



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Star Novel Coronavirus (nCoV) (COVID-19) Insurance Policy (Pilot Product) Unique Identification No.: SHAHLIP21047V022021 Proposal Form - Unique Reference No.: SHAI/PR0051		Ref. No.		The company will not be on risk until the proposal has been accepted and full payment of premium has been received. Please fill up the form in block letters.		
Policy No.						
Policy Issuing Office: SM CODE AGENT / CORPORATE AGENT / BROKER / IMF CODE				SM NAME		
				AGENT / CORPORATE AGENT / BROKER / IMF NAME		
Name of the Proposer Mr / Mrs / Ms.				Date of Birth	DD/MM/YYYY	
Occupation of the Proposer				Annual Income	Rs.	
Residential Address:			Office Address:			
Pin Code:			Pin Code:			
Mobile No.			Email ID			
PAN No.			GST No.			
Do you have a CKYC number	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes Please mention the number			
NOMINATION	Nominee's Name		Relationship to the Proposer	Date of Birth	Age in Yrs	
				DD/MM/YYYY		
	Name of the Appointee (if nominee is a minor)		Relationship to the Nominee	Date of Birth	Age in Yrs	
				DD/MM/YYYY		
(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)						
I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you wish to receive the physical copy of the policy document	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you wish to receive the copy of the policy document by Email / Whatsapp / Any other electronic mode					<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number _____						
If you don't have an e-Insurance Account (eIA) number, choose any one Insurance Repository		<input type="checkbox"/> Kavya Insurance Repository Limited		<input type="checkbox"/> CAMS Insurance Repository Services Limited		
		<input type="checkbox"/> CDSL Insurance Repository Limited		<input type="checkbox"/> NSDL National Insurance Repository (NIR)		
Bank Details of the Proposer	Account Number			Type of Account: <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> Others please specify _____		
	Name of the Bank	Name of the Branch		IFSC Code		
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.						
Payments Details	Premium Amount	Rs.	Mode of Payment	Cash / Cheque / DD / Credit Card / Debit Card / NEFT / CC Mandate		
Cheque / DD No.		Date	Drawn on	Branch		
Please attach any one proof of Date of Birth		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Voter ID		
		<input type="checkbox"/> Driving License		<input type="checkbox"/> Aadhar Card		
				<input type="checkbox"/> PAN Card		
				<input type="checkbox"/> Any other Govt. Recognised Proof		
BUSINESS TYPE	Do you come under below mentioned Social Sector Classification*: <input type="checkbox"/> Yes <input type="checkbox"/> No			Rural and Social Sector Classification		
	If Yes: <input type="checkbox"/> a. Unorganized Sector		<input type="checkbox"/> b. Other Categories of Persons		Are you a ASHA workers	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> c. Economically Vulnerable or Backward Classes		<input type="checkbox"/> d. Informal Sector			
Rural Sector Classification (This classification is based upon the address of the proposer) : <input type="checkbox"/> Urban <input type="checkbox"/> Rural				Are you a MGNREGA workers	<input type="checkbox"/> YES <input type="checkbox"/> NO	

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas;

a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons.

b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line.

c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability.

d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship.

Details of the person proposed for insurance		Insured Person - 1		Insured Person - 2		Insured Person - 3		Insured Person - 4		Insured Person - 5	
Name											
Gender	Date of Birth	M / F / Thirdgender	DDMM/YYYY	M / F / Thirdgender	DDMM/YYYY	M / F / Thirdgender	DDMM/YYYY	M / F / Thirdgender	DDMM/YYYY	M / F / Thirdgender	DDMM/YYYY
Sum Insured Opted (Please ✓)		<input type="checkbox"/> Rs.21000/-	<input type="checkbox"/> Rs.42000/-	<input type="checkbox"/> Rs.21000/-	<input type="checkbox"/> Rs.42000/-	<input type="checkbox"/> Rs.21000/-	<input type="checkbox"/> Rs.42000/-	<input type="checkbox"/> Rs.21000/-	<input type="checkbox"/> Rs.42000/-	<input type="checkbox"/> Rs.21000/-	<input type="checkbox"/> Rs.42000/-
Relationship with proposer											
Occupation											
Do you have any other policy covering novel Coronavirus issued by the Company. If yes please mention the policy number and Product name											

Only one policy is allowed for one Person

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 authorized to propose on behalf of these other persons. 2. I understand that the information provided by me will form the basis of the insurance 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 from a hospital who/which at anytime 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. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPR.

Declaration of the Agent / Intermediary : I / We confirm that the product's sum insured has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any)	<i>The Health Insurance Specialist</i>	
	Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF	Code Signature

Submitted the above proposal for Star Novel Coronavirus (nCoV) (COVID-19) Insurance Policy (Pilot Product) along with payment of Rs. _____ / by cash/vidе cheque/DD no _____

dated _____ drawn on _____. I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

I hereby confirm that the details have been explained to the proposer.		
Date	Name of the person who explained	Signature of the person who explained

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer

Prohibition of Rebates: Section 41 of Insurance Act 1938.

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew 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 the 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 published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

STAR Health Insurance
 STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
 Received the proposal for Star Novel Coronavirus (nCoV) (COVID-19) Insurance Policy (Pilot Product) from Mr/Ms/Ms. _____ at _____ dt. _____ drawn on _____. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide collection receipt. If the proposal is accepted, the cover will commence from the date of the collection receipt, subject to realization of the cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office in case policy is not received within 15 days from the date of payment of premium.
 Date: _____ Place: _____ Name & Code of the authorised person: _____ Signature of the authorised person: _____
 Acknowledgement