

## Health Insurance Ai4Social

- The issuance of this form is not to be taken as an admission of liability.
- To be signed by the Insured(Earning member) of the family, or where Insured(Wife or Husband of said Member) is a Partnership or Corporate Body, by an authorized signatory of such Marriage or Corporate Body along with the office seal of the concerned organization.
- Please do not leave any column unanswered.
- All facts and Statements must be factual not influenced or biased in any form.
- The Exclusion of smoking and alcoholics is to avoid any subsequent damage/loss.
- The Company will not be responsible for the same.
- Please read carefully the attached list of documents required for faster processing of your claim.
- All documents provided by the Insured must be Self Attested

Name:

Sname:

Address:

Postcode:

City:

Country:

Gender:

Height:

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We agree that if I/We have made or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement or any suppression or concealment the policy shall be void and all right to recover there-under in respect of past or future accidents shall be forfeited. I understand that the company reserves the right of verification of facts and documents relating to policy and the claim.

Signed:

