

5 Existing / Previous insurance details

Is the proposer or the persons proposed, already insured with any other insurance company? If yes, please attach the policy document/certificate.

Do you have any Health Insurance?	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5
	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want us to consider these details for portability? ☐ Yes ☐ No

6 Medical and life style information

Medical History: Please answer the below mentioned questions Yes (Y) / No (N) individually for all insured members

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.					
	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5
	Y/N	Y/N	Y/N	Y/N	Y/N
1 Have you suffered from or are you currently suffering from any disease, illness, disability, injury or accident or advised/consuming medication 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?					
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, prostate, 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					
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					
4 Have you or any other member(s) proposed to be insured taken any medication for more than 2 weeks in last 5 years?					
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?					
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?					
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?					
8 Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?					
9 Is any of the insured persons pregnant? If yes, please mention the expected date of delivery: _____					

Section B: Have any person proposed to be insured received any advice/ treatment / consultation for any medical condition in the last 4 years?

☐ Yes ☐ No

If yes, please specify details of Illness/ Medicine/Test/Surgery/Dioper grade below:

	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5
Name of the insurer					
Name of Pre-Existing Diseases/ Illness/ Surgery					
Diagnosis Date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Date of last consultation	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Treatment Inpatient / Outpatient					
Doctor/Hospital Name & Phone No.					

Section C: Does any person proposed to be Insured smoke or consume Gutka/ Pan Masala /alcohol? If yes, please indicate the name of the brand and quantity per week.

Smoke (No of Sticks)					
Alcohol (No of pegs/Beer Bottles) (Each Peg is 30 ml)					
Pan Masala (No. of Pouches)					
Others					

Section D: Family Doctor's details, if any:

Name:	Contact Number:	Clinic/Hospital Number:
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7 Premium payment details

Instrument Type: ☐ Cheque ☐ Demand Draft ☐ Debit Card ☐ Credit Card

Name of the Premium Payer	Instrument No. (DD/Cheque/Card No.)	Date	Bank Name	Amount (Rs.)

8 Prohibition of rebates (Section 41) of the insurance act 1938

- 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 or 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 prospectus or tables of the Insurer.
- Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten lakhs rupees.

9 Declaration(s) (all details provided are true & accurate to your knowledge)

- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer of from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
- I/We 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/We am/are authorized to propose on behalf of these other persons.
- I/We understand the information provided by me will form the basis of insurance Policy, is subject to the Board approved underwriting policy of the insurance company and that the Policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/We notify in writing any change occurring in the occupation or general health of the life to be insured/ propose after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/ or Regulatory authority.

10 Authorization for electronic Policy fulfillment and service communications

I would like to protect my environment and would like to help save paper by authorizing Bharti AXA General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form.

(Note : Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

☐ Yes ☐ No

I hereby consent to and authorize Bharti AXA General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing Policy of Company from time to time.

☐ Yes ☐ No

Date: _____

Proposer's Signature _____

Place: _____

11 Vernacular Declaration

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer: _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same

Signature of Proposer : _____

Signature of witness: _____

Date: _____

Name of witness: _____

Place: _____

12 Agent's declaration

I, _____ in my capacity as an Insurance Advisor/ Corporate Agent/ Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, along with the nature of the questions contained in this Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between Bharti AXA General Insurance Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been any non-disclosure of material fact, the Policy issued to his/ her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/ Corporate Agent/ Broker/ Relationship Officer): _____

Date: _____ Place: _____ Signature of Agent: _____

Checklist

Please check the following documents are attached along with the proposal form:

- ☐ 1. Renewal Notice(s) with claim details
- ☐ 2. Photocopies of all previous policy schedules and endorsements (mandatory in case policies declared in sec 5)

13 To be filled by Bharti AXA General Insurance employee

Bharti AXA Office Code: _____ Branch Receipt Date: _____ Sales Manager's Code: _____ Intermediary Code: _____

Acknowledgement

Customer copy

Application No. _____

Name of Proposer: _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/demand draft/others of amount of Rs. _____

Place: _____

Date: _____

Signature and Seal : _____

Neither the submission to us of a completed proposal for insurance nor any payment for any Policy sought obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized or non-fulfillment of Health Check-up. If we do not accept the proposal, we will inform you and refund the payment received from you without interest within next 30 days.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/SuperSHIP/TrueTongue/08-17. Insurance is the subject matter of solicitation.

Schedule of Benefits													
SALIENT FEATURES & BENEFITS	Value		Classic			Uber							
	5L	7.5L	10L	15L	20L	20L	30L	50L	60L	70L	80L	90L	100L
Basic cover	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
In-patient Treatment													
Pre-hospitalization - 60 Days													
Post-hospitalization - 90 Days													
Organ Donor													
Day care Treatment (Included as per policy wording)													
Ayush Treatment													
Domiciliary Hospitalization													
Other Benefits (Per Policy Period including all members)													
No Claim Bonus	Included as per policy wording		Included as per policy wording			Included as per policy wording							
Health Check-up	Annual – Basic Included as per policy wording		Annual – Extended Included as per policy wording			Annual – comprehensive Included as per policy wording							
Restoration of Sum Insured	Up to 100% of Sum Insured		Up to 100% of Sum Insured			Up to 100% of Sum Insured							
Emergency Surface Ambulance charges	Rs.3000/event		Rs.3000/event			Rs.3000/event							
Convalescence Benefit (on continuous 10 days hospitalization or more)	Not Available		Rs.10,000			Rs.15,000		Rs.20,000					
Outpatient emergency treatment (Accident only)	Not Available		Rs.2,500			Rs.10,000		Rs.10,000					
Animal bite (Vaccination)	Not Available		Rs.2,500			Rs.5,000		Rs.5,000					
Domestic Air Ambulance (max once in a Policy year / per life)	Not Available		Not Available			Up to Rs. 1,00,000		Up to Rs. 2,00,000					
Outpatient Dental emergency (arising out of Accident only)	Not Available		Not Available			Rs.5,000		Rs.7,500					
Optional Add-on Benefit (on payment of additional premium): Covered only if specified in Policy schedule													
Hospital cash allowance (Up to Maximum up to 30 days with one day deductible)#	Option of Rs.500, 1000 / day		Option of Rs.500, 1000, 2000 / day			Option of Rs.500, 1000, 2000, 3000 / day							
Maternity Benefit: -Maternity Benefit with 9 month waiting period, up to first 2 deliveries/MTP in lifetime (available only with 3 yr. Policy term) -New Born Baby for first 90 days	Rs.35,000 - Maternity Rs. 25000 - New Born		Rs.50,000 - Maternity Rs.50,000 - New Born			Rs.75,000 - Maternity Rs.75,000 - New Born		Rs.1,00,000 - Maternity Rs.1,00,000 - New Born					
Lump sum benefit for critical illnesses (over and above the Sum Insured)*	Option of Rs.2L, 3L, 5L, 7.5L, 10L, 15L, 20L, 25L, 30L												

*Critical Illness Sum Insured opted should not be more than the Sum Insured under section 2.1 , Critical Illness cover is available for Insured/Insured person(s) selected, with each member having Individual limit of coverage, however limits for Insured/Insured person(s) cannot be different from each other.

Hospital Cash allowance if opted has to be opted for all Insured/Insured person(s) in a Policy with common limit for Insured/Insured person(s)