# Star Health And Allied Insurance Company Limited

Regd & Corp. Off: No.1, New Tank Street,
Valluvarkottam High Road, Nungambakkam, Chennai - 600 034.

## Star True Value Health Insurance Proposal Form

Premium Payment Details: Cash ☐ Cheque ☐ DD ☐ Cheque/DD No. _____ Date _____

Coverage Required : From _____ To _____ Dep. Pre. Rt.No. _____ Date _____

Bank Name / Branch _____

Mktg. Officer Name _____ Code No _____

Agents Name: _____ Code No _____

Corporate Agent's Name / Brokers _____ Code No _____

The Company will not be on risk until the Company has accepted the Proposal and the Insured Person details and communication of the acceptance has been given to the Proposer in writing on full payment of the premium.

Where family members namely spouse and children are to be covered please furnish separate Insured Person Details for each of such members.

Business Type ☐ Urban Rural Sector: _____

**Proposer Details:** ☐ Mr. ☐ Mrs. ☐ Ms.

Name of the Proposer
In CAPITAL Letter _____

Address _____

_____

Telephone _____ Mobile _____ E-mail _____

### Name/s and relationship of Members to be covered

| S.No. | Name | D.O. B | Relationship | Sum Insured |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

1 2 3 4 5

| Passport size Photo | Passport size Photo | Passport size Photo | Passport size Photo | Passport size Photo |
|---|---|---|---|---|

Prohibition of rebates :(Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement to take out renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable on the premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus 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.

Attach Photo/s of the person/s proposed for insurance.

Signature of the Proposer

***For Insured person details please see overleaf***

Star Health And Allied Insurance Company Limited

Insurance is the subject matter of solicitation

# Insured Person Details

Please fill in the respective columns for each of the person proposed to be covered.

Name of the Person proposed for insurance _____ S.I _____

Sex | Male | Female | Relationship with the proposer _____

Date of birth Day _____ Month _____ Year _____

Family Physician's Name _____

Address _____

City / Taluk _____ District _____ State _____ Pincode _____

STD Code _____ Phone _____ Cell _____ Regn. No. _____

E-mail: _____

Are you in good health (If 'No' give details of the ailments) | Yes | No | _____

Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged. If so please provide details | Yes | No | _____

Has any claim been rejected by the previous Insurer? If Yes please provide details | Yes | No | _____

Medical History (please answer Yes or No . Has the proposed person/s suffered from any disease/illness irrespective of whether hospitalised or not or sustained any accidents? If yes give details | Yes | No | _____

In last 3yrs has the proposed person: (If your answer is Yes please attach Separate sheet with details)

1) Had any life / health / disability /cover declined /modified /postponed | Yes | No

2) Been advised to surgery but not yet done | Yes | No

3) Receiving payment for disability /illness /injury | Yes | No

4) Been treated as inpatient or out patient for surgery | Yes | No

5) Had any medical treatment, mental or physical impairment | Yes | No

I hereby declare and warrant that the above statements are true and complete. I consent and authorise the insurers to seek medical information from any hospital /medical practitioner who has at any time attended or may attend concerning any disease or illness which affects the physical or mental health of the persons proposed for insurance. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is affected it is found that the statements answers or particulars stated in the proposal form and/or other questionnaire are incorrect or untrue in any respect the insurance Company incur no liability under this policy.

I have read the prospectus and I am willing to accept the coverage subject to the terms conditions and exceptions prescribed by the Insurance Company therein.

Date:

Place: Signature of the Proposer

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**Acknowledgement**

Received Proposal No. _____ From Mr. / Mrs./ Ms. / Dr. _____ amount of Rs. _____

through Cheque / Credit Card No. _____ Dated _____ Drawn on _____

(Subject to cheque realization / receipt of the amount specified above from the credit card amount)

Plan opted for _____ Sum insured _____

The acceptance of risk is subject to medical underwriting, receipt of complete medical reports (wherever applicable), realization of complete premium amount. The Policy shall commence from date of underwriting.

Visit at: **www.starhealth.in.** Mail us at: **uw@starhealth.in**

Received by

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***For more persons additional sheets to be attached.***

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