

THE NEW INDIA ASSURANCE CO. LTD., MUSCAT

INDIVIDUAL HEALTH INSURANCE - PROPOSAL FORM



Sr.No.	Details of the Insured			
1	Name of the Insured			
2	Relationship with the Proposer			
3	Sex			
4	Date of Birth			
5	Address of the Insured			
6				
7	Nationality			
8	Resident Card No. of the Insured			
9	Floater Plan Opted	SILVER	GOLD	PLATINUM
10	Any other Insurance Company Denied your Proposal Earlier?			
11	Details of Current Policy, if any	Name of the Insurer	Policy Period	
12	Medical questionnaire to be filled by proposer up to age 45 years (Tick appropriate column)	YES	NO	
	1. Is the person to be insured in good health?			
	2. Does he suffer from any pre-existing ailments like Diabetes, Hypertension or like conditions anytime now or in the past?			
	3. Any history of Heart diseases?			
	4. Major Hospitalization / Surgery/ or any regular medications? (if yes, kindly specify)			
	5. Any history of Accident related Medical ailments?			
<p>Declaration:</p> <p>We hereby apply for an Individual Health Medical Insurance and declare that to the best of our knowledge and belief, the information given is true and complete. We hereby undertake to immediately notify The New India Assurance Company Limited, Muscat of any change of the information declared above.</p> <p>We have not withheld or misrepresented any material fact and we agree that if a contract of insurance is effected, all information submitted in connection with this application shall be the basis of the contract between me and The New India Assurance Company Ltd., Muscat. It is also agreed and understood that if any of the information supplied by me proves wrong, Comapay has the absolute right to reject liability and to cancel the policy.</p>				

We understand that only persons declared will be covered by the policy and this application is subject to approval and acceptance of The New India Assruance Company ltd., Muscat.

	Signature of the Proposer	
	Name:	
	Date:	
	Place:	