



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

<b>POS - STAR TRAVEL PROTECT INSURANCE POLICY</b> <b>Unique Identification No.: IRDA/NL-HLT/SHAI/P-TV.I/140/13-14</b> <b>Proposal Form - Unique Reference No.: SHAI/PR0038</b>										Ref. No.				
										Policy No.				
The company will not be on risk until the proposal has been accepted and full payment of premium has been received. Please fill up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity cards														
<b>Policy Issuing Office:</b>				SM CODE				SM NAME						
				POS CODE				POS NAME						
<b>POS</b>	PAN No.			GST No.										
<b>Name of the Proposer</b> Mr / Mrs / Ms.						<b>Date of Birth</b>			DD/MM/YYYY					
<b>Occupation of the Proposer</b>						<b>Annual Income</b>			Rs.					
<b>Name of the Insured</b> Mr / Mrs / Ms.						<b>Date of Birth</b>			DD/MM/YYYY					
<b>Occupation of the Insured</b>						<b>Relationship to the Proposer</b>								
<b>Passport Number</b>				<b>Mobile No. while India</b>		<b>Mobile No. / Any other while in Overseas</b>								
<b>Passport Expiry Date</b>														
<b>Email ID</b>						<b>Height</b>		<b>Cms</b>		<b>Weight</b>		<b>Kgs</b>		
<b>Residential Address:</b>						<b>Overseas Address:</b>								
<b>Pin Code:</b>						<b>Pin Code:</b>								
<b>Period of Insurance</b>				<b>From</b>		<b>To</b>								
<b>PAN No.</b>						<b>GST No.</b>								
<b>Do you have a CKYC number</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes Please mention the number</b>										
<b>Do you come under below mentioned Social Sector Classification*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										<b>Rural and Social Sector Classification</b>				
<b>BUSINESS TYPE</b>	If Yes: <input type="checkbox"/> a. Unorganized Sector <input type="checkbox"/> b. Other Categories of Persons									Are you a ASHA workers		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> c. Economically Vulnerable or Backward Classes <input type="checkbox"/> d. Informal Sector									Are you a MGNREGA workers		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas.														
a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons.														
b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line.														
c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability.														
d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship.														
<b>NOMINATION</b>	<b>Nominee's Name</b>													
	<b>Relationship to the Proposer</b>						<b>Date of Birth</b>			DD/MM/YYYY		<b>Age</b>	<b>Yrs</b>	
	<b>Name of the Appointee (if nominee is a minor)</b>						<b>Relationship to the Nominee</b>					<b>Age</b>	<b>Yrs</b>	
(Incass of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)														
<b>Do you wish to receive the copy of the policy document by Email / Whatsapp / Any other electronic mode</b>										<input type="checkbox"/> YES		<input type="checkbox"/> NO		
<b>I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Do you wish to receive the physical copy of the policy document</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number:</b> _____														
<b>If you don't have an (eIA) number, choose any one Insurance Repository</b>				<input type="checkbox"/> Karvy Insurance Repository Limited				<input type="checkbox"/> CAMS Insurance Repository Services Limited						
				<input type="checkbox"/> CDSL Insurance Repository Limited				<input type="checkbox"/> NSDL National Insurance Repository (NIR)						

## PLAN TYPE (TICK YOUR OPTION)

INCLUDING USA AND CANADA		EXCLUDING USA AND CANADA	
PLAN A1 : USD 50000	<input type="checkbox"/>	PLAN A2 : USD 50000	<input type="checkbox"/>
PLAN B1 : USD 100000	<input type="checkbox"/>	PLAN B2 : USD 100000	<input type="checkbox"/>
PLAN C1 : USD 250000	<input type="checkbox"/>	PLAN C2 : USD 250000	<input type="checkbox"/>

Important: The coverage varies from plan to plan. Please visit our website: [www.starhealth.in](http://www.starhealth.in) for detail.

## TRAVEL DETAILS

1) Does your trip include USA and / or CANADA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2) Countries to be visited			
3) How Frequently do you travel overseas?			
4) Date of Departure from India			
5) Proposed date of return to India			
6) No. of Days			
7) Purpose of Visit	<input type="checkbox"/> Business	<input type="checkbox"/> Holiday	<input type="checkbox"/> Study
	<input type="checkbox"/> Others (Please Specify) _____		
8) Nature of Visa			
9) Do you have any health Insurance policy with us? If Yes Provide details			

Bank Details of the Proposer	Account Number		Type of Account : <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> Others please specify _____		
	Name of the Bank		Name of the Branch		IFSC Code

Please attach a photo copy of cancelled cheque leaf of the above Bank Account.

Payments Details	Premium Amount	Rs.	Mode of Payment : Cash / Cheque / DD / Credit Card / Debit Card / NEFT / CC Mandate		
Cheque / DD No.		Date	Drawn on		Branch

Please attach any one proof of Date of Birth :  Birth Certificate  Voter ID  PAN Card  Driving License  Aadhar Card  Any other Govt. Recognised Proof

**Important:** No refund of premium is permissible in case you return to India before the expiry date. In case of any extension of stay abroad necessitating extension of Policy period, approval of issuing office must be obtained and appropriate premium paid before expiry of policy. Request for such extension should be supported with a declaration of good health. and to be sent to policy issuing on office atleast 7 days prior to the policy expiry date.

**FAMILY PHYSICIAN DETAILS**

Family Physician Name		Address:	
Regn. No			
Qualification			
Telephone No		E-mail ID	

**Medical History (Please answer these questions clearly, completely and truthfully. Failure to do so may prejudice your claim)**

Is the person proposed for insurance suffering or has ever suffered from any illness/ disease up to the time of making this proposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO, If Yes Please Specify _____
<b>1. Has the person proposed for insurance ever suffered or suffering from any of the following</b>	
a) Diabetes Mellitus - If Yes, since when	
b) Hypertension - If Yes, since when	
c) Heart Disease - If Yes, since when	
d) Osteoporosis - If Yes since when	
e) Disease of bones / joints - If Yes, since when	
g) Any Other Problem (Please Specify)	
<b>2. Do you have any physical defect or deformity?</b>	
<b>3. Have you ever been hospitalized for treatment/ observation? If So, please furnish details.</b>	
<b>4. Are you currently or in the past on Medication? Please furnish details.</b>	
<b>5. Have you suffered from any illness or had an Accident in the preceeding 12 Months?</b>	
<b>6. Have you recently (within 60 days) taken any health check-up. - If yes please attach report</b>	

**Medical History of the proposer to be completed by M.D. Cardiologist**

<b>1. Medical History</b>	
<b>2. Any Past History of Disease suffered / surgery undergone</b>	
<b>3. How frequently the proposer would visit you for advice/treatment?</b>	
<b>4. From the Lab reports ECG, Fasting and Post Prandial Blood Sugar Report, Urine Strip Report and Cholestrol Profile, do you consider that the Proposer is fit to undertake travel abroad?</b>	

Date

Signature of the Doctor  
with Registration Number




## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED Acknowledgement

Received the proposal for **POS - STAR TRAVEL PROTECT INSURANCE POLICY** from Mr/ Mrs/ Ms. \_\_\_\_\_ along with payment of Rs. \_\_\_\_\_/- by Cash / vide Cheque/ DD No. \_\_\_\_\_ dt. \_\_\_\_\_ drawn on \_\_\_\_\_. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide collection receipt. If the proposal is accepted, the cover will commence from the date of the collection receipt, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Name & Code of the authorised person:** \_\_\_\_\_ **Signature of the authorised person:** \_\_\_\_\_

<b>Declaration of the Agent / Intermediary :</b> I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any)		
	POS Code	POS Name
		Signature of the POS

### Declaration

1. I 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 am authorized to propose on behalf of these other persons. 2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable. 3. I further declare that I 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. 4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and /or claims settlement and with any Governmental and/or Regulatory authority. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPR.

Submitted the above proposal for **POS - STAR TRAVEL PROTECT INSURANCE POLICY** along with payment of Rs. \_\_\_\_\_ by cash/vide cheque/DD no. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_, I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Place	Date	Name	
			Signature / Thumb impression of the proposer:

**WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.**

I hereby confirm that the details have been explained to the proposer		
Date	Name of the person who explained	Signature of the person who explained

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer

**Prohibition of Rebates: Section 41 of Insurance Act 1938.**

1. 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 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 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.