



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Proposal Form - ACCIDENT TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)
Unique Identification No. : IRDA/NL-HLT/SHAI/P-P/V.I/136/13-14

Ref. No.

Policy No.

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.
Please fill up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity cards

Policy Issuing Office :	SM CODE	SM NAME
	AGENT CODE	AGENT NAME

BUSINESS TYPE

If Yes : a. Unorganised Sector b. Economically Vulnerable or Backward Classes

Social Sector Classification* : Yes No c. Other Categories of Persons d. Informal Sector

Rural Sector Classification : Urban Rural
This classification is based upon the address of the proposer

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas.

a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons;.

b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line;

c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability;

d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship;

Name of the Proposer Mr / Mrs / Ms.	Date of Birth :	
Occupation of the Proposer	Annual Income Rs.:	
Residence Address	Pin Code :	
Office Address	Pin Code :	
Email ID :	Mobile Number	
Aadhar (UID) Number	Period of Insurance	To
GST Number	PAN Number	
NOMINATION	Nominee's Name	
	Relationship to the Proposer	Date of Birth
Name of the Appointee (if nominee is a minor)	Relationship to the Nominee	Age :

(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)

Please affix
photograph of
Insured Persons - 1

Please affix
photograph of
Insured Persons - 2

Name : _____

Name : _____

Family Physician's Name _____

Phone _____ Regn No _____

Payments Details			
Annual Premium Rs.		<input type="checkbox"/> Cash / <input type="checkbox"/> Cheque	
Cheque No. :	Date :	Drawn on :	Branch :

Bank Details of the proposer	Account Number :
	Type of Account : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others please specify
	Name of the Bank :
	Name of the Branch :
	IFSC Code :
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.	

Please attach any of the following proof of Date of Birth

- Birth Certificate
- Voter ID
- PAN Card
- Driving License
- Aadhar Card
- Any other Govt. Recognised Proof

Details of the person proposed for insurance

Insured Person - 1

Insured Person - 2

Name	Insured Person - 1		Insured Person - 2	
	Gender	Date of Birth	Gender	Date of Birth
Gender & Date of Birth				
Height (cms) & Weight (kgs)	Height	Weight	Height	Weight
Relationship with proposer				
Occupation				
Sum insured opted (Rs) - Section I & Section II	Section - I	Section - II	Section - I	Section - II
Do you wish to cover Accidents at work place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please furnish details of nature of work and location of the workplace				
Please furnish details of other similar insurances taken				
Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged. If so provide details				
Has any claim been rejected by the previous Insurer? If Yes, please provide details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In last 3 years have any of these persons who proposed for insurance:				
1. Has any life / Health / disability / cover declined / modified / postponed				
2. Been advised to surgery but not yet done				
3. Received payment for disability / illness / injury				
4. Been treated as inpatient or out patient for surgery				
5. Had any medical treatment, mental or physical impairment				

Signature of the Proposer



Received the proposal for **ACCIDENT TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)** from Mr/ Mrs/ Ms. _____ along with payment of Rs. _____ /- by Cash / vide Cheque/ DD No. _____ drawn on _____ dt. _____. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide advance premium receipt. If the proposal is accepted, the cover will commence from the date of the advance premium receipt, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Signature of the authorised person

Name & Code of the authorised person : / / s t

Date : _____ **Place :** _____

Declaration of the Intermediary : I / We confirm that the product has been explained to the proposer and is suitable for the proposer

Name : _____ **Code :** _____ **Signature of the Intermediary** _____

Declaration : 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 insurance company and that the policy will come into force only after full receipt 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 and consent to the company seeking medical information from any doctor or from a 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 or 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. I 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. The terminology in the proposal form with the terms and conditions of the product are explained to me .

I confirm that the payment is made through my card / bank account.

I also confirm that the source of funds for premium paid under this policy is legal.

Submitted the above proposal for **Accident Trauma Care Insurance Policy (Individual)** along with payment of Rs. _____ / by cash/vide cheque /DD no _____ dated _____ drawn on _____.

I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Date : _____ **Name :** _____

Place : _____

Signature of the Proposer :

Prohibition of Rebates: Section 41 of Insurance Act 1938. 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 the 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 liable for a penalty which may extend to ten lakh rupees.

