

**Raheja QBE General Insurance Company Limited**
**Hospital Daily Cash - Group - Proposal Form – (URN: HLTHDCG1920-06)**

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

All details are mandatory.

(Please fill-up this form in CAPITAL LETTERS)

PROPOSER DETAILS		
Proposer Name:		
Address:		
District	City	Pin Code
State	Nationality	
Mobile No	Phone No:	Email ID
Date of Birth	Gender M / F	Marital Status: Married / Unmarried
Profession: Salaried _____, Self Employed _____, Others, _____ PAN No _____		
If any of the proposed applicant /insured is Politically exposed person (PEP) or close relative of PEP: Yes/No		
Details if PEP yes:		

PLAN DETAILS		
Type of cover: Individual / Floater		
Plan: 30 days / 60 Days/90Days/180 days		
Sum Insured Per Day: Rs. 500, Rs. 750, Rs. 1000, Rs. 1500, Rs. 2000, Rs. 3000, Rs. 4000, Rs. 5000		
Deductible per day: Nil Deductible, 1 Day Deductible, 2 Days Deductible		
Proposed Policy Period:	From	To

**Raheja QBE General Insurance Company Limited**

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.  
 Tel: 022-69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com  
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141  
 Source: Certified as Great Place to Work by the Great Place to Work Institute in June 2023

**Benefits:**

1	Sickness Hospitalization Cash (Basic)	Basic Cover
2	Accidental Hospital Cash (Basic)	Basic Cover
3	Accidental Death (Optional)	Yes/No
4	Day Care Procedure Cash (Optional)	Yes/No
5	CONVALESCENCE BENEFIT (Optional)	Yes/No
6	LOSS OF INCOME (Optional)	Yes/No Sum Insured: Rs. _____
7	INTERNATIONAL EMERGENCY BENEFIT(Optional)	Yes/No
8	Time Deductible (Optional)	Zero Day / 1 Day / 2 Day

**DETAILS OF THE PERSON PROPOSED TO BE INSURED**

Sr No	Name of the Insured Person	Height (cms)	Weight (kg)	Relationship to Proposer	Gender (M/F/TG)	Date of Birth	ABHA ID number
1							
2							
3							
4							
5							
6							
7							

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

**NOMINEE DETAILS**

Nominee Name/ Appointee Name Relationship	Relationship

In the event of the 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. The nominee must be an immediate relative of the Proposer. For all other persons proposed to be insured, the Proposer shall be the Nominee.

PREVIOUS INSURER DETAILS					
Insurer Name	Policy Holder Name	Sum Insured	Policy No	Inception Policy Period Date	Claims in past 3 years
				From: TO:	
				From: TO:	
				From: TO:	

MEDICAL AND PAST MEDICAL HISTORY							
Medical History	Insurer 1	Insurer 2	Insurer 3	Insurer 4	Insurer 5	Insurer 6	Insurer 7
Have you been suffering from any illness or disease ( if yes please provide details)							
Are you under any medications for any illness or injury? If yes please provide details							
Have you been diagnosed/hospitalized for treatment of any injury /ailment in past 4 Years? If Yes please provide details							
Life Style Details							
Do you consume Alcohol?	Yes/No	Yes/No	Yes/No	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	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	Yes/No	Yes/No	Yes/No
If yes, please give details							

Payment Details		
Cheque No. /DD/Fund Transfer	Date	Bank Name

**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.

<b>DECLARATION &amp; WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED</b>
---

1. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
2. I/ We 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/We am/ are authorized to propose on behalf of these other persons.
3. I/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.
4. 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.
5. 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.

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.

**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 \_\_\_\_\_

**VERNACULAR DECLARATION**

Declaration in case the proposal is filled by other than the proposer / the proposer signs in vernacular language / proposer is illiterate (to be certified by someone other than the agent / employee of the company). The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of translator \_\_\_\_\_

Place \_\_\_\_\_

Date:

Name of the Proposer \_\_\_\_\_

Place \_\_\_\_\_

Date: \_\_\_\_\_

**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).

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.

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:	Proof of Address:
<b>For Individuals</b>	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	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