



general insurance

SMARTHEALTH CRITICAL ILLNESS INSURANCE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Intermediary/Sales Officer Name Code
Branch Name Code
Sales Manager's Name Code
Campaign Name Code
Initiative Code Business Indicator
Rural Indicator Yes No

PROPOSER'S DETAILS

Name Mr./Mrs./Ms./Dr.
Profession or Occupation
Communication (Postal) Address
Pin code State
Contact Nos. Mobile No. Office +91
Residence +91 E-mail ID

DETAILS OF INSURED PERSON(S) (THE PERSON(S) TO BE INSURED)

Sl. No.	Name	Date of Birth	Gender	Height	Weight	Relationship with the Proposer	Name of Nominee	Relationship of Nominee with the Insured Person
						Self		
						Spouse		
						Dependent child		
						Dependent child		

Do you or any of your family members who have proposed for this insurance suffer from any disease or illness? Yes No

1. Have you or any of the Insured Person(S) suffered / are suffering from any disease / illness? Yes No

If yes, indicate in the table below.

Sl. No.	Name	(a) Name of disease / illness suffering from (b) Treatment / medication received / receiving	When first treated	Name of attending medical practitioner / surgeon with his/her address and telephone no.	If fully cured? Answer Yes / No

FAMILY DOCTOR'S DETAILS

Name

Contact Nos. Mobile No.

Clinic/Hospital/Nursing Home No. +91

PLAN DETAILS

Please Tick against the plan / sum insured.

(Please refer to our Plan Benefits for various coverage options available)

Type of Plan – Reimbursement Benefit

Sum Insured – 2,00,000 3,00,000 5,00,000

** Applicable for Insured Person (self) only

Period of Insurance*: From : To :

*Applicable only where medical examination is stated to be not required by the Company.

In case medical examination is to be done, the policy shall commence on or after the date of approval by underwriter or the date of receipt of premium by the Company, whichever is later

DETAILS OF OTHER INSURANCE POLICY

Details of any other Insurance like Medclaim, Cancer Policy, Critical Illness or any other Medical Insurance Policy (Please attach a photocopy)

Sl. No.	Name & Address of Insurance Company	Sum Insured	Period of Insurance		No Claim Bonus %	Claims Received / Receivable (Rs.)	Nature of Problems
			From	To			

Any other information relevant for this insurance.

PAYMENT DETAILS

Kindly select one Cheque D.D. Cash

Cheque/D.D. no. Dated

Bank and Branch Name

Premium Amount Rs.

In words

DECLARATION

I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I / We agree and undertake to convey to Bharti AXA General Insurance Company Limited any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

Date:

Place:

Signature of the proposer

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 five hundred rupees.

FOR OFFICE USE ONLY

1. Whether medical test required? Yes No

Test advice date given by the underwriter

If yes, please mention date of medical examination

2. Whether proposal has been approved? Yes No

a. If yes,

i. Please indicate premium

ii. Date of approval

iii. Period of Insurance

iv. Special conditions, if any

b. If no, please mention the reason for not accepting the proposal

Name of Underwriter

Signature of Underwriter

Employee Number

Insurance is the subject matter of the solicitation.



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Bharti AXA General Insurance Company Limited

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