NAVI HEALTH - PROPOSAL FORM

Proposal Form Number: **URN – NAVIGINH0421V0**

GUIDELINES OF FILLING THIS PROPOSAL FORM

1) Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and hasa bearing on the risk.
2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3) We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of the proposal or any other information requested for by us.
4) Where a proposal deposit is refundable under any circumstances, we shall refund the same within 15 days from the date of underwriting decision on the proposal.
5) This Proposal Form shall be the basis of contract for Policy issuance and shall be signed by the Proposer.
6) We are under no obligation to accept any proposal for insurance. Our liability will commence only when this Proposal is accepted by Us (subject to the Policy terms and conditions) and the premium is received and realised.

I. PROPOSER DETAILS

Proposer Name : ☐ Mr. ☐ Mrs. ☐ Ms.

Date of Birth : D D M M Y Y Marital Status : ☐ Married ☐ Unmarried

Gender : ☐ Male ☐ Female ☐ Transgender E-mail id:

Occupation : ☐ Student ☐ Self Employed ☐ Salaried ☐ House Wife ☐ Retired
☐ Others (please specify) :

Aadhar Number :

PAN Number : (Mandatory for premium of ₹ 50,000 and above)

Annual Income (in ₹) : ☐ Up to 5 Lac ☐ 6-10 Lac ☐ 11-15 Lac ☐ 16-20 Lac ☒ Above 20 Lac

SEZ Unit : ☐ Yes ☐ No GSTIN :

Address (Note – This address shall be taken for GST Computation) :
Landmark : City / Town :
District : Pin Code :
Telephone No. : Mobile No. :

☐ I hereby consent that the Policy Documents shall be sent to me by e-mail only on my registered e-mail Id. I understand that this authorisation can be revoked by me at the time of renewal by contacting your branch office personally or customer care by writing a mail/ calling your toll-free number.

II. PLAN DETAILS – Please select the required plan and Sum Insured

Tenure : ☐ 1 Year ☐ 2 Year ☐ 3 Year

Proposed Policy Period : From : D D M M Y Y To : D D M M Y Y

Type : ☐ Non-Floater ☐ Family Floater

Base Sum insured	☐ ₹ 2 lakhs ☐ ₹ 3 lakhs ☐ ₹ 4 Lakhs ☐ ₹ 5 Lakhs ☐ ₹ 6 Lakhs ☐ ₹ 7 Lakhs ☐ ₹ 8 Lakhs ☐ ₹ 9 Lakhs ☐ ₹ 10 Lakhs ☐ ₹ 15 Lakhs ☐ ₹ 20 Lakhs ☐ ₹25 Lakhs ☐ ₹ 50 Lakhs ☐ ₹75 Lakhs ☐ ₹ 1 Crore

Benefit/ Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Select
Hospitalization	Covered	Covered	Covered	Covered	Covered	Covered
Pre Hospitalization medical expenses	30 days	60 days	60 days	60 days	90 days	☐ 30 days ☐ 60 days ☐ 90 days

