

Proposal Form for Reliance HealthWise Policy

The Policy does not commence until the proposal is accepted by the Company and premium is paid. Premium to be paid by Cheque/DD only. Proposal form must be filled completely and signed by the proposer. Kindly do not reply with a dash mark/leave any blank field. All corrections/overwriting to be countersigned.

In case where medical investigation is called for, the requisite premium should only be deposited after the proposal has been cleared for acceptance by RGICL.

Intermediary Code No. _____

Proposer Details

1. Name of the Proposer Mr. Ms. F I R S T M I D D L E L A S T

Address _____

City _____ Pincode _____

Residence Number _____ Mobile _____

Email ID _____

Plan/Policy Details

2. Number of Family Members to be covered under the Policy 1 Member 2 Members 3 Members 4 Members

3. Details of the Family Members to be covered under the Policy:

Sr. No.	Name	Gender	DOB	Relationship with Proposer	Occupation	Pre-existing illness/injury/condition, if any	Name of Nominee	Relationship with Insured
				Self				

(Please specify YES/NO in the column provided for Pre-existing illness/injury/condition)

4. Are/were you/any of the persons proposed for insurance, a regular Smoker or consumer of Tobacco (chewing paste), Gutka, Pan Masala or any such substance, in any form? Yes No

If Yes, the details and duration thereof _____

5. Have you or such person, suffered./are/is suffering from any disease/illness due to the same? Yes No

If Yes, the details and duration thereof _____

6. Plan Details Gold Silver Standard

7. Sum Insured 2L 3L 4L 5L

8. Policy Start Date d | d | m | m | y | y | y | y Policy End Date d | d | m | m | y | y | y | y

Family Doctor Details

9. Name Dr. F I R S T M I D D L E L A S T

Address for the Doctor _____

Telephone _____ Mobile _____

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Acknowledgement of receipt of Proposal Form only (On behalf of Reliance General Insurance)

Name of the Proposer _____

Intermediary Code No. _____ Branch Name _____

Plan Opted _____

Signature of Authorised Representative of the Company

Details of Insured's Medical History

10. Details of Pre-existing disease/illness/injury/condition, if any:

Sr. No.	Family Member's Name	Name of disease/injury suffering from	Month & Year when first treated

Details of Other Insurance Policy

11. Details of any other Insurance like Mediclaim, Critical Illness or any other Medical Insurance Policy currently held by you or your Family Members.

Name of Family Member	Sum Insured	Period of Insurance		No Claim Bonus/Cumulative Bonus%*	Claims Received /Receivable (Rs.)	Treatment/ Disease Details	Name of Insurance Company and Policy No.
		From dd/mm/yy	To dd/mm/yy				

*Please attach necessary proof stating the details of the insurance company with whom you have the expiring insurance policy

12. Payment Details (to be filled only after proposal is approved)

Cheque DD

Cheque or DD Amount /- Amount in words ()

Bank Name

Cheque/DD No. Cheque/DD Date

13. Account Holder's Name

Relationship with Insured

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any change/alterations in the risk proposed for insurance after submission of this proposal form.

Signature Date Place

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 any 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 provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.

Registered Office Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Corporate Office 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **022-3989 8282** (call charges apply)

