

Proposal Form for Reliance Individual Mediclaim Policy

(to be filled in ALL RESPECTS in BLOCK LETTERS)

Intermediary Details

Intermediary Name Code
Branch Name Code
Sales Manager Name Code

Proposer's Details

Name of the Proposer Mr. Ms. F I R S T M I D D L E L A S T
Address of the Proposer Plot No./Door No. Building Name
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Residence Number Mobile
Email ID Pan Number

Family Doctor Details

Name Dr. F I R S T M I D D L E L A S T
Address for the Doctor Plot No./Door No. Building Name
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Telephone Mobile
Fax Qualification

Details of Insured Person/(s) (The person/(s) to be Insured)

Sr. No.	Name	Gender	Date of Birth	Occupation	Relationship with the Proposer	Sum Insured	Is there any pre-existing disease/illness/condition	Nominee Name	Relationship with Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Are/were you a regular Smoker or consumer of Tobacco (chewing paste), Gutka, Pan Masala in any form? Yes No
If yes, duration you are / were smoking / consuming _____
- Have you suffered / are you suffering from any disease / illness due to the same? Yes No
If yes, please furnish details _____

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Proposer's Full Name Mr. Ms.
Sum Insured
Cheque/DD No. Cheque/DD Date d, d, m, m, y, y, y, y Cheque/DD Amount
Drawee Bank
Intermediary Name Code
Branch Name Code
Sales Manager Name Code

Intermediary Signature _____

3. Does any person to be insured suffer or has suffered from any of the following?
Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma, anti-respiratory condition, cancer or tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/birth defects/diseases, AIDS or tested positive for HIV.

If yes, indicate in the table given below

Yes No

4. Does any person to be insured receive any treatment/ medication or has he/she in the past received treatment to any medical condition?

If yes, indicate in the table given below

Yes No

5. Any other information relevant for this insurance.

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

Details of Other Insurance Policy

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

Policy No.	Name and address of Insurance Company	Sum Insured (Rs.)	Period of Insurance		Cummulative Bonus%	Claims Received/ Receivable (Rs.)	Nature of claim
			From dd/mm/yy	To dd/mm/yy			

7. Details of previous claims history (where required please furnish details in a separate sheet) _____

8. Details of Commulative Bonus (please attach necessary proof form the insurance company with whom you have the expiring insurance policy) _____

Payment Details

Cheque DD

Cheque or DD Amount _____ /- Amount in words (_____)

Bank Name _____

Cheque/DD No. _____ Cheque/DD Date | d | d | m | m | y | y | y | y |

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove 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 hereby understand and agree that Reliance General Insurance Co. Ltd. may share my/our contact information like name, company name, address, phone numbers and e-mail address etc given by me/us herein, with their affiliate/group companies and also accept to be contacted, receive communications for any promotional activities and other related services of Reliance General Insurance Co. Ltd. and its affiliate/group companies. Yes No

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

Period of Insurance starting from | d | d | m | m | y | y | y | y | To | d | d | m | m | y | y | y | y |

Signature 1. _____ 2. _____ 3. _____ 4. _____

Date | d | d | m | m | y | y | y | y | Place _____

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

Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) | **3989 8282** (local charges apply)

