

SmartHealth Insurance Policy - Proposal Form

Important Note

Income tax benefits under Section 80D of the Income Tax Act 1961 would be applicable subject to premium for this policy being paid by Cheque / Credit Card / DD.

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

1 Staff details

Branch Name Code

Sales Manager's Name Code

Initiative Name Code

Business Indicator Rural Indicator ☐ Yes ☐ No Intermediary Code

2 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

(Please mention at least one of your contact numbers)

3 Family doctor's details

Name

Contact Nos. Mobile No.

Clinic/Hospital/Nursing Home No. +91

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

Sl. No.	Name	Gender	Height	Weight	Date of birth	Relationship with the proposer	Name of nominee	Relationship of nominee with the insured person

Note: The insured person(s) has to undergo medical examination in the following condition(s).

Plan	Sum insured (Rs.)	Age band of insured person	Without any pre-existing condition	With pre-existing condition
			Medical examination required?	Medical examination required?
Smart Health Basic	2,00,000	02 Years to 55 Years	No	Yes
		56 Years to 65 Years	Yes	Yes
	3,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
	5,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
Smart Health Premium	3,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
Smart Health Optimum	4,00,000	02 Years to 45 Years	No	Yes
	5,00,000	02 Years to 45 Years	No	Yes

“In case any of the Insured Person(s) is required to undergo medical examination, the Company shall request the Insured Person to undergo Medical Examination at designated Hospital/Diagnostic centre. The Company shall confirm the insurance coverage after scrutiny of medical examination reports and health profile of the Insured Person. It may be noted that Insured Person need not pay for such medical examination/tests, however, in case the proposal is declined, the cost of Health check up i.e. Rs. 630 + service tax as applicable shall be deducted, while refunding the premium.”

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 given below.

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

2. Any other information relevant to this insurance?

5 Plan details

Please tick ☒ against the plan/sum insured.

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

Smart Health Basic		
<input type="checkbox"/> Rs. 2,00,000	<input type="checkbox"/> Rs. 3,00,000	<input type="checkbox"/> Rs. 5,00,000

Smart Health Premium
<input type="checkbox"/> Rs. 3,00,000

Smart Health Optimum	
<input type="checkbox"/> Rs. 4,00,000	<input type="checkbox"/> Rs. 5,00,000

Period of Insurance: From : To :

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

Details of any other Insurance like Mediclaim, Cancer Policy, Critical Illness or any other Medical Insurance Policy (existing or previous)
(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			
1							
2							
3							
4							

7 Payment details

Mode of Payment Cash ☐ Cheque ☐ DD ☐ Others

Cheque/DD Number Dated

Bank and Branch Name

Premium Amount Rs.

In words (Rs.)

8 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 to undergo medical examination as per the advices of the Insurance Company or their representative. I/we understand that in case the proposal is declined, the cost of Medical examination shall be deducted from the refund of premium.

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

9 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 Five Hundred Rupees.

10 For office use only

1. Whether medical test required? ☐ Yes ☐ No

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

For details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale.

Insurance is the subject matter of solicitation.

PF/SHIP/THINO/03-13

