



## Activ Assure Diamond Proposal Form - Online

1. Please select the appropriate options.
2. All details marked with (\*) are mandatory.
3. Please mention each information accurately as incorrect information may lead to policy cancellation/ claim rejection.

Application No: 7100507044

Customer ID 4981371 SP Code NA  
 Intermediary Code & Name 5100110-Coverfox Insurance Broking Private Limited

## I. Proposer Details:

Title*: Mr	Gender*: Male	DOB*: 20/01/2001
Name*:	Hursh Vardhan	
Correspondence Address*:	House No 146 , Road No 10 Aditya Garden Adityapur Jamshedpur Ford Showroom Jamshedpur Jharkhand City* Jamshedpur Town (District) Seraikela-kharsawan State* JHARKHAND PIN Code* 832109	
Contact Number*:	STD Code NA Landline Number 7763804674 Mobile Number* 7763804674 Emergency Contact NA Emergency Name / Relationship NA	
Email Id*:	mrssinha8@gmail.com (All proposal/policy related communications will be sent on this e-mail id)	
Identification Type*:	Pan Card,Aadhar Card Aadhar Number - xxxx xxxx 1428 PAN No - AEQPS3642J (PAN No is mandatory in case premium is > Rs 1,00,000 (irrespective of the mode of payment of premium) Or > Rs 50,000 accepted in Cash)	
GST Registration Status:	Consumers GST Identity Number: NA	
UPI Handle	NA	Annual Income 0 (Mandatory for Sum Insured above Rs.50 Lacs)
Marital Status:	SINGLE	
Additional Confirmations*	I declare that the proposer & the proposed insureds are Indian Nationals Yes	

## II. Product / Plan Details\*:

Tenure*: (Discount applicable on 2 & 3 year tenure)	1 yr	Cover*: Individual
Sum Insured (Rs)*:	As per detailed below	

### III. Insured Details\*:

	Insured 1
Name*	Mr. Hursh Vardhan
Relationship with Proposer*	Self
DOB* (dd/mm/yyyy)	20/01/2001
City of Residence*	Jamshedpur
Height*(cms)	172
Weight* (kgs)	58
Sum Insured* (Separate only for Individual cover)	500000
Optional Benefits	Optional cover under family floater policy if chosen will be applicable to all members in the policy except Cancer hospitalization booster which is available for self + spouse relation only. <b>Please tick insured 1 for family floater.</b>
Reduction in Pre Existing Disease waiting period to 24 months	No
Unlimited Reload of Sum Insured	Yes
Super No Claim Bonus	Yes
Accidental Hospitalization Booster (Not available above Rs.1 Cr Sum Insured)	NA
Cancer Hospitalization Booster -Not available above Rs.1 Cr Sum Insured -Available above age of 18 yrs for Individual policy -Available for self + spouse for family floater	NA
Any Room Upgrade (Available with Sum Insured Rs 5Lac and above)	NA

(\*) Mandatory.

Discount applicable for Multi individual policy covering 2 or more persons under same Policy.

### IV. Previous/ Current Insurance Details:

Do you have Previous / Current policy for life, health, hospital daily cash or critical illness insurance? \*

NA

	Insured 1
Previous/Current Insurance Details: *	Self
Insurer Name	Mr. Hursh Vardhan
Claim in previous policy(Yes/No)#	No
Do You want to consider this policy for Portability## (Yes / No)	NO

#Please mention details of claim in 'INFORMATION ON HEALTH AND LIFESTYLE' section

##If yes, portability of policy is not being processed online currently. Please contact our nearest branch for assistance.

### IV. Nominee Details\*:

Nominee Name	Nominee relationship with Proposer	Nominee Contact Number
Saurabh Sinha	Father	7763804674

## VI. Information On Health And Lifestyle\*:

Please answer the following questions in "Yes" OR "No" with respect to all persons proposed to be insured. Note - Please answer all below mentioned questions for each Insured. Please attach discharge card / summary, all consultation papers, investigation reports, histopathology reports, disability certificate from civil surgeon if any.