Post Hospitalization Medical Expenses	60 days	90 days	90 days	90 days	180 days	☐ 60 days ☐ 90 days ☐ 180 days
Daily Cash for Shared Room occupancy	₹. 1,000/-	₹. 1,000/-	₹ 1,000/-	₹. 1,000/-	₹. 1,000/-	₹. 1,000/-
Emergency Road Transportation	Covered	Covered	Covered	Covered	Covered	Covered
AYUSH	No Cover	No Cover	No Cover	No Cover	Covered	☐ Yes ☐ No
Domiciliary Hospitalization	Covered	Covered	Covered	Covered	Covered	☐ Yes ☐ No
Organ Donor Expenses	Covered	Covered	Covered	Covered	Covered	☐ Yes ☐ No
Online Doctor Consultation	Covered	Covered	Covered	Covered	Covered	Covered
Cumulative (No Claim) Bonus	25% of Base SI per year up to maximum of 50%	25% of Base SI per year up to maximum of 100%	25% of Base SI per year up to maximum of 100%	25% of Base SI per year up to maximum of 100%	50% of Base SI per year up to maximum of 150%	☐ 25% of Base SI per year up to maximum of 50% ☐ 25% of Base SI per year up to maximum of 100% ☐ 50% of Base SI per year up to maximum of 150%
Additional Sum Insured for Accidental Injury	No Cover	100% of Base SI	100% of Base SI	100% of Base SI	100% of Base SI	☐ Yes ☐ No
Automatic Restoration of Base Sum Insured during Policy Year	Once	Unlimited number of times	Unlimited number of times	Unlimited number of times	Unlimited number of times	☐ Once ☐ Unlimited number of times
Maternity Expenses	No Cover	No Cover	No Cover	Rs. 30,000/-	Rs. 30,000/-	☐ ₹ 30,000/- ☐ No
Newborn Baby Benefit (Covered with Maternity Expenses)	No Cover	No Cover	No Cover	Rs. 10,000/-	Rs. 10,000/-	Covered with Maternity expense benefit

Non Payable Expense Coverage Benefit	No Cover	No Cover	No Cover	No Cover	Covered	☐ Yes ☐ No
Prolonged Hospitalization Benefit	No Cover	No Cover	No Cover	No Cover	Rs. 20,000/-	☐ ₹ 20,000/- ☐ No
Air Ambulance	No Cover	No Cover	No Cover	No Cover	Rs. 5 Lakh	☐ Yes ☐ No
Outpatient Treatment Benefit (Consultation & Diagnostics)	No Cover	No Cover	Rs. 5,000/- per member under Individual Policy Or Rs. 10,000/- per Family Floater Policy	No Cover	Rs. 5,000/- per member under Individual Policy Or Rs. 10,000/- per Family Floater Policy	☐ Yes ☐ No
Wellness Benefit (Complementary Health Checkup, Health Status Reward, Fitness Status Reward)	Yes	Yes	Yes	Yes	Yes	Yes
Pre-existing Disease Waiting Period	3 years	1 year	1 year	1 year	1 year	☐ 4 Year ☐ 3 Year ☐ 2 Year ☐ 1 Year ☐ No waiting period
Specific Illness Waiting Period	2 years	1 year	1 year	1 year	1 year	☐ 2 Year ☐ 1 Year ☐ No waiting period

III. PROPOSED INSURED DETAILS

Sr. No.	Name	Gender	Date of Birth (DD/MM/YYYY)	Relationship with Proposer	Only for Non-Floater
					Sum Insured
1					
2					
3					
4					
5					
6					
7					

IV. NOMINEE DETAILS

In the event of the death of the Policyholder, any payment due under the Policy shall become payable to the Nominee in accordance with the Policy terms and conditions. The Nominee must be an immediate relative of the Proposer. Nominee for persons proposed to be insured shall be the Proposer himself/herself.

Nominee Name	Date of Birth	Relationship with Proposer

If Nominee is minor, please give the name and address of the appointee and relationship with the minor		
Appointee Name	Date of Birth	Relationship with Minor

V. MEDICAL AND HEALTH INFORMATION

Please answer below mentioned questions		Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7
1.	Please answer the following questions about major illness or injury (which is not a common cold, cough, flu like illness, traveller's diarrhoea or completely cured acute infectious fever)							
a)	Is any member currently taking any medication or being treated for any major Illness/ Injury?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b)	Is any member currently suffering from any symptoms that may require doctor's consultation or laboratory investigations in future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
c)	Has any member undergone investigation or a consultation with a doctor for any major Illness/ Injury in the past?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d)	If answer to any of the above questions is 'Yes' then please give more details about Illness/ Injury- diagnosis, treatment details etc.							

