

12. DETAIL OF PERSONS TO BE INSURED*:

Sr. No	Name	Gender	Date of Birth	Nominee Name*	Relationship with the proposer	Details of any pre-existing infirmity /injury/disability	Sum Insured Opted	Premium Computation
							No details to be filled if Family Floater cover is opted	
1	Primary Insured							
2								
3								
4								
5								
6								
TOTAL								

*In case the nominee is a minor, please provide the name of the guardian also.

** If parents are covered concurrently child above the age of 90 days can be covered under this policy

13. Are/were you a regular smoker or consumer of Tobacco (chewing paste), Gutka ,Pan Masala in any form? Yes No

14. Have you suffered / are you suffering from any disease / illness due to the same? Yes No (If yes, indicate in the table given below)

15. Does any person to be insured suffer or has suffered from any of the following? Yes No

(If yes, indicate in the table given below):- Disorder of the heart, or circulatory system, chest pain high blood pressure, stroke, asthma, any respiratory condition, cancer or tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital / birth defects / disease, AIDS or tested positive for HIV.

16. Does any person to be insured receive any treatment / medication or has he /she in the Past received treatment to any medical condition? Yes No
(If yes, indicate in the table given below) In case the below space is insufficient please attach additional sheet.

Sr. No	Name of the insured	Name of disease/illness/injury suffering from	Disease/illness/injury suffering since when	Treatment/ medication received/receiving	When first treated	Name of attending medical practitioner /surgeon with his address and telephone no.	If fully cured?

17. Any other information relevant for this insurance _____

18. DETAIL OF OTHER HEALTH INSURANCE POLICIES:

Sr. No	Name of the insured	Policy No	Name & Address of Insurance Company	Sum Insured	Period of Insurance		Cumulative bonus amount	Cumulative bonus %	Claims Received / Receivable (Rs.)
					From dd/mm/yy	To dd/mm/yy			

19. DECLARATION*:

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and FUTURE GENERALI INDIA INSURANCE CO LTD. I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD. I/we agree that risk under the policy be issued in pursuance of this proposal shall not commence till the company accepts the proposal and communicates to me /us the commencement of risk under the policy

I/We authorize any hospital, medical care institution, physician, medical professional, pharmacy or insurers to furnish to FUTURE GENERALI INDIA INSURANCE CO LTD. Or its representative's any and all medical information or records with respect to any injury or sickness suffered by the person whose death, injury, sickness or loss is the basis of a claim against the Policy.

I/We also authorise the insurer to pay claim in case of the insured person's death or if he/she is incapacitated, to the nominee mentioned in the proposal form.

I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR

I/we hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Date: _____

Proposer's Signature: _____

20. PAYMENT DETAILS *:

Premium paid by Cash / Cheque No _____ Date _____ Bank _____ Amount (Rs.) _____
DD/MM/YY

21. FOR OFFICE USE ONLY

Intermediary's Name: _____	Intermediary's Code: _____
Sales Manager's Name: _____	Sales Manager's Code: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBTATES:

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and 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 prospectuses or tables of the Insurer. Any person making default in complying with the provision of this Section shall be punishable with fine which may extend to Five Hundred Rupees.

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

Care Lines:- MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333, Email: care@futuregenerali.in, Website: www.futuregenerali.in