

Details of person(s) proposed to be insured

Section A : Personal Details		Member 1	Member 2	Member 3	Member 4
Details					
Name	First name				
	Last name				
DOB		dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
Gender					
Nationality					
Relationship with Proposer					
Marital Status					
Occupation					
Height (in cms.)					
Weight (in kgs.)					

Has any person to be insured been diagnosed/hospitalized/under any treatment for any illness / disease or injury during any time in past?
If yes please select the disease / injury as mentioned below. If others, please specify

A. Diabetes	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
B. Hypertension	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
C. Respiratory disorder(s)	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
D. HIV/AIDS/STD	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
E. Liver disease(s)	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
F. Cancer/Tumor	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
G. Heart Disease(s)	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
H. Arthritis/Joint pain	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
I. Kidney Disease(s)	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
J. Paralysis/Stroke	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
K. Congenital Disease(s)	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
L. Injury	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]	<input type="checkbox"/> Yes [mm/yyyy]
M. Others (Please Specify) Name of Disease / Injury				
Since	[mm/yyyy]	[mm/yyyy]	[mm/yyyy]	[mm/yyyy]
Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Section B: Current/Previous Health - Insurance details

Details		Member 1	Member 2	Member 3	Member 4
Name of Insurer					
Policy no.					
Policy period	From (DD/MM/YYYY)				
	To (DD/MM/YYYY)				
Sum Insured (`)					
Type of Cover	<input type="checkbox"/> IND <input type="checkbox"/> FLOATER	<input type="checkbox"/> IND <input type="checkbox"/> FLOATER	<input type="checkbox"/> IND <input type="checkbox"/> FLOATER	<input type="checkbox"/> IND <input type="checkbox"/> FLOATER	
Have any of the persons to be insured ever filed a claim with their current / previous insurer? If yes, please provide details on a separate sheet	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

- ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information. Yes/No (non selection, the option shall be constructed as "Yes" by the Company)
- xii. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

Signature: _____ Date: | d | d | | m | m | | y | y | y | y | Place: _____

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature : _____

Date: | d | d | | m | m | | y | y | y | y | **Place:** _____

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 of 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 published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to ` 500/-

Reliance General Insurance Company Limited.
 Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.
 Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.
 Corporate Identity Number U66603MH2000PLC128300.
 Insurance is a subject matter of solicitation. IRDA Registration No. 103.UIN: IRDA/NL-HLT/RGI/P-H/V.I/315/13-14

Registered & Corporate Office Address

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 For any assistance call **1800 3009** (toll free)