Raheja QBE General Insurance Company Limited
CIN: U66030MH2007PLC173129, IRDAI Registration Number:141,
Registered Office - Fulcrum, 501 & 502, A wing, 5th Floor,
International Airport Project Road, Sahar, Andheri East, Mumbal - 400059
Website - http://www.rahejaqbe.com,
Service mail ID - customercare@rahejaqbe.com ,
Contact No.- 022-41715050, Toll free No.1800-102-7723,
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RAHEJA QBE

PROPOSAL FORM - Health QuBE

Photograph of Proposer

Raheja QBE General Insurance Company Limited
URN: HLT/PROP/RTL/01

Intermediary Name:_____

Intermediary Contact Number:_____

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 c omply 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.)			
Address 1			
Address 2			
City			State
Telephone/Mobile			Pin code
Email			ID Proof
Annual Income		ID Proof details	PAN card details & Aadhar Card
Marital Status			Profession Salaried/self employed
Nationality (Indian/Foreign)			Profession (details)
Country name (If foreign national)			
ABHA ID:			
If any of the proposed applicant /insured is Politically exposed person (PEP) or close relative of PEP:			Details if PEP yes:

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register

ADDITIONAL KYC DETAILS*

KYC number (Mandatory for KYC update request)		
Identity Proof: (tick any one)	☐ A - Passport number ☐ B - Aadhar card ☐ C - PAN card ☐ D - Driving License ☐ E - Voter ID card ☐ Z - Others (any document notified by the central government)	Please enter document number in above field.
Proof of address: (tick any one)	☐ Passport ☐ Driving license ☐ Voter ID card ☐ Electricity or Telephone Bill ☐ Others	Please specify document name and details if Others:

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e-Insurance Account (eIA)*

Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository?* ☐ Yes ☐ No

If you already have an eIA, provide details:

a) Name of Insurance Repository	
b) eIA account No:	
c) Name as appearing in eIA	

If you do not have an eIA, would you like to open an account? ☐ Yes ☐ No

If Yes, choose any one Insurance Repository

- ☐ CAMS Repository Services Limited
- ☐ NSDL Data Management Limited
- ☐ Karvy Insurance Repository Limited
- ☐ Central Insurance Repository Limited

Plan Details

Policy Type^	
Proposed Insured:	
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

Proposed Insured Details

Proposed Insured (1) _____

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

Proposed Insured (2) _____

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

Proposed Insured (3) _____

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

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Proposed Insured (4) _____

Proposed 4 (Mr./Mrs/Ms.)	First Name Middle name Last name		
Gender	Male / Female / Transgender	Height	cms
Weight	Kgs	Date of Birth	DD / MM / YYYY
Relationship with proposer		**Education**	
Occupation			

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	
Address	
Relationship	

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

	Proposed 1	Proposed 2	Proposed 3	Proposed 4,5 & 6
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
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 or Preganancy (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

Lifestyle details

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

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Lifestyle 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 ? If yes, please provide details	Yes/No	Yes/No	Yes/No	Yes/No
Details of your existing Health Covers Name of Insurer and limits	Yes/No	Yes/No	Yes/No	Yes/No
Please let us know your previous claims history	Yes/No	Yes/No	Yes/No	Yes/No

Select Your Preferred Third Party Administr ator (TPA) for Claim Services

Sr No	Name of TPA	Select any one TPA
1	Medi Assist Insurance TPA Private Limited	☐
2	Paramount Health Services & Insurance TPA Pvt. Ltd	☐
3	HealthIndia Insurance TPA Service Pvt. Ltd	☐

Payment Details

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

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 orcontinue 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 provision of this section shall be punishable with fine which may extend to 10 Lakhs.

Declaration

I 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

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."

6. 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 Raheja QBE General Insurance Company Limited 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.

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Communication

[] 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:_____

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

I _____(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 Individual

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

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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