

17. 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):- Diabetes, Hypertension(Blood pressure), Diseases/disorders of Heart, Myocardial Infarction(Heart attack), cardiac Bypass Surgery, Coronary Angioplasty, Permanent Pacemaker Implantation , Congenital Birth defects /diseases, Any Disease of brain or nervous system , Epilepsy/fits , Paralysis/Stroke, Asthma, Chronic Obstructive respiratory Disease , Cancer or tumor/lump of any kind , Blood disorder, Autoimmune disorder , Disorders of Urinary tracts and kidneys , Chronic Kidney Disease , Hepatitis, Chronic Liver Disease/Cirrhosis of liver, Mental or Psychiatric conditions , Chronic backache , Slipped disc ,Chronic Arthritis , AIDS or positive test for HIV , Physical defect or deformity or disability , any other diseases or surgery/s performed in past –please specify.

Sr. No	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?

18. FAMILY DOCTOR DETAILS *:

Name and Address: _____

Contact No: _____

19. IMPORTANT NOTE *:

- The Company will not be on risk until the proposal and insured person's details have been accepted by the company and communication of the acceptance has been given to the proposer in writing on full payment of premium.
- This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

20. 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.

Date: _____ Place: _____ Proposer's Signature: _____

21. PAYMENT DETAILS *:

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

22. FOR OFFICE USE ONLY

Intermediary's Name: <u>LOYAL INSURANCE BROKERS LTD</u>	Intermediary's Code: <u>60004002</u>
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

Registered Office – Knowledge House, Shyam Nagar, Off. Jogeshwari-Vikhroli Link Road, Jogeshwari (E), Mumbai – 400 060
Corporate Office - 001, Trade 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