



PROPOSAL FORM
THE NEW INDIA ASSURANCE COMPANY LTD.
AIBRF SUPER TOP UP HEALTH INSURANCE POLICY



PLEASE FILL ALL INFORMATION IN CAPITAL LETTERS
PLEASE TICK MARK IN APPROPRIATE BOXES

Category (Select any 1)	Sum Insured	Premium	
		Family	Single / Widow
<input type="checkbox"/> Officer →	Rs. 6,00,000/-	Rs.3806/-	Rs.3452/-
<input type="checkbox"/> Award Staff →	Rs. 5,00,000/-	Rs.3511/-	Rs.3157/-

Self Photo

Spouse Photo

PLEASE PASTE PHOTOS

Name of Proposer : _____

United Ins. Health Card No. : _____ Parent Bank Name _____

Correspondence Address : _____

City : _____ Pincode : State : _____

Email id : _____

Mobile No. :

Landline No. with STD Code :

INSURED PERSONS DETAILS	
SELF	SPOUSE
Full Name : SELF	Full Name : _____
Date of Birth : D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth : D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender : <input type="checkbox"/> M <input type="checkbox"/> F	Gender : <input type="checkbox"/> M <input type="checkbox"/> F
Aadhaar Card No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Aadhaar Card No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAN Card No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN Card No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
United Ins. Health card ID no. : Same as above	United Ins. Health card ID no. : _____
Name of Nominee : _____	Name of nominee : _____
Relationship : _____	Relationship : _____
Bank Details:	Cheque Details :
Bank name: _____	Amount : <input type="checkbox"/> Rs.3157/ <input type="checkbox"/> Rs.3452/ <input type="checkbox"/> Rs.3511/ <input type="checkbox"/> Rs.3806
Account number: _____	Cheque No. : _____ Date : _____
RTGS/NEFT/IFSC Code: _____	Bank Name : _____

I have read the covers offered in the policy and hereby confirm my participation in the scheme for my family (self and spouse only) and undertake to pay the premium. I am aware that the insurance will be effective from 1st November, 2017 subject to full premium being paid. I, hereby declare that the above information is true and complete to the best of my knowledge and will form the basis of the Insurance policy.

.....
 (Signature of Insured) (Signature of Spouse)

Please attach below mentioned documents for each member including spouse :

- Please paste 1 set of photograph above mentioned space & staple the another set
- United Ins. Health ID Card

Note : Please draw "A/c Payee" Cheque in favour of "AIBRF New India Super Top Up Policy"
 Please write name, mobile no., United Health Card No., & Aadhar Card No. on the reverse of the cheque

Send this Proposal Form along with Cheque, Photos & Copy of United India Health ID Card to :
PRAGMATIC INSURANCE BROKING SERVICES (P) LTD., No. 202, Sunshine Avenue, Opp. Balaji Traders,
 Near Datta Mandir Chowk, Viman Nagar, PUNE - 411014.