

# Proposal Form

Raheja QBE General Insurance Company Limited CIN: U66030MH2007PLC173129 www.rahejaqbe.com qube.care@rahejaqbe.com



Application Number: \_\_\_\_\_

## PROPOSAL FORM – Health QuBE INSURANCE POLICY

This is your proposal for insurance. It will be the basis of the insurance policy that Raheja QBE may issue to you. You are obliged to answer all the questions in this proposal form in order to provide Raheja QBE with a full and frank disclosure of any and all facts that are material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal and you inform Raheja QBE in writing if there is a change in the information provided in this proposal between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, please attach a separate sheet to this proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

\*Please use separate proposal form in case of more than 4 insured members.

Proposer Details:			
Proposer (Mr./Mrs/Ms.)	First Name	Middle Name	Lastname
Address 1	Address Line 1		Address Line 2
City	City	State	State
Telephone/Mobile	Pin code		
Email	ID Proof		PAN/Driver/Aadhar/Passport
Annual Income number	ID Proof details		<a href="#">PAN card details &amp; Aadhar Card</a>
Marital Status	Profession		Salaried/self employed
Nationality	Profession(details)		

e-IA Account Number

Plan Details:	
Policy Type^	Individual [ ] Family Floater [ ] <b>PORTABILITY /NEW BUSINESS</b>
Proposed Insured:	1 Adult [ ], 2 Adult + 3Child 2 Adult [ ], 1 Adult+1 Child [ ], 1Adult + 2 Child 2 Adult + 2 Child [ ]
Plan Type	[ ] Basic Plan , [ ] Comprehensive Plan , [ ] Super Saver Plan , [ ] A la carte Plan
Add on covers Opted, If A La carte Plan	[ ] Sub limit Waiver [ ] Co - Pay
Sum Insured Opted	INR
Proposed Policy Term	1 Year [ ] , 2 year [ ]
Proposed Start Date	DD / MM/ YYYY

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## Proposed Insured Details

### Proposed Insured (1)

Proposed 1 (Mr./Mrs/Ms.)	First Name	Middle Name	Lastname
Gender	Male / Female	Height	cms
Weight	Kgs	Date of Birth	DD /MMM/ YYYY
Relationship with proposer		Education	
Occupation			

### Proposed Insured (2)

Proposed 2 (Mr./Mrs/Ms.)	First Name	Middle Name	Lastname
Gender	Male / Female	Height	cms
Weight	Kgs	Date of Birth	DD /MMM/ YYYY
Relationship with proposer		Education	
Occupation			

### Proposed Insured (3)

Proposed 3 (Mr./Mrs/Ms.)	First Name	Middle Name	Lastname
Gender	Male / Female	Height	cms
Weight	Kgs	Date of Birth	DD /MMM/ YYYY
Relationship with proposer		Education	
Occupation			

### Proposed Insured (4)

Proposed 4 (Mr./Mrs/Ms.)	First Name	Middle Name	Lastname
Gender	Male / Female	Height	cms
Weight	Kgs	Date of Birth	DD /MMM/ YYYY
Relationship with proposer		Education	
Occupation <b>Need to add 2</b>			

[more insured details](#)

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## Photographs

Proposed 1	Proposed 2	Proposed 3	Proposed 4,5 &6

## Nomination:

In the event of death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the policy terms and conditions.

Name	First Name	Middle Name	LastName
Address:			
Relationship			

of insured 1

with Proposer

## Medical History

	Proposed(1)	Proposed(2)	Proposed(3)	Proposed(4),5 &6
Have you been suffering from any illness or disease (if yes please provide details)	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
STD( Sexually Transmitted Disease) including AIDS	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
High or low Blood Pressure	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Diabetes and/or other endocrine disorder	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____

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Proposed(1)      Proposed(2)      Proposed(3)      Proposed(4),5&6

Cancer/Tumor	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Arthritis or disorder of Bone/Muscle or Joint	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Kidney disease	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Congenital Disease	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Stroke , Paralysis or any nervous system disorder	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Gynaecological disorder <u>or</u> <u>Preganancy</u> (Female reproductive system)	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Respiratory Disorder	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Others	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Are you under any medications for any illness or injury? If yes please provide details	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____
Have you been diagnosed /hospitalised for treatment of any injury /ailment in past 4 Years? If Yes please provide details	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____

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## Life Style

	Proposed(1)	Proposed(2)	Proposed(3)	Proposed(4),5&6
Do you consume Alcohol	Yes/No	Yes/No	Yes/No	Yes/No
If yes (Quantity / day) ( ml/day)	_____	_____	_____	_____
Do you Smoke	Yes/No	Yes/No	Yes/No	Yes/No
If Yes( Quantity/day) ( number/day)	_____	_____	_____	_____
Are you ever or currently addicted to any habit forming substance	Yes/No	Yes/No	Yes/No	Yes/No
If yes please give details	_____	_____	_____	_____

	Proposed(1)	Proposed(2)	Proposed(3)	Proposed(4),5&6
Name of usually attending physician and qualifications and address	Yes/No	Yes/No	Yes/No	Yes/No
	_____	_____	_____	_____
Please let us know if you have been ever declined the cover for your life, Critical Illness Health or Personal Accident?	Yes/No	Yes/No	Yes/No	Yes/No
If yes, please provide details	_____	_____	_____	_____
Details of your existing Health Covers	Yes/No	Yes/No	Yes/No	Yes/No
Name of Insurer and limits	_____	_____	_____	_____
Please let us know your previous claims history	Yes/No	Yes/No	Yes/No	Yes/No
	_____	_____	_____	_____



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## PaymentDetails

Mode of Payment	Instrument Number/ Last 4 digit of CC	Bank details	Date	Amount
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# Proposal Form



Raheja QBE General

Cash/NEFT/Cheque/DD/Cards

## SECTION 41 OF INSURANCE ACT, 1938 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to 10 Lakhs. 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 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 punishable with fine, which may extend to Five Hundred Rupees.

### Declaration

chargeable.

We hereby declare, on my behalf and on behalf of all persons

proposed

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.

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.

I/we declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and 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.

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 authorised to propose on behalf of these other persons.

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I understand that the information provided by me will form the

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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 hospital who/which at any time 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.”

## Communication:

I agree to be contacted by Raheja QBE to make Welcome Calls / service calls or any other communication with respect to proposer or existing policy of Company.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_

Intermediary's Name & Code \_\_\_\_\_

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## DECLARATION FOR COMPLIANCE WITH ANTI - MONEY LAUNDERING REGULATIONS

We \_\_\_\_\_ (Insured Named) hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account No. \_\_\_\_\_ with \_\_\_\_\_ (Name of the Bank) \_\_\_\_\_ (Bank Branch & IFSC Code).

.....  
Place & Date

.....  
Signature of the Insured

Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

The following documents are accepted as:

### Proof of Identity:

For Individuals

- |  |
|--|
| 1. Passport                                |
| 2. PAN Card                                |
| 3. Driver's License                        |
| 4. Voter's Identity Card                   |
| 5. Letter from Recognized Public Authority |

### Proof of Address:

- |  |
|--|
| 1. Telephone/Mobile bill not older than six months on the date of commencement of insurance              |
| 2. Bank A/c Statement with Residential address not older than six months on the date of commencement     |
| 3. Electricity Bill  |
| 4. Ration Card   |
| 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk |
| 6. Employer's Certificate  |
| 7. Letter from Recognized Public Authority   |

Please note that this is not an exhaustive list. If you do not have any of these documents please contact your Agent/Broker/ nearest Raheja QBE Office or call our Toll Free Number 1800 - 102 - 7723