VI. CURRENT/PREVIOUS INSURANCE POLICY DETAILS

Are You insured under any Health Insurance Policy? If yes, please provide the below details.

Insured Name	Policy Number	Insurer Name	Policy Period		Sum Insured	Claim Lodged (if any)	Cumulative Bonus
			From	To			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			

Are you applying for portability? ☐ Yes ☐ No (If Yes, portability form to be completed and submitted)

VIII. PREMIUM PAYMENT AND BANK DETAILS

For Cheque/DD/PO (Payable in favour of Navi General Insurance Company Limited)

Payment Option: Cheque ☐ Demand Draft ☐ Fund Transfer ☐ Pay Order ☐
Debit Card ☐ Credit Card ☐

Premium Amount: ₹ _____ Amount in Words: _____

Payment Frequency: Quarterly ☐ Half Yearly ☐ Annual ☐ Monthly ☐

For the payment of the refund (if any) and or claims through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS), please submit the details of the Proposer's bank account:

Account Holder Name : _____

Instrument Number :		Instrument Date :	
Instrument Amount :		Bank Name :	
Credit/Debit Card No. :		Expiry Date :	
Account No. :		IFSC/MICR Code :	
UPI ID :			

Type of Account : Saving Bank's Account ☐ Current Account ☐
Others (Please Specify) ☐ _____

Note – If the premium cheque is not paid from the above-mentioned account, then a cancelled cheque leaf of the above-mentioned account is to be attached. *Mandatory if annualized premium is more than ₹.25,000.*

VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER

(Email Id is mandatory)

Do you have an EIA : ☐ Yes ☐ No If No, do you wish to apply for EIA : ☐ Yes ☐ No

If Yes, please quote the EIA number : <<_____>>

If applied, please mention your preferred Insurance Repository : <<_____>>

Email Id (Registered with Insurance Repository) : <<_____>>

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.

IX. DECLARATION

1) I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2) I understand that the information provided by me will form the basis of the Policy, is subject to the Board approved underwriting policy of the Insurer and that the Policy will come into force only after full payment of the premium chargeable.
3) I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be Insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4) I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be Insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be Insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5) I authorize the company to share information pertaining to my proposal including the medical records of the Insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Date: _____ Place: _____ Signature of Proposer _____

X.	OTHER DECLARATIONS
☐	Any GST liability and payment for the same is dependent on the details (viz GSTIN, address, zero-rating entitlement etc) provided by me. Navi General Insurance Limited will rely on such information for the purpose of compliance with applicable GST regulations and shall not be under obligation to evaluate authenticity/accuracy of the same. Further, in case any GST liability (in terms of tax, interest, penalty and associated litigation cost) arises on Navi General Insurance Limited on account of any incorrect/ incomplete/ non-compliance on behalf of me. I will be immediately liable to pay the same on notification by Navi General Insurance Limited. The said liability shall vest irrespective of the completion of the insurance period covered within the policy contract.
☐	I hereby consent to and authorize Navi General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of the Company from time to time.
☐	I/We hereby confirm that all premiums have been/will be paid from Bonafede sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

XI. VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the Proposal Form and terms and conditions of the Policy to the Proposer in the language understood to him/her.

Signature/Thumb Impression of the Proposer: _____

Name of Witness: Signature of Witness: _____

Date: _____ Place: _____

XII. INTERMEDIARY DECLARATION

I,_____(Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No./ID (Advisor / Corporate Agent / Broker / Relationship Officer : _____

Date: _____ Place: _____ Signature of Agent: _____

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)			
Branch Office :		Intermediary Code :	
Branch Code :		Intermediary Name :	
Business Sector :	Urban/Rural/Social	Intermediary contact Number :	

ACKNOWLEDGE SLIP		
Proposal form received from: Mr./Mrs./Ms		
Address:	Premium amount: ₹	To be debited from
Account of Mr./Ms	Account Number:	Bank Name:
Cheque Number:	Date:	Branch: