



## Proposal Form for Reliance HealthPlus Policy

The Policy does not commence until the proposal is accepted by the Company and premium is paid

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name  Code   
Branch Name  Code   
Sales Manager Name  Code

### Proposer Details

Name of the Proposer ☐ Mr. ☐ Mrs.  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

### Plan / Policy Details

Details of the Family Members to be covered under the Policy:

Sr. No.	Name	Gender	DOB	Relationship with proposer	Occupation	Nominee Name	Nominee Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Self	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan opted ☐ Plan A ☐ Plan B ☐ Plan C

Policy Start Date  d  d  m  m  y  y  y  y

Policy End Date  d  d  m  m  y  y  y  y

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

### Acknowledgement (On behalf of Reliance General Insurance)

Name of the Proposer   
Intermediary Name  Code   
Branch Name  Code   
Sales Manager Name  Code   
Plan opted: ☐ Plan A ☐ Plan B ☐ Plan C  
Cheque/DD No.:  Cheque/DD Date:  d  d  m  m  y  y  y  y Cheque/DD Amount:   
Policy Start Date  d  d  m  m  y  y  y  y Policy End Date  d  d  m  m  y  y  y  y

Signature of Authorised Representative of Reliance General Insurance

Date

### Details of Proposer's Medical History

Sr. No.	Family Member	Details of any Disease/ Illness/Injury suffered or suffering from	Treatment/Medication Received/Receiving	Month & Year when First Treated	Name of Attending Medial Practitioner/ Surgeon with his Address & Telephone no.

(In case of Proposal Forms with pre-existing diseases, the acceptance of the Proposal is subject to approval from the Insurance Company)

## Details of Other Insurance Policy

Details of any other Insurance like Medicaclaim, Critical Illness, Personal Accident or any other Medical Insurance Policy currently held by you or your Family Members.

Policy No.	Name of the Insured / Family Member	Sum Insured	Period of Insurance		No Claim Bonus / Cumulative Bonus%*	Claims Received /Receivable (Rs.)	Name and address of Insurance Company
			From dd/mm/yy	To dd/mm/yy			

\*Please attach necessary proof stating the details of the insurance company with whom you have the expiring insurance policy

### Payment Details

Cheque/DD No.: \_\_\_\_\_ Cheque/DD Date: dd/mm/yyyy Cheque/DD Amount: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

## Declaration

I hereby declare that the statements, answers and particulars given by me 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 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 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 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

## Registered &amp; 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)

