THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

AROGYA SANJEEVANI, THE NEW INDIA ASSURANCE CO. LTD

PROPOSAL FORM

(NIA/Health/20-21/AJ)

Name of the Intermediary:		**Mobile Number:**	
Intermediary Code:		**Email ID:**	

Arogya Sanjeevani, New India Assurance Co. Ltd

The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium. Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.

Note: Loading of 5% on the premium is applicable if any of the proposed member is having Hypertension, Diabetes or BMI>32

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co-operation by the insured will nullify the cover under the policy.

1. Proposer's Details

Name of the Proposer (As per the Id Card)		**Date of Birth**	
Gender (M/F/T)	Male/Female/Third Gender	**Educational Qualifications**	
Residential Address (Permanent)			
	Landmark/Area/City/Town:		
	District: State: Pin:		
Address for Correspondence			
	Landmark/Area/City/Town:		
	District: State: Pin:		
Email Id		**Occupation**	
Landline / Mobile Number		**Family Income**	
Nature of Id	PAN Card/Voter Id/Passport/Any other	**Id Card No**	
PAN Card No		**GST No (If applicable)**	

2. Details of persons to be Insured and type of Policy:

Sum Insured: Separate proposal form is required if members of the same family are opting for Individual and Floater Sum Insured's. 1 Proposer, 1 Spouse, 2 Parents, 2 Parents in Law and 4 Children are allowed.

a) Individual Sum Insured: Maximum 10 members can be covered under the policy

b) Floater Sum Insured: Minimum 2 and Maximum 10 members can be covered under the policy.

Details	Name of the Person	DOB	Gender (M/F/T)	Sum Insured		Hyper-tension	Diabe-tes	Height (in mtr)	Weight (in KG)	BMI (KG/ m^2)	Relation with the Policy holder	Occu-pation
				Indivi-dual	Floa-ter							
Member 1						Yes/No	Yes/No					
Member 2						Yes/No	Yes/No					
Member 3						Yes/No	Yes/No					
Member 4						Yes/No	Yes/No					
Member 5						Yes/No	Yes/No					
Member 6						Yes/No	Yes/No					
Member 7						Yes/No	Yes/No					
Member 8						Yes/No	Yes/No					
Member 9						Yes/No	Yes/No					
Member10						Yes/No	Yes/No					

3. ABHA NUMBER/ABHA ID*#

Member name	ABHA Number (14 digits)	Consent to share Medical records with Insurers / TPA's through ABHA
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO
		☐ YES / ☐ NO

 # Disclaimer-Disclosing the ABHA ID in this form will not absolve the Proposer/Members from Disclosure of all Material Facts relating to this Insurance.

***Ayushman Bharat Health Account (ABHA) Declaration :** I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of **The New India Assurance Company Ltd** and/or

with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

4. Nominee Details

Sr. No.	NAME	Relation	Date of Birth	Appointee Name* (If the Nominee is minor)	Relationship with Minor (Nominee)	% Share nominee is entitled to*

***Note- If only one nominee is mentioned insurer will consider his share is 100%**

5. MEDICAL HISTORY: Please answer the following questions with Yes or No (A dash is not sufficient and give full details in respect of all the persons to be insured)

Are all the members proposed for insurance in good health and free from physical and mental disease or infirmity? If no, give details of the illnesses/ diseases for each member. Select the illness/conditions from the table given below:

S. No.	Name of the Person	Nature of illness / pre-existing diseases (*)	S. No.	Name of the Person	Nature of illness / pre-existing diseases (*)
Member 1			Member 6		
Member 2			Member 7		
Member 3			Member 8		
Member 4			Member 9		
Member 5			Member10		

***Table for selecting Pre-Existing Disease (PED)**

Breathing Disorder	Hernia	Spinal or Vertebral Disorders
Cataract	Hypertension	Stroke and T.I.A.
Cholelithiasis	Arthritis and Joint Disorder	Thyroid and Other Hormonal Disorders
E.N.T. Disorder	Kidney Disorder	Uterine Bleeding
Gastritis and Duodenitis	Any Malignancy	Hypertension and Diabetes
Headache Syndrome	Diabetes Mellitus	Hb1AC<7
Ischemic Heart Disease	Enlargement of Prostate	Any other (Please specify)
Haemorrhoids		

6. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If yes, then give details below:

7. Does any of the proposed members for Insurance are suffering from any of the below mentioned Illnesses or Diseases?

Illnesses / Diseases	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7	Member 8	Member 9	Member 10
Sarcoidosis	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Malignant Neoplasms	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Epilepsy	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Heart Ailments	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Cerebrovascular Disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Inflammatory Bowel Disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Chronic Liver Disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Pancreatic Diseases	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Chronic Kidney Disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Hepatitis B	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Alzheimer's disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Demyelinating disease	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
HIV & AIDS	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Loss of Hearing	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Papulosquamous disorder	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Avascular Necrosis	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

8. Has any application or proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by The New India Assurance Co. Ltd or any other insurance company. (Yes/No) If Yes, give details:

9. Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance), either by us or by any other Insurer. If so, give particulars of:

S. No.	Insured Name	Policy No. / Proposal No.	Period of Insurance		Sum Insured	Claims lodged during policy period (Yes/No)	If Yes, Ailment for which Claim was made
			From	To			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

10. Riders Table(YES/NO)

Name of Insured	Critical Illness Rider	Pre and Post Hospitalization Rider	Durable Medical Devices Rider

11. Proposed Period of Insurance : From _____ to _____

12. Mode of Premium Payment (Annual/Half-Yearly/Quarterly/Monthly):

13. Please Tick ☐ if you wish to receive the physical copy.

By Default Policy documents shall be shared to your Registered Email ID.

14. Important:

a) The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer is complete and accurate in all respect.

b) The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance advisor/ Insurance Company.

c) The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

d) The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

15. Proposer Declaration: I declare that the persons proposed for insurance are my family members and I also declare that

(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)

i. None of them suffer from any pre-existing conditions	YES	NO
ii. I consent for the loading of Premium by 5% for each condition, in case any of the proposed member is suffering from Hypertension / Diabetes or having BMI>32	YES	NO
iii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought.	YES	NO

a) "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me 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.

b) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

c) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

d) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or 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.

e) 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."

Signature of Proposer _____

Date : _____/_____/_____ **Place:** _____

Photographs of Insured Persons:

Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo	Photo
Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8	Insured 9	Insured 10
Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature

16. STATUTORY WARNING

Section 41 of Insurance Act, 1938 (Prohibition of Rebates) 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 or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

17. Agent Declaration: I, _____in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Agent :_____Date :_____Place :_____

Agent Code :_____

Signature of the Agent :_____

18. FOR OFFICE USE ONLY:

S No	Name of the Person	Gross Premium	S No	Name of the Person	Gross Premium
Member 1			Member 6		
Member 2			Member 7		
Member 3			Member 8		
Member 4			Member 9		
Member 5			Member10		
Remarks of the underwriter:					
Total Gross Premium					
GST					
Net Premium (Including GST)					

CHOICE OF TPA

Third Party Administrator (TPA) means a Company registered with the IRDAI, and engaged by Us for providing health services.

The following TPAs are allotted for servicing your Policy.

1. Assigned TPA:
2. Optional TPA:

If you wish to change your Assigned TPA to Optional TPA, please sign the below declaration and submit it to the Operating Office.

I wish to change my Assigned TPA to Optional TPA i.e. to _____

Signature of the Proposer_____ Date_____

Recommended by the Office In-charge :_____

Name : _____

Date : _____

Seal :

NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and/or claims directly to your Bank account.

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the company for electronic fund transfer as mode of payment.(cancelled cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank account:

Name(As in Bank Account)	
Name of the Bank	
Name of Branch	
Bank Account Number	
MICR No	
IFSC Code	

I agree and undertake to initiate in writing to **The New India Assurance Company Ltd** about any change in the bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's signature:

Date:

DISCLAIMER: **The New India Assurance Company Ltd.** Shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation – failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder.

Aforesaid NEFT transactions shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. **The New India Assurance Company Ltd** shall be indemnified against any loss/damages/claims caused to **The New India Assurance Company Ltd** in carrying out your aforesaid NEFT instructions.

Instructions

- It is important for these electronic payment systems that the policy Holder's name in the Policy must be exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFSC Code, which is applicable to NEFT only.(a number allotted to each participating bank branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case of cancelled bank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required.
- NEFT Form needs complete in all respect.