



general insurance

## SMARTHEALTH - INSURANCE POLICY

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

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

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

### INTERMEDIARY DETAILS

Intermediary/Sales Officer Name  Code   
Branch Name  Code   
Sales Manager's Name  Code   
Campaign Name  Code   
Initiative Code  Business Indicator

### 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

### FAMILY DOCTOR'S DETAILS

Name   
Contact Nos. Mobile No.   
Clinic/Hospital/Nursing Home No. +91

## DETAILS OF INSURED PERSON(S) (THE PERSON(S) TO BE INSURED)

Sl. No.	Name	Date of Birth	Gender	Height	Weight	Relationship with the Proposer	Name of Nominee	Relationship of Nominee with the Insured Person
						Self		
						Spouse		
						Dependent child		
						Dependent child		

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? Answer Yes / No
		(b) Treatment / medication received / receiving			

## PLAN DETAILS

**Please Tick  against the plan / sum insured.**

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

Smart Health Basic (BIH)	<input type="checkbox"/> 50,000**	<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 2,00,000	<input type="checkbox"/> 3,00,000*	<input type="checkbox"/> 5,00,000*
Smart Health Premium (IHS)	<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 2,00,000	<input type="checkbox"/> 3,00,000*	<input type="checkbox"/> 4,00,000*	<input type="checkbox"/> 5,00,000*
Smart Health Optimum (ESC)	<input type="checkbox"/> 1,00,000*	<input type="checkbox"/> 2,00,000*	<input type="checkbox"/> 3,00,000*	<input type="checkbox"/> 4,00,000*	<input type="checkbox"/> 5,00,000*

\* Not applicable for insured person(s) aged above 55 years

\*\* Applicable only for one Insured Person

Period of Insurance\*: From  :  :  To  :  :

\*Applicable only where medical examination is stated to be not required by the Company.

In case medical examination is to be done, the policy shall commence on or after the date of approval by underwriter or the date of receipt of premium by the Company, whichever is later



**FOR OFFICE USE ONLY**

1. Whether medical test required?  Yes  No

Test advice date given by the underwriter

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 \_\_\_\_\_

\_\_\_\_\_  
Name of Underwriter

\_\_\_\_\_  
Signature of Underwriter

\_\_\_\_\_  
Employee Number

Insurance is the subject matter of the solicitation.



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**Bharti AXA General Insurance Company Limited**

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