



THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

NEW INDIA CANCER GUARD PROPOSAL FORM

UNIQUE REFERENCE NUMBER NIA/Health/19-20/CG

Name of the Intermediary:		Mobile Number:	
Intermediary Code:		Email ID:	

New India Cancer Guard Policy is not available to persons having a Pre-Existing Condition of Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment.

The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.

Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co- operation by the insured will nullify the cover under the policy.

1. Proposer's Details

Name of the Proposer (As per the Id Card)		Date of Birth:	
Gender (M/F/T)	Male/Female/Third Gender	Educational Qualifications	
Residential Address (Permanent)			
	Landmark/Area/City/Town:		
	District:	State:	Pin:
Address for Correspondence			
	Landmark/Area/City/Town:		
	District:	State:	Pin:
Email Id		Occupation	
Landline / Mobile Number		Family Income	
Nature of Id	PAN Card/Voter Id/Passport/Any other	Id Card No	
PAN Card No		GST No (If applicable)	
Nominee Name 1		% Share Nominee 1 is entitled to	
Relationship with Nominee 1		Age in completed years	Date of Birth

Nominee Name 2				% Share Nominee 2 is entitled to	
Relationship with Nominee 2		Age in completed years		Date of Birth	
Nominee Name 3				% Share Nominee 3 is entitled to	
Relationship with Nominee 3		Age in completed years		Date of Birth	
*If Any of the Nominee is minor, Name of Appointee and Relationship of Minor is Mandatory.					
Appointee Name				Relationship with the Appointee	

2. H2. Has any application or proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by The New India Assurance Co. Ltd or any other insurance company. (Yes/No) If yes, give details:

Member 1 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	
Member 2 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	
Member 3 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	
Member 4 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	
Member 5 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	
Member 6 Name:				Date of Birth	
Gender	(M/F/T)	Relationship with the policy holder		Occupation	

4. **Sum Insured:** New India Cancer Guard Policy is an Individual Policy and eligibility of the Sum Insured is based on your age, please choose your Sum Insured accordingly.

<u>Age</u>	<u>Eligible Sum Insured</u>
<= 50 years	Rs. 5, 10, 15, 25 & 50 lakhs
51 - 55 Years	Rs. 5, 10 & 15 lakhs
56 - 60 Years	Rs. 5 & 10 lakhs
61 - 65 Years	Rs. 5 lakhs

Sum Insured	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6

5. Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance), either by us or by any other Insurer. If so, give particulars of:

S. No.	Insured Name	Policy No. / Proposal No.	Period of Insurance		Sum Insured	Claims lodged during policy period (Yes/No)	If Yes, Ailment for which Claim was made
			From	To			
1							
2							
3							
4							
5							
6							

6. ABHA NUMBER/ABHA ID*#

Member name	ABHA Number (14 digits)	Consent to share Medical records with Insurers / TPA's through ABHA
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO

Note-Disclosing the ABHA ID in this form will not absolve the Proposer/Members from Disclosure of all Material Facts relating to this Insurance.

***Ayushman Bharat Health Account (ABHA) Declaration** : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of **The New India Assurance Company Ltd** and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

7. **Medical History:** Please answer the following questions carefully.

Medical Questioner	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Have you or any of the member proposed for Insurance ever have noticed and/or suffered from any of the following?						
I. Any change in your bowel or bladder habits (YES/NO)						
II. A sore anywhere on the body that does or did not heal within a fortnight (YES/NO)						
III. Unusual bleeding or discharge of any kind from any body-opening (YES/NO)						

IV. Thickening or lump in the breast or anywhere else in the body (YES/NO)						
V. Persistent indigestion or difficulty or obstruction in swallowing for over a fortnight (YES/NO)						
VI. Any obvious change in a wart or mole such as shape, size, Colour, discharge or bleeding (YES/NO)						
VII. Cough or hoarseness, for a fortnight (YES/NO)						
VIII. Have you experienced any abnormal weight loss in the past two years (5kg or more)? (YES/NO)						
IX. Has any of your parents or siblings ever been diagnosed with any form of cancer? (YES/NO)						
X. Ever been diagnosed with, operated for, investigated for or underwent chemotherapy / Radiotherapy for any reason whatsoever (YES/NO)						
XI. If You have marked yes for any of the above questions, please give the complete details here. If the space provided is not sufficient please provide the same in a separate sheet.						

8. LIFE STYLE INFORMATION: Please answer the following questions with Yes or No (A dash is not sufficient and give full details in respect of all the persons to be insured). * Tobacco users in any form shall be considered as Aggregate (including Smokers)

Lifestyle Information	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Are you A smoker (aggregate) (YES/NO)						
Are you in the habit of chewing Tobacco/Pan Masala or any other intoxicant? (YES/NO)						

9. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If yes, then give details below:

10. Proposed Period of Insurance : From _____ to _____

11. Please Tick if you wish to receive the physical copy.

By Default Policy documents shall be shared to your Registered Email ID.

12. Important:

- The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer is complete and accurate in all respect.
- The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance advisor/ Insurance Company.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material

particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

13. Proposer Declaration: I declare that the persons proposed for insurance are my family members and I also declare that

(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)

- i. None of them suffer from any pre-existing conditions YES NO
- ii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. YES NO
- a) "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- b) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- c) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- d) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- e) I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Signature of Proposer _____

Date : ____/____/____

Place: _____

Photographs of Insured Persons:

Photo	Photo	Photo	Photo	Photo	Photo
Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Signature	Signature	Signature	Signature	Signature	Signature

14. STATUTORY WARNING

Section 41 of Insurance Act, 1938 (Prohibition of Rebates) 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 or any kind of 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

15. Vernacular Declaration:

(The Company requires that this proposal is completed by the proposer himself. However, if this is not possible as the proposer does not read, write or speak English, then this proposal form can be completed by another person who can read, speak and write English and who is not connected to the company either as an agent/employee or Insurance Intermediary)

I have explained the contents of this proposal to the proposer and done my best to ensure that the contents have been fully understood by the proposer. I have accurately recorded the proposer's responses to the information sought by the proposal form and I have read the responses back to the proposer and he/she has confirmed that they are correct.

Name of the Witness:

Signature of the Witness

Thumb Impression/Signature of the Proposer:

Date : _____

Place : _____

16. Agent Declaration: I, _____ in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Agent : _____ Date : _____ Place : _____

Agent Code : _____

Signature of the Agent : _____

17. FOR OFFICE USE ONLY:

S. No	Name of insured person	Date of Birth	Sex (M/F/T)	Sum Insured	Premium
1.					
2.					
3.					
4.					
5.					
6.					
Remarks of Underwriter:				Total :	
				GST :	
				Gross Total :	

NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and/or claims directly to your Bank account.

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the company for electronic fund transfer as mode of payment.(cancelled cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank account:

Name(As in Bank Account)	
Name of the Bank	
Name of Branch	
Bank Account Number	
MICR No	
IFSC Code	

I agree and undertake to initiate in writing to **The New India Assurance Company Ltd** about any change in the bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's signature:

Date:

DISCLAIMER: The New India Assurance Company Ltd. Shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation – failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder.

Aforesaid NEFT transactions shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. **The New India Assurance Company Ltd** shall be indemnified against any loss/damages/claims caused to **The New India Assurance Company Ltd** in carrying out your aforesaid NEFT instructions.

Instructions

- It is important for these electronic payment systems that the policy Holder's name in the Policy must be exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFSC Code, which is applicable to NEFT only.(a number allotted to each participating bank branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case of cancelled bank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required.
- NEFT Form needs complete in all respect.