- Broker: Loyal Insurance Brokers Ltd. BAGJ/PF/GHJ/M/06D@wnloaded from www.insureatclick.com **BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,** RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100.

Toll Free Helpline: 1800-103-2292

E-mail: customer.service@bharti-axagi.co.in

SMS <SERVICE> to 5667700

Website: www.bharti-axagi.co.in



SMARTHEALTH - GROUP INSURANCE POLICY

Please fill th	is form in Block Lett	ers and Tick the Boxes \overline{prime} where a	appropriate	GHS		
(Please ans realisation o		ompletely. This policy commences o	only after the proposal	is accepted and subject to		
		INTERMEDIARY DI	ETAILS			
Intermediar	y/Sales Officer Name			Code LIIIII		
Branch Nan	ne			Code L		
Sales Manag	ger's Name			Code LLLLLL		
Campaign N	Name			Code		
Initiative Co	de		Business Indi	cator L		
PROPOSER'S DETAILS						
Name		M/s.				
Communication (Postal) Address						
	Pin code	e				
Contact Person						
Contact No:	Contact Nos. Mobile No. Office +91					
Fax No.						
Business Category						
Period of Insurance From DIDIMINIYIYIY To DIDIMIMIYIYIYIY						
		COVERAGE DET	AILS			
Total numb	per of persons to be in	nsured				
Are all your employees/ members proposed for insurance? Yes No						
Do you want to include various available extensions/ benefits in this Policy? Yes No If yes, please give details and specify limits from the same in the following format. (Please use separate sheet if required.)						
SI. No.	Exte	nsion / Benefit Details	Sum Insured	Other remarks, if any		

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PREVIOUS CLAIMS EXPERIENCE FOR THE THREE PRECEDING YEARS					
Year	Premium (Rs.)	Incurred Claims (Rs.)			
Please furnish the ben	efits required:				
Please furnish the ben	efits under the existing insurance scheme:				
Has any Insurance Co	mpany				
i. Declined to issue p		Yes No			
ii. Declined to continu	ue your insurance?	Yes No			
iii. Not invited renewa	ıl of your policy?	Yes No			
iv. Imposed any restric	ctions or special conditions?	Yes No			
If yes, give names and	address of each company in respect of i), ii), iii), a	and iv) above			
	PREMIUM PAYMENT	DETAILS			
Kindly select one	Cheque D.D./P.O.	Cash			
Cheque/D.D./P.O. r	no. Dated	DIMIMIAIAIA			
Bank Name					
Premium Amount Rs.					
	DECLARATION AND UNDERTAKIN	NG BY THE PROPOSER			
from any doctor who has at	hat the above statements, answers and particulars are true and co	omplete. I/We consent to the Company seeking medical information my/our physical or mental health and I/ we authorize giving of such			
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 the policy.					
Date:					
Place:					
		Proposer's Signature			

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 provision/s of this section shall be punishable with fine, which may extend to five hundred rupees.