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Pro	nos	al F	orm

URN: CHIL/R/TR/112/23-24 Proposal No.:_

To be filled in by the Proposer in CAPITAL LETTERS only.

Care Health Insurance Limited (the "Company") is under no obligation to accept any proposal for insurance or to issue a policy by mere submission of a completed proposal form and / or payment of proposal deposit towards the same. The Company retains the right in its sole and absolute discretion to issue a policy. The liability of the Company does not commence until this Proposal has been accepted and underwritten by the Company and premium received, including loadings, if any. You understand and agree that if the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions and the Company shall have no liability whatsoever if the premium is not realized, or received in full or in time. In the event the Company does not accept the proposal, you will be informed of the same and the premium received from you, if any, will be refunded without interest.

If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this Proposal.

Intermediary Details Intermediary Code: Intermediary RM Code: Intermediary Name: Interm
Intermediary Code: Intermediary RM Code: Intermediary RM Code: Customer Acc No.: Care Health Insurance Branch Details CHIL RM Name: Branch Code: Client ID: Details of 'Point of Sales' Person: (To be filled in if the Policy is sourced through 'Point of Sales' Person)
Intermediary RM Code: Customer Acc No.: Care Health Insurance Branch Details CHIL RM Name: Branch Code: Client ID: Receipt ID: Details of 'Point of Sales' Person: (To be filled in if the Policy is sourced through 'Point of Sales' Person)
Customer Acc No.: Care Health Insurance Branch Details CHIL RM Name: Branch Code: Client ID: Receipt ID: Details of 'Point of Sales' Person: (To be filled in if the Policy is sourced through 'Point of Sales' Person)
Care Health Insurance Branch Details CHIL RM Name: Branch Code: Client ID: Receipt ID: Details of 'Point of Sales' Person: (To be filled in if the Policy is sourced through 'Point of Sales' Person)
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Branch Code : Client ID : Receipt ID : Details of 'Point of Sales' Person : (To be filled in if the Policy is sourced through 'Point of Sales' Person)
Details of 'Point of Sales' Person: (To be filled in if the Policy is sourced through 'Point of Sales' Person)
Please furnish at least one of the following details of "Point of Sales" Person:
Aadhaar Card No.: PAN Card No.:
PROPOSER DETAILS
Name : (Mr/Ms./Mrs.)
(First Name) (Middle Name) (Last Name)
Correspondence Address:
Con espendinte / ladi ass /
Locality: City:
Pin Code : State :
Landmark:
Permanent Address:
If same as above, please tick here
Locality:
Pin Code : State :
Telephone:
Email:
*The registered mobile number will be enrolled for WhatsApp notifications related to your Care Health Insurance Policy 👂
The registered mobile number will be emitted for virtues approximations related to your early related to real and entering
Date of Birth / Incorporation (in case Proposer is an entity) : DDMMYYYY Gender: Male Others
Date of Birth / Incorporation (in case Proposer is an entity) : DDMMYYYY Gender: Male Female Others Marital Status : Single Married Divorced Widow(er) Separated
Date of Birth / Incorporation (in case Proposer is an entity) : DDMMYYYY Gender : Male Female Others Marital Status : Single Married Divorced Widow(er) Separated Mother's Name :
Date of Birth / Incorporation (in case Proposer is an entity): DDMMYYYY Gender: Male Female Others Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Nationality:
Date of Birth / Incorporation (in case Proposer is an entity) : DDMMYYYY Gender : Male Female Others Marital Status : Single Married Divorced Widow(er) Separated Mother's Name :
Date of Birth / Incorporation (in case Proposer is an entity): D M M Y Y Y Gender: Male Female Others Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Nationality: Nationality: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number(last 4 digits): X X X X X X X X X X X X X X X X X X X
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Date of Birth / Incorporation (in case Proposer is an entity): DMMYYY Gender: Male Female Others Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number (last 4 digits): (By signing the Proposal form I give my consent for using my Aadhaar Nac for Authentication of my Aadhaar Details) Please share the following for authentication purpose:
Date of Birth / Incorporation (in case Proposer is an entity): DMMYYY Gender: Male Female Others Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number (last 4 digits): (By signing the Proposal form I give my consent for using my Aadhaar No. for Authentication of my Aadhaar Details) Please share the following for authentication purpose: Proof of Identity (POI) (Tick whichever is applicable)
Date of Birth / Incorporation (in case Proposer is an entity): Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number (last 4 digits): (By signing the Proposal form 1 give my consent for using my Audhaar No. for Authentication of my Audhaar Details) Please share the following for authentication purpose: Proof of Identity (POI) (Tick whichever is applicable) PAN Aadhaar Passport Driving License Voter ID Card
Date of Birth / Incorporation (in case Proposer is an entity): Marital Status: Single
Date of Birth / Incorporation (in case Proposer is an entity): Male Female Others Marital Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number (last 4 digits): (By signing the Proposal form 1 give my consent for using my Audhaw No. for Authentication of my Audhaw Details) Please share the following for authentication purpose: Proof of Identity (POI) (Tick whichever is applicable) PAN Aadhaar Passport Driving License Voter ID Card Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer Proof of Address (POA) (Tick whichever is applicable)
Date of Birth / Incorporation (in case Proposer is an entity): Male Female Others Marriad Status: Single Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number(last 4 digits): Others Proof of Identity (POI) (Tick whichever is applicable) PAN Aadhaar Passport Driving License Voter ID Card Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer Proof of Address (POA) (Tick whichever is applicable) Electricity bill (not older than 3 months) Bank Account Statement (not older than 3 months) Bank Account Statement (not older than 3 months)
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Date of Birth / Incorporation (in case Proposer is an entity): Married Divorced Married Divