The New India Assurance Company Limited Head Office: 87, M G Road, Fort, Mumbai-400001

PROPOSAL FORM FOR BHAVISHAYA AROGYA

(TO BE FIILED IN BY THE PROPOSER)

	FOR POLICY ISSUING OFFICE USE ONLY
FILL IN ALL PARTICULARS IN BOXES IN BLOCK LETTERS ONE BOX FOR ONE ALPHABET. LEAVE ONE BOX BLANK AFTER EACH WORD. DO NOT SPLIT THE WORD. USE NEXT LINE	Date of Registration
GROUP NAME: M/s GROUP NUMBER: NUMBER OF PERSONS COVERED: NAME OF PROPOSER: 1) Mr. 2) Mis	MARKETING ORGANISATION Name of Prospecting Office Prospecting office Code
FIRST:	Inspector's Name
MIDDLE:	Agent's Code
SURNAME:	Inspector's Name: Agent's Code
M F MALE/FEMALE (Indicate with a X mark): SHORT NAME: ADDRESS FOR COMMUNICATION:	Agent's Licence No Date of Expire: UNDERWRITING entry date:
ADDRESS FOR COMMUNICATION:	Entry Date:

PLACE:	Date of Birth:	
DIN CODE.	Entry Age	
PIN CODE:	(Completed Year) Retirement Age	
	Retirement Age	
DATE OF BIRTH MONTHLY INCOME (Rs.) OCUPATION	(Selected by Proposer)	
	Premium Mode: Single/Annual Payment	
DAY MONTH YEAR	Fremium Mode. Single/Annual Payment	
INSURANCE COVER DESIRED: POLICY RETIREMENT AGE SELECTED	Tabular Premium Rs	
(Choose from 55-60 only)	for SA Rs.50.000	
SUM INSURED (Rs.)		
AS	Sum Assured Rs	
PAYMENT BY ANNUAL/SINGLE PREMIUM	Dollow Dromium C. A. v. T. D.	
(indicate with x mark)	Policy Premium S.A. x T.P.	
	Group Discount Rs.	
PREVIOUS HISTORY OF MEDICAL/HEALTH	(If any)	
INSURANCE:		
(1) ARE YOU AT PRESENT COVERED UNDER ANY OTHER INSURANCE?	Net Rs	
(2) NAME OF INSURER		
(3) PERIOD: COMMENCEMENT DATE OF BENEFITS	Age Proof Accepted Yes No	
	Occupation Code	
HAS ANY PROPOSAL FOR THIS INSURANCE OR	ossapanen esas	
ANY OTHER SIMILAR INSURANCE BEEN REFUSED OR CANCELLED OR HIGHER PREMIUM CHARGED?	State Code Centre Code	
IF SO. GIVE DETAILS		
II 30. GIVE BETAILS	COLLECTION PARTICULARS	
PAYMENT DETAILS:	Receipt/ Collection No.	
PREMIUM AMOUNT Rs	Data of Dansint / Callection	
AMOUNT IN WORDS	Date of Receipt / Collection	
MODE OF PAYMENT: CHEQUEOTHER	D D M M Y Y	
INSTRUMENT NO DATE:		
	AMOUNT COLLECTED	
DRAWN ON:	Rs.	
(Name of Bank & Branch)		
	Signature of Cashier	
DECLADATION.		
<u>DECLARATION</u>		
	(NAME OFFLIE DDODOCED) hander	

1	(NAME OFTHE PROPOSER) hereby
declare and warrant that the above statements are true	and complete. I agree that this
proposal shall form the basis of the contract should the	insurance be effected. If after the
insurance is effected, it is found that the statements, an	nswers or particulars stated in the
proposal form and its questionnaire are incorrect or until	rue in any respect the Insurance
Company shall be undergo liability under this insurance.	

I have read the Prospectus and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company therein

Date: D M Y Signature of the Proposer		
ASSIGNMENT OF POLICY MONIES:		
I		
ASSIGNEE'S NAME		
Assignee's Address for Communication:		
PIN:		
I further declare that the assignee's receipt shall be sufficient discharge to the Company. Dated this day of 200 at		
Witness: Signature: Signature of the Proposer:		
Name & Address		
Specimens Signature of the Proposer: Specimen Signature of the Proposer:		

PROHIBITION OF REBATES

Section 41 of 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 rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
- 2. Any person making default in complying with the provision of this Section shall be punishable with fine which may extend to five hundred rupees.