



## 2. Details of applicants & plan selection

1	Name	Gender	Date of birth	Height (in cm)	Weight (in Kg)	Mobile Number	Relationship to Proposer	If a registered Medical Practitioner, please provide Medical registration number, council name and address of workplace*
		(M / F /Other)	(dd/mm/yyyy)					

Emergency contact	Name	Contact No with STD code	Mobile no
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### Base coverage:

Policy type#:	Individual
Number of lives to be covered:	1 Adult
Variant:	Plan 1
Base Sum Insured:	_____
Policy term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years

## 3. Portability

Policy No	Insurance company	Risk start date	Risk end date	Reasons for Porting

Name of proposed insured for whom portability is requested	First policy start date	No of years of continuous coverage for which portability is requested	Claims in past policies	Current No claim Bonus	Sum insured – Year 1 (Oldest)	Sum insured- Year 2	Sum insured – Year 3	Sum insured – Year 4 (Expiring policy)

## 4. Nomination

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee. Payment to the nominee constitutes discharge of the Company's full liability.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee	Appointee Name (if nominee is less than 18 years of age)

## 5. Declaration (Please read carefully and put a check mark against each before signing the proposal form)

- 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.
- 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.
- 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.
- 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.
- 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.
- if the Proposer has signed in vernacular: The content of this form have been explained by me, Name of the person certifying in Language, in presence of Name of witness to the Proposer who has understood and confirmed the same. Witness must be someone other than agent/ employee of the Company.

Dated \_\_/\_\_/\_\_ Place \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

Signature of the certifying Person \_\_\_\_\_ Mobile number of the certifying Person \_\_\_\_\_

Signature of the Witness \_\_\_\_\_ Mobile number of the Witness \_\_\_\_\_

## 6. Declaration if form is NOT filled by the proposer & Advisor declaration

Declaration if for any reason, the proposal and other connected papers are not filled by the Proposer.

The contents of the proposal form have been fully explained to me and I have fully understood all aspects and implications. The Proposal Form is filled by Name Mobile no under my instruction and I found all information to be correct & complete.

Signature of the Proposer \_\_\_\_\_

**Advisor declaration:** I as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised employee of the Broker / Relationship Officer, do hereby declare that I have explained all the contents of this product / proposal to the Proposer

Signature of the Insurance Advisor \_\_\_\_\_ Intermediary code: \_\_\_\_\_

## 7. Premium details (for office use only)

Premium payment option  Cheque  Demand Draft  Credit card / Debit card  Net Banking  Cash  Others

Premium amount \_\_\_\_\_

Premium paid by \_\_\_\_\_ Relationship with proposer \_\_\_\_\_

Online payment transaction ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Bank name/ branch \_\_\_\_\_

Niva Bupa branch location \_\_\_\_\_ Code No \_\_\_\_\_ Business sourced by: Advisor/DST/Corporate agency/ other channels

Code No \_\_\_\_\_ Name \_\_\_\_\_ Proposal received on: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Is Proposer or the applicant a staff?  Yes  No

## 8. NEFT & Bank details

All payments (refund of premium, claims etc) would be made electronically ONLY to your account. Please provide following details

Bank name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Account number \_\_\_\_\_ IFSC Code \_\_\_\_\_ Account type:  Savings  Current

