

Proposer Details				
Name	Mr. Shine K S(Married)		Address	kottikkathara house elamkunnapuzha P O
Date of Birth	07-03-1989		Mobile No	xxxxxxxx139
Primary Email	###neksr@gmail.com		City	Kochi(Kerala)
Pincode	682503		State	Kerala

Member Information													
	Name	Height(In)	Weight(Kgs)	Gender	Birth Date (DD-MM-YYYY)	Proposer	MaritalStatus	Nominee	Relationship with Nominee		Age	Occupation	BMI
Relation Self	Shine K S	64	67	Male	07-03-1989	Yes	Married	Surya K R	Wife		35	Salaried	25.3540546143592
Relation Spouse	Surya K R	63	40	Female	03-05-1990	--	Married	Surya K R	Wife		34	House wife	15.6210944822998
Relation Son	Saavio Indheer K S	43	170	Male	30-04-2019	--	Single	Surya K R	Wife		5	Student	142.509749594945

Booking Information									
Ref ID	Insurer	Plan		Sum Insured		Term	Premium	Proposal No	Payment Status
0	Niva Bupa (formerly known as Max Bupa)	ReAssure 2.0 Bronze+ (Direct)		500000		1	17781		NA

Member Name	Question	Answer	Description	Policy Type
Shine K S	Other than common cold, flu, infections, minor injury or other minor ailments; have you ever been hospitalized for more than 5 days, undergone / advised to undergo any surgical procedures, or taken any medication/ had any symptoms for more than 14 days? Medication is including but not limited to inhalers, injections, oral drugs and topical applications.	No		Health Policy
Shine K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Shine K S	Onset date	No		Health Policy
Shine K S	Medicine Name	No		Health Policy
Shine K S	Dosage	No		Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Shine K S	Treating doctor's name & contact details	No		Health Policy
Shine K S	Have you ever had adverse findings to any diagnostic tests or investigations such as Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC?	No		Health Policy
Shine K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Shine K S	Onset date	No		Health Policy
Shine K S	Medicine Name	No		Health Policy
Shine K S	Dosage	No		Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Shine K S	Treating doctor's name & contact details	No		Health Policy
Shine K S	Do you have diabetes or high blood pressure?	Yes		Health Policy
Shine K S	Diabetes	No		Health Policy
Shine K S	Are you on insulin ?	No		Health Policy
Shine K S	HbA1c level of last 3 months	No		Health Policy
Shine K S	Onset date	No		Health Policy
Shine K S	Medicine Name	No		Health Policy
Shine K S	Dosage	No		Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Shine K S	Treating doctor's name & contact details	No		Health Policy
Shine K S	High Blood Pressure	Yes		Health Policy
Shine K S	BP Level Systolic	Yes	134	Health Policy
Shine K S	BP Level Diastolic	Yes	96	Health Policy
Shine K S	Onset date	Yes	01-03-2024	Health Policy
Shine K S	Medicine Name	Yes	na	Health Policy
Shine K S	Dosage	Yes	na	Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	Yes	Partial Recovery	Health Policy
Shine K S	Treating doctor's name & contact details	Yes	na	Health Policy
Shine K S	Have you ever been diagnosed or treated for any genetic / hereditary disorders or HIV / AIDS?	No		Health Policy
Shine K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Shine K S	Onset date	No		Health Policy
Shine K S	Medicine Name	No		Health Policy
Shine K S	Dosage	No		Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Shine K S	Treating doctor's name & contact details	No		Health Policy
Shine K S	Have you ever been diagnosed or treated for any mental/ psychiatric disorders?	No		Health Policy
Shine K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Shine K S	Onset date	No		Health Policy
Shine K S	Medicine Name	No		Health Policy
Shine K S	Dosage	No		Health Policy
Shine K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Shine K S	Treating doctor's name & contact details	No		Health Policy
Shine K S	Does any of the applicants Smokes Cigarettes/Bidi/Cigar	No		Health Policy
Shine K S	Please specify consumption per day	No		Health Policy
Shine K S	Does any of the applicants takes alcohol	No		Health Policy
Shine K S	Is Daily Drinker	No		Health Policy
Shine K S	Please specify ml per week	No		Health Policy

Shine K S	Does any of the applicants Chew tobacco/Gutkha/Pan Masala	No		Health Policy
Shine K S	Please specify number of pouches per day	No		Health Policy
Shine K S	Qualification	Yes	Graduate	Health Policy
Shine K S	Has any proposal for life, health, hospital daily cash, Personal Accident or critical illness insurance on the life of the applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?	No		Health Policy
Shine K S	Are you a politically exposed person (PEP) or a close relative of PEP?	No		Health Policy
Surya K R	Other than common cold, flu, infections, minor injury or other minor ailments; have you ever been hospitalized for more than 5 days, undergone / advised to undergo any surgical procedures, or taken any medication/ had any symptoms for more than 14 days? Medication is including but not limited to inhalers, injections, oral drugs and topical applications.	No		Health Policy
Surya K R	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	Have you ever had adverse findings to any diagnostic tests or investigations such as Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC?	No		Health Policy
Surya K R	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	Do you have diabetes or high blood pressure?	No		Health Policy
Surya K R	Diabetes	No		Health Policy
Surya K R	Are you on insulin ?	No		Health Policy
Surya K R	HbA1c level of last 3 months	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	High Blood Pressure	No		Health Policy
Surya K R	BP Level Systolic	No		Health Policy
Surya K R	BP Level Diastolic	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	Have you ever been diagnosed or treated for any genetic / hereditary disorders or HIV / AIDS?	No		Health Policy
Surya K R	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	Have you ever been diagnosed or treated for any mental/ psychiatric disorders?	No		Health Policy
Surya K R	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Surya K R	Onset date	No		Health Policy
Surya K R	Medicine Name	No		Health Policy
Surya K R	Dosage	No		Health Policy
Surya K R	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Surya K R	Treating doctor's name & contact details	No		Health Policy
Surya K R	Does any of the applicants Smokes Cigarettes/Bidi/Cigar	No		Health Policy
Surya K R	Please specify consumption per day	No		Health Policy
Surya K R	Does any of the applicants takes alcohol	No		Health Policy
Surya K R	Is Daily Drinker	No		Health Policy
Surya K R	Please specify ml per week	No		Health Policy
Surya K R	Does any of the applicants Chew tobacco/Gutkha/Pan Masala	No		Health Policy
Surya K R	Please specify number of pouches per day	No		Health Policy
Surya K R	Qualification	Yes	Graduate	Health Policy
Surya K R	Has any proposal for life, health, hospital daily cash, Personal Accident or critical illness insurance on the life of the applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?	No		Health Policy
Surya K R	Are you a politically exposed person (PEP) or a close relative of PEP?	No		Health Policy
Saavio Indheer K S	Other than common cold, flu, infections, minor injury or other minor ailments; have you ever been hospitalized for more than 5 days, undergone / advised to undergo any surgical procedures, or taken any medication/ had any symptoms for more than 14 days? Medication is including but not limited to inhalers, injections, oral drugs and topical applications.	No		Health Policy
Saavio Indheer K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Saavio Indheer K S	Onset date	No		Health Policy
Saavio Indheer K S	Medicine Name	No		Health Policy
Saavio Indheer K S	Dosage	No		Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	No		Health Policy
Saavio Indheer K S	Have you ever had adverse findings to any diagnostic tests or investigations such as Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC?	No		Health Policy

Saavio Indheer K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Saavio Indheer K S	Onset date	No		Health Policy
Saavio Indheer K S	Medicine Name	No		Health Policy
Saavio Indheer K S	Dosage	No		Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	No		Health Policy
Saavio Indheer K S	Do you have diabetes or high blood pressure?	No		Health Policy
Saavio Indheer K S	Diabetes	No		Health Policy
Saavio Indheer K S	Are you on insulin ?	No		Health Policy
Saavio Indheer K S	HbA1c level of last 3 months	No		Health Policy
Saavio Indheer K S	Onset date	No		Health Policy
Saavio Indheer K S	Medicine Name	No		Health Policy
Saavio Indheer K S	Dosage	No		Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	No		Health Policy
Saavio Indheer K S	High Blood Pressure	No		Health Policy
Saavio Indheer K S	BP Level Systolic	No		Health Policy
Saavio Indheer K S	BP Level Diastolic	No		Health Policy
Saavio Indheer K S	Onset date	No		Health Policy
Saavio Indheer K S	Medicine Name	No		Health Policy
Saavio Indheer K S	Dosage	No		Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	No		Health Policy
Saavio Indheer K S	Have you ever been diagnosed or treated for any genetic / hereditary disorders or HIV / AIDS?	Yes		Health Policy
Saavio Indheer K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	Yes	sotos syndrome	Health Policy
Saavio Indheer K S	Onset date	Yes	01-05-2020	Health Policy
Saavio Indheer K S	Medicine Name	Yes	no	Health Policy
Saavio Indheer K S	Dosage	Yes	0	Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	Yes	Complete	Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	Yes	na	Health Policy
Saavio Indheer K S	Have you ever been diagnosed or treated for any mental/ psychiatric disorders?	No		Health Policy
Saavio Indheer K S	Details of symptom(s) or investigation(s) or diagnosis or procedure/surgery undergone	No		Health Policy
Saavio Indheer K S	Onset date	No		Health Policy
Saavio Indheer K S	Medicine Name	No		Health Policy
Saavio Indheer K S	Dosage	No		Health Policy
Saavio Indheer K S	Current Status (e.g. Complete/Partial Recovery or Ongoing Treatment)	No		Health Policy
Saavio Indheer K S	Treating doctor's name & contact details	No		Health Policy
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Saavio Indheer K S	Does any of the applicants takes alcohol	No		Health Policy
Saavio Indheer K S	Is Daily Drinker	No		Health Policy
Saavio Indheer K S	Please specify ml per week	No		Health Policy
Saavio Indheer K S	Does any of the applicants Chew tobacco/Gutkha/Pan Masala	No		Health Policy
Saavio Indheer K S	Please specify number of pouches per day	No		Health Policy
Saavio Indheer K S	Qualification	Yes	Non-matric	Health Policy
Saavio Indheer K S	Has any proposal for life, health, hospital daily cash, Personal Accident or critical illness insurance on the life of the applicant ever been declined, postponed, loaded or subjected to any special conditions such as exclusions by any insurance company?	No		Health Policy
Saavio Indheer K S	Are you a politically exposed person (PEP) or a close relative of PEP?	No		Health Policy