

PROPOSAL FORM THE NEW INDIA ASSURANCE COMPANY LTD. AIBRF SUPER TOP UP HEALTH INSURANCE POLICY



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PLEASE FILL ALL INFO	RMATION IN CAPITA	AL LETTERS		Self Photo	Spouse Photo		
PLEASE TICK MARK IN	APPROPRIATE BOX	<u>ES</u>					
Category	Sum Insured	Premium					
(Select any 1)	Sum msureu	Family	Single / Widow				
Officer	Rs. 6,00,000/-	Rs.3806/-	Rs.3452/-				
Award Staff	Rs. 5,00,000/-	Rs.3511/-	Rs.3157/-	PLEASE PASTI	E PHOTOS		
Name of Proposer : _							
				arent Bank Name			
Correspondence Add	ress :						
City :	Pin	code :		State :			
Email id :							
Mobile No. :							
Landline No. with STI	Code:						
		<u>INSU</u>	RED PERSONS DETA				
SELF				SPOU	<u>SE</u>		
Full Name : SELF Date of Birth :			Full Name : Date of Birth :				
D D / M M / Y Y Y Y			D D/ M M / Y Y Y Y				
Gender : M F			Gender: M F				
Aadhaar Card No. :			Aadhaar Card No. :				
PAN Card No.:			PAN Card No.:				
United Ins. Health card ID no. : Same as above			United Ins. Health card ID no. :				
Name of Nominee :			Name of nominee :				
Relationship :			Relationship:				
	Bank Details:			Cheque Details :			
Bank name:			Amount : Rs.315	67/ Rs.3452/ Rs.3511	./ Rs.3806		
Account number:			Cheque No.:	Date :			
RTGS/NEFT/IFSC Code	GS/NEFT/IFSC Code: Bank Name :						
to pay the premium. I a that the above informat	m aware that the insu tion is true and compl	rance will be effect ete to the best of n	tive from 1st Novembe	scheme for my family (self and s er, 2017 subject to full premium b I form the basis of the Insurance	peing paid. I, hereby declare		
(Signature of Insured)			(Signature of Spouse)				
,8.		•	d documents for eac	ts for each member including spouse :			
2. United Ins.	e 1 set of photograp Health ID Card "A/c Pavee" Ched			ne another set Super Top Up Policy"			
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Please write name, mobile no., United Health Card No., & Aadhar Card No. on the reverse of the cheque