



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

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SmartHealth Essential Insurance Policy- Proposal Form

Important Note

Issuance of this form is not to be taken as admission of liability. Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate. Please answer all questions completely and do not leave any blanks: in case any question is not relevant, please mention "Not applicable"; The insurance is not effective until the proposal is accepted and premium received.

1 Intermediary details

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

2 Proposer's details

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

3 Details of insured person(s) (the person(s) to be insured)

| Sl. No. | Name | Gender | Height | Weight | Date of Birth | Sum Insured Opted | Relationship with the Proposer | Occupation/ Profession | Nationality |
|---------|------|--------|--------|--------|---------------|-------------------|--------------------------------|------------------------|-------------|
| 1. | | M/F | | | DD/MM/YYYY | | | | |
| 2. | | M/F | | | DD/MM/YYYY | | | | |
| 3. | | M/F | | | DD/MM/YYYY | | | | |
| 4. | | M/F | | | DD/MM/YYYY | | | | |

4 Nominee details

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

| Nominee Name | Relationship | Address of the Nominee |
|--------------|--------------|------------------------|
| | | |

Name and Address of appointee if the nominee in minor _____

5 Medical and Life Style Information

- a. Has the insured or any of the insured person(s) ever suffered/currently suffering from any disease/illness/injuries/pain/symptoms. Yes No
- b. Has the insured or any of the insured person(s) ever been under any regular medication (self/prescribed)? Yes No
- c. Undertaken any lab/blood tests, imaging tests viz. scans/MRI/CT in the last 5 years other than routine health check-up or pre-employment check-up? Yes No
- d. Is any of the insured/insured members currently pregnant? Yes No

If yes, please mention the expected date of delivery _____

Please provide details _____

| Have any person proposed to be insured received any advice/ treatment / consultation for any medical condition. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|--|---|----------------|---------------------------|----------------------------------|----------------------------------|
| If yes, please specify details of Illness/ Medicine/Test/Surgery/Injury below: | | | | | |
| Insured Name | Name of Pre-Existing Diseases/ Illness/ Surgery | Diagnosis Date | Date of last consultation | Treatment Inpatient / Outpatient | Doctor/Hospital Name & Phone No. |
| | | DD/M M/YYYY | DD/M M/YYYY | | |
| | | DD/M M/YYYY | DD/M M/YYYY | | |
| | | DD/M M/YYYY | DD/M M/YYYY | | |
| | | DD/M M/YYYY | DD/M M/YYYY | | |

| Does any person proposed to be Insured smoke or consume gutkha/ Pan Masala /alcohol? If yes, please indicate the name and quantity per week | Smoke | Alcohol | Pan Masala | Others |
|---|-------|---------|------------|--------|
| Insured 1: | | | | |
| Insured 2: | | | | |
| Insured 3: | | | | |
| Insured 4: | | | | |

Any other information relevant for this insurance.



I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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 for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

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.

Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information (“hereinafter cumulatively referred to as “INFORMATION”), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: _____

Place: _____

Signature of the Proposer

11 Prohibition of rebates (section 41) of the Insurance Act 1938

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 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.
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.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/SHE/THINQ/08-15. Insurance is the subject matter of solicitation.