



HEALTH INSURANCE - PROPOSAL FORM

General & Member Details :

Sr.No.	Details of the Insured		
1	Name of the Insured		
2	Relationship with the Proposer		
3	Gender		
4	Date of Birth		
5	Address of the Insured with Contact No.		
7	Nationality		
8	Resident Card No. of the Insured		
9	Floater Plan Opted	Isj GOLD	el DIAMOND

Health History :

8	Are you under any regular treatment now ? If so, specify.		
9	Have you undergone any major treatment or hospitalization or surgery in the past 5 years ? If so, give details.		
	Do you suffer from any conditions like diabetes, hypertension, epilepsy, hernia, hydrocele, heart, kidney, liver diseases or any other chronic ailments ? If so, give details.		
10(b)	Whether your parents or siblings suffer from any of the above conditions ? If so, give details.		

Insurance History :

M	Any other Insurance Company denied or accepted your Proposal with extra premium?	Yes/No
---	--	--------

Declaration :

12	Are you in good health now ?	Yes/No
----	------------------------------	--------

We hereby apply for a Health 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 Ltd., Muscat of any change of the information declared above.

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 us and The New India Assurance Company Ltd., Muscat.

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 Assurance Company Ltd., Muscat..

Signature of the Proposer

Name:

Date:

Place:

* If any information will not fit with the column space provided, please enclose the full details in additional sheet and attach along with this form.