



THE NEW INDIA ASSURANCE CO. LTD.,
Regd. & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001

PROPOSAL FORM FOR GOOD HEALTH POLICY

(Please read the prospectus before filling up this form, use this form in case of Portability into the Good Health Scheme)

A) The Company shall not be on risk until the proposal has been accepted and premium debited from your card and communication of acceptance has been given to the proposer on full payment of premium.

B) If Mediclaim cover required for persons above 60 years of age (up to 70 years only), the proposed member(s) will have to undergo, pre-acceptance health check up and the proposer should enclose Medical Practitioner's Report (as attached) along with Original ECG, Blood Sugar Fasting and PP, Urine Sugar Test Reports.

C) If other family members residing with proposer i.e. spouse, eligible dependent children and dependent parents and dependent parents in law are required to be covered, complete details of each person should be furnished.

D) Non-disclosure of facts material to the assessment of the risk, providing misleading information fraud or non-co-operation by the insured will nullify the cover under the policy.

Please fill in the form if you want to join into the Good Health Scheme. All the fields need to be duly filled, otherwise we will not be able to process your request.

Please note that names found in the form, only will be considered for insurance coverage.

1. NAME OF CARD HOLDER : Mr. /Mrs./Ms./Dr. _____

2. DATE OF BIRTH: _____

3.

a. Diners Club/Citibank Card Number _____

b. Expiry Date on the Card (MM/YY) _____

4. RESIDENTIAL

ADDRESS: _____

City _____ Pincode _____

Tel.No: _____ Fax No. _____ E-Mail: _____

5. Occupation of the Card Holder: (please Tick)

Professional/Administrative/Managerial

Business /Trader

Clerical, Supervisory and related worker

Housewife

Retired Person

Student – School and College

Any Other (please mention the Occupation) _____

..contd 2...

6. Are you at present or have you been at any other time in the past covered under any other Insurance (Personal Accident, Cancer Insurance, Hospitalization Insurance or other Medical Insurance). If so, give particulars of:

Name of Insurer	
Insurance Scheme	
Policy No.	
Period of cover	
Claim Amt. Recd./receivable	

Kindly attach the policy copies for the last four years. If insured for lesser period, all the policy copies may be attached.

7. Whether any proposal for this Insurance or any other similar insurance refused or cancelled: Yes/No

8. Please provide the details of Persons proposed to be Insured:

Sl. No.	Name in full (Underline Surname)	Gender M/F	Date of Birth dd/mm/yy	Relationship with Card Member	Good Health Plan Choice Enter your plan option here (Plan details are available alongwith salient terms and conditions of Insurance)		Specify name of illness/disease/disablement suffered/suffering with period from	
					Personal Accident insurance	Mediclaime insurance	Illness/diseases/disablement	Existing From
1								
2								
3								
4								
5								
6								

9) If you are opting for Personal Accident Insurance cover, Kindly provide the following details:

Name of the Nominee:

Relationship of the Nominee:

Date of Birth:

10) Insurance to commence from: _____ (MM/YYYY)
(Insurance starts on first of every month)

..contd 3...

DECLARATION

I declare that all the persons proposed for Good Health Insurance include my relatives and/or myself only and that they are not engaged in any high-risk occupation as mentioned in the Terms and Conditions. I also declare that none of them suffer from any pre-existing condition which is not fully cured and that I have explicitly given information on such instances of pre-existing illness/disease/disablement separately, if applicable. All the information given in this form on behalf of my family members and/or myself is correct and true to the best of my knowledge and belief and shall be the basis on which insurance is granted. I also authorize Diners Club/Citibank to charge the Premia as applicable to choice of Plans indicated above to my Diners Club/Citibank Card Account as per details given below: I have read and agree to the Terms and Conditions of this offer.

I agree to the terms and conditions of the Good Health Insurance and understand that the Insurance on Portability would commence from the FIRST DAY of the Month only. Further, I agree to have this insurance with proportionate liability for the period the existing policy is operational.

Signature of the Credit Card Holder _____

Place:

Date:

While forwarding the Proposal form, kindly check the following:

- a. Whether portability form has been duly filled and attached.
- b. Whether the Insurance policy/certificates for the earlier years as required in the proposal have been attached.
- c. If the Proposed member is above 60 years, whether Medical Practitioner's Report with Lab Reports are attached.
- d. The mailing address for sending the above mentioned documents is:
The New India Assurance Company Ltd., 260, Anna Salai, Allied's Mount Casa Blanca Building II floor, Chennai 600 006.

