



# 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 : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

<b>Saral Suraksha Bima,</b> <b>Star Health And Allied Insurance Co. Ltd.</b> Unique Identification No.: SHAPAIP21607V012021 Proposal Form - Unique Reference No.: SHAI/PR0062		Ref. 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.	
Policy Issuing Office:		Policy No.				
		SM CODE			SM NAME	
		AGENT / CORPORATE AGENT / BROKER / IMF / POS / CODE			AGENT / CORPORATE AGENT / BROKER / IMF / POS / NAME	
POS	GST No.			PAN No.		
Name of the Proposer Mr / Mrs / Ms.				Date of Birth	DD/MM/YYYY	
Occupation of the Proposer				Annual Income	Rs.	
Residential Address:			Office Address:			
Pin Code:			Pin Code:			
Email ID				Mobile Number		
Period of Insurance		From			To	
GST Number				PAN Number		
NOMINATION	Nominee's Name		Relationship to the Proposer		Date of Birth	Age in Yrs
					DD/MM/YYYY	
NOMINATION	Name of the Appointee (if nominee is a minor)		Relationship to the Nominee		Date of Birth	Age in Yrs
					DD/MM/YYYY	
(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)						
Do you want to pay the premium in Instalments (Only on ECS mode): <input type="checkbox"/> YES <input type="checkbox"/> NO (If you choose NO Premium to be paid Annually)						
If yes choose Instalment options				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Halfyearly		
*please check brochure for the available sum insured options						
I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository				<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you wish to receive the physical copy of the policy document
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number _____						
If you don't have an e-Insurance Account (eIA) number, choose any one Insurance Repository						
<input type="checkbox"/> KARVY			<input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services			
<input type="checkbox"/> CIRL - Central Insurance Repository Limited			<input type="checkbox"/> NDML - NSDL Data Management Services limited			
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	Annual Premium		Rs.			
	Mode of Payment		Cash / Cheque / DD / Credit Card / Debit Card / NEFT / CC Mandate / ECS (Please fill the enclosed ECS form)			
Cheque / DD No.		Date		Drawn on		Branch
Please attach any one proof of Date of Birth		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Voter ID		<input type="checkbox"/> PAN Card
		<input type="checkbox"/> Driving License		<input type="checkbox"/> Aadhar Card		<input type="checkbox"/> Any other Govt. Recognised Proof

Details of the person proposed for insurance		Insured Person - 1		Insured Person - 2		Insured Person - 3		Insured Person - 4		Insured Person - 5		Insured Person - 6		
Name														
Gender	Date of Birth	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	
Height (cms)	Weight (kgs)	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	
Relationship with proposer														
Occupation \ Trade \ Business														
Annual Income (Rs.)														
Sum Insured for Base Cover														
Hospitalization Cover due to Accident (Optional Cover)		<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		
Educational Grant(optional Cover)		<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		
TTD (Optional Cover)		<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		
Existing Insurance Coverage with this company and any other company - give details	1. Name of the Insurance Company													
	2. Period of Insurance													
	3. Sum Insured (Rs)													
	4. Policy No.													
Details of Claims	1. Ailment for which Claim was made	Year	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	
	2. Claim Amount Paid / Rejected													
Risk Group*		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		
Health History : Please provide answer in detail. A mere dash is not sufficient.		Family Physician's Name: _____ Phone: _____ Regn No: _____												
1. Is the person proposed for insurance in good health free from physical and mental disease or infirmity. If not give details														
2. Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness/injury. If Yes, give details														

Does the occupation of the proposed persons require engaging in manual labour	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the proposed person engage in or propose to engage in racing on wheels or horse back, Big Game Hunting, Mountaineering, winter sports, skiing or ice Hockey, Ballooning, Polo or sports of similar nature or any other activities of similar nature. If yes give details							
What is the monthly income from Gainful Employment (in Rs.)							
Has/Is the proposed person suffered/ suffering from Physical defect or infirmity or any other disability. If yes give details.							
Has the person ever proposed for any personal accident insurance.							
If yes details of Insurance Company Period of Insurance Sum Insured.	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any company Declined to issue a policy or Imposed any restrictions / special conditions							
Has the proposed person ever claimed or received compensation under any Accident Policy? If yes, give full details							

\* Risk Group I - Persons engaged primarily in administrative functions. \* Risk Group II - Persons engaged in manual work other than what is specifically provided for under Risk Group III \* Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard

<b>Declaration of the Agent / Intermediary : 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)</b>					
		<b>code</b>		<b>Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent</b>	
				<b>Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent</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 <input type="checkbox"/> c. Economically Vulnerable or Backward Classes <input type="checkbox"/> d. Informal Sector	Are you a ASHA workers			<input type="checkbox"/> YES	<input type="checkbox"/> NO
	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.

- "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;
- "Economically Vulnerable or Backward Classes" means persons who live below the poverty line;
- "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;
- "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;



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

## Acknowledgement

Received the proposal for SARAL SURAKSHA BIMA, STAR HEALTH AND ALLIED INSURANCE CO. LTD. 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:** \_\_\_\_\_

Saral Suraksha Bima, Star Health and Allied Insurance Co. Ltd.

Please affix stamp size photograph of Insured Person - 1	Please affix stamp size photograph of Insured Person - 2	Please affix stamp size photograph of Insured Person - 3	Please affix stamp size photograph of Insured Person - 4	Please affix stamp size photograph of Insured Person - 5	Please affix stamp size photograph of Insured Person - 6
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### 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 SARAL SURAKSHA BIMA, STAR HEALTH AND ALLIED INSURANCE CO. LTD. 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.

<b>Place</b>	<b>Date</b>	<b>Name</b>	<b>Signature / Thumb impression of the proposer:</b>
			<div style="border: 1px solid black; width: 100%; height: 80px;"></div>

**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.

<b>Date</b>	<b>Name of the person who explained</b>	<b>Signature of the person who explained</b>

**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.**

<b>Signature / Thumb impression of the proposer</b>

**Prohibition of Rebates: Section 41 of 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 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.
- 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.