FAMILY HEALTH INSURANCE - PROPOSAL FORM

General & Member Details :

S.No.	Details of the Insured	Self	Spouse	Child - 1	Child - 2	Child - 3
1	Name of the Insured					
2	Gender					
3	Date of Birth					
4	Address of the Insured with Contact No.					
5	Nationality					
6	Resident Card No. of Insured					
7	Floater Plan Opted	(A) Silver		(B) Gold		(C) Platinum

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.	
10(a)	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 any of your parents or siblings suffer from any of the above conditions ? If so give details.	

Insurance History :

11	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 here by apply for a Family 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 Insuance 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.