

**THE NEW INDIA ASSURANCE CO. LTD., MUSCAT****FAMILY HEALTH INSURANCE - PROPOSAL FORM**

S. No.	Details of the Insured	Self	Spouse	Child - 1	Child - 2	Child - 3
1	Name of the Insured					
2	Sex					
3	Date of Birth					
4	Address of the Insured					
5	Nationality					
6	Resident Card No. of the Insured					
7	Floater Plan Opted	a. Silver	b. Gold	c. Platinum		
8	Do you require Pre-Existing Illness to be covered up to 10% of the sum Insured ?	Yes/No				
9	Any other Insurance Company Denied your Proposal Earlier?	Yes/No				
10	Declaration: 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 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:	