

FUTURE GENERALI I Insurance Company Limited

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16. NOMINEE NAME *:	 RELATIONSHIP	

17. [Myocardial Infarction(He Congenital Birth defects Chronic Obstructive res Disorders of Urinary tra	table given below art attack), cardiac B /diseases, Any Dise piratory Disease, C cts and kidneys, Cl ditions, Chronic back	i:- Diabetes, Hy ypass Surgery, ease of brain or ancer or tumor/ nronic Kidney D kache, Slipped o	ypertensior Coronary / nervous : lump of ar lisease , H disc ,Chror	n(Blood press Angioplasty, F system , Epil ny kind , Blo lepatitis, Chro ic Arthritis , A	sure), Diseases/disorders of Permanent Pacemaker Implar epsy/fits , Paralysis/Stroke, / od disorder, Autoimmune dis onic Liver Disease/Cirrhosis IIDS or positive test for HIV , F	ntation , Asthma, sorder , of liver,
Sr No	, ,	Disease/illness/inju ry suffering since when	Treatment/ me received/rec		When first treated	Name of attending medical practitioner /surgeon with his address and telephone no.	If fully cured?
	AMILY DOCTOR DETAIL						
	Name and Address:						
	Contact No:						
	MPORTANT NOTE *:	or the elec-					
;	 The Company will no communication of the 					ve been accepted by the com payment of premium.	pany and
	additional information which it should be ac the avoidance of your the advice and guida	relevant to the risk to cepted. Your failure or policy when a claim ance of your insurance.	o be insured or one to comply with the issue to be insured	our decisio his obligati are in any gent. If th	n as to the ac on now may i doubt about the ere is insuffice	nd that you provide us with an ecceptance of the risk or the te result in the rejection of your ne information to be given, ple cient space in this proposal fa a separate sheet to this prop	rms upon claim and ease seek or you to
20. E	DECLARATION*:						
i ;	information, which is relev and the declarations shall I/We agree to accept a po	ant to my application be the basis of the c licy, subject to the co policy be issued in	for insurance the ontract between nditions prescrib pursuance of th	at has not me/us and led by FUT is proposa	been disclose FUTURE GE URE GENER I shall not co	all respects and that there is d to you. I/We agree that this ENERALI INDIA INSURANCE ALI INDIA INSURANCE CO L Immence till the company ac	proposa CO LTD TD. I/We
	FUTURE GENERALI INC	IA INSURANCE CO	LTD. Or its rep	oresentativ	e's any and a	al, pharmacy or insurers to all medical information or recorder loss is the basis of a claim and	ords with
	I/We also authorise the in- mentioned in the proposal		case of the insu	red person	s death or if I	ne/she is incapacitated, to the	nominee
					_ Proposer's	s Signature:	
	PAYMENT DETAILS *:						
	Premium paid by Cash / Chequ	e NoDate _	Bank			Amount (Rs.)	
	OR OFFICE USE ONLY						
	Intermediary's Name: LO	YAL INSURANCE B	ROKERS LTD	Intermedia	ry's Code: 600	004002	
	Sales Manager's Name:			Sales Man	ager'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.