	Insured 1
Have you ever been diagnosed with /advised / taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following? <b>If YES then please mention Details in the additional information section below.</b>	Self
* Any form of Heart Disease, Peripheral Vascular Disease, procedures like Angioplasty/PTCA/By Pass Surge , valve replacement etc	No
* Diabetes, High blood pressure, High Cholesterol, Anaemia / Blood disorder (whether treated or not).	No
* Tuberculosis (TB), any Respiratory / Lung disease	No
* Disease of Eye, Ear, Nose, Throat, Thyroid	No
*Cancer, Tumour, lump, cyst, ulcer	No
*Disease of Kidney, Digestive tract, Liver/Gall Bladder, Pancreas, Breast, Reproductive /Urinary system, or any past complications of pregnancy/ child birth including high blood pressure or diabetes etc	No
*Disease of the Brain/Spine/Nervous System, Epilepsy, , Paralysis, Polio, Joints/Arthritis, Congenital/ Birth defect, Physical deformity/disability, HIV/AIDS, other Sexually Transmitted Disease or Accidental injury or any other medical (other than common cold & viral fever) or surgical condition or Investigation parameter has been detected to be out of range/ not normal?	No
Was any proposal for life, health, hospital daily cash or critical illness insurance declined, deferred, withdrawn or accepted with modified terms, if yes please provide details in additional information	NA

Do you consume any of the following substances?(if yes, please mention the quantity)

Alcohol [30ml ( number of pegs) of hard liquor/ pints of beer/ glass of wines]/ <b>Week.</b>	0
Smoking (Number of Cigarette/bidi sticks)/ <b>Week.</b>	0
Pan Masala/Gutkha (Number of small	0
Any Other substance (Name & Quantity)/ <b>Week.</b>	NA

### Additional Information:

Member Name	Details (Disease name, disability %, Date of Diagnosis, Last Consultation Date, Name of Surgeon (if any), Details of Treatment given(hospitalization/OPD)
Mr. Hursh Vardhan	NA

## VII. Declaration & Authorization\*:

I 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 am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date: 26/11/2019

Place: MUMBAI

## VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory):

Do you want Us to create an EIA account for you: No

Email id (Registered with Insurance Repository) : NA

### Section 41 of Insurance Act 1938 (Prohibition of rebates):

1) 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 of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### Cookies

Aditya Birla Health Insurance uses the technology known as "cookies" to track usage patterns, traffic trends and user behaviour, as well as to record other information from the website. For certain services provided on this website, cookies allow Aditya Birla Health Insurance and/or its group companies/affiliates to save information locally so that you will not have to re-enter it the next time you visit. Many content adjustments and customer service improvements are made based on the data derived from cookies. The information we collect from cookies will not be used to create

The User may set his/her/its browser to refuse cookies. If the User so chooses, the User may still gain access to most of the Website, but the User may not be able to conduct certain types of transactions (such as shopping) or take advantage of some of the interactive elements offered.

If the User uses any of the sharing features that may be offered by this Site, the User's friend's email address will not be retained on Aditya Birla Health Insurance Website or used in any way by Aditya Birla Health Insurance or its group companies/affiliates

## IX. Post Payment Questionnaire

### Bank Account Details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account.

Name as in Bank Account:	Hursh Vardhan			
Bank Name:	NA		Account Number:	NA
Bank Branch:	NA	IFSC Code:	NA	
Bank City:	NA	Account Type (Current /	NA	

I agree and undertake to intimate in writing to Aditya Birla Health Insurance Company Ltd. about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Date: 26/11/2019

Place: MUMBAI

This proposal has been authenticated by the Proposer through an OTP sent on the registered mobile number 7763804674 on 26/11/2019

Cancelled cheque should be attached along with the NEFT format. In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation shall be required.

**DISCLAIMER :** Aditya Birla Health Insurance Company Ltd. shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation - failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete / incorrect information by Customer / Policy Holder. Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility.