



THE NEW INDIA ASSURANCE CO. LTD.

REFERRAL SLIP FOR EXAMINATION AND INVESTIGATION FOR PRE-INSURANCE HEALTH CHECKUP

Referred by BR/DO: _____ Code: _____

To,
Dr. _____

Referring herewith Mr./Mrs.: _____ Aged: _____ Years.

Kindly examine him/her clinically as per the arrangements/agreement with you for the package of investigation given below

Age Group Exceeding 60 Years/having declared PEDs	
1 Complete Blood Count	7 Routine Urine
2 Serum Cholesterol	8 X-Ray Chest PA View
3 HDL Cholesterol	9 ECG
4 Triglyceride	10 Eye Check up
5 SGOT	11 Physician Check up
6 SGPT	12 Blood Sugar FBS & PLBS

We request you to check the identification of proposer and provide the aforesaid medical reports at the earliest.

Authorised Signatory

(WITH STAMP)

The New India Assurance Co. Ltd

Information to be declared and filled by Proposer / Insured

I Mr./Mrs. _____ Understand that the investigation package mentioned above is required to be undertaken in order to check the current medical/health status to detect all the existing diseases or ailments. I, therefore agree to undergo the same and understand that the results of this pre-insurance health check-up may affect terms and conditions and exclusions to the Medclaim policy which I propose to purchase, including specific references for exclusions relating to pre-existing diseases. Further I also understand that this reference for medical examination does not bind the insurer about the acceptance/ non-acceptance of my proposal or deciding about the sum insured.

Date:

Signature:

N.B.

1. Proposer is required to go pre-acceptance Health Check-Up with minimum 12 hrs fasting. That means the proposer can have a plain water intake during this 12 hrs along with usual medicines. However, this usual medicines to be declared during examination the proposer should not consume any food material or beverage during this 12hrs after the last food.
2. The proposer should carry any one out above mentioned identification document along with them for identification.

- | | |
|-----------------------|---|
| a) Passport | b) Income-Tax Permanent Account Number |
| c) Driving License | d) Identity Card Issued by the employer |
| e) CGHS Card (Number) | f) Aadhar Card |

Office Use Only

