma or any other Gynaecological / Breast disorder?	NA	N	NA	NA	NA
6. Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N	NA	NA	NA
7. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-employment check-up?	N	N	NA	NA	NA
8. Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?	N	N	NA	NA	NA
	NA	N	NA	NA	NA

9. Is any of the insured persons pregnant? If yes, please mention the expected date of delivery: _____

B. Detailed information in case any of the questions in section A is ticked 'Yes': Name and details of Illness/ Medicine/Test/Surgery

Name of Insured	Treatment Medical/ Surgical/ Name of Surgery or procedure/ Name of medicines	Diagnosis / Diagnosis date	Date of last consultation	Treatment inpatient / outpatient	Doctor/Hospital Name and Phone No.
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C. Lifestyle Information

Does any person proposed to be insured smoke or consume gutka/pan masala or alcohol. If yes please indicate the name and quantity per day.	Alcohol(Pegs/day)	Smoke(Cigarette/day)	Pan Masala Packets/day)	Others
NITHIN	NA	NA	NA	NA
KARTHIKA	NA	NA	NA	NA

D. Family Doctor's details, if any:

Name:	NA
Qualification:	
Address:	
Contact Number:	Clinic/Hospital Number:

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

Please feel free to contact any of our policy servicing branches as mentioned on our Website for any queries. Alternatively you could call us or mail us on the details provided below.

Toll free Number: :1800 103 2292

Email address: customer.service@bharti-axagi.co.in

Website : www.bharti-axagi.co.in

Bharti AXA General Insurance Co. Ltd.,First Floor, Ferns Icon, Survey No. 28, Doddanekundi, Bangalore - 560 037. IRDA Reg. No. 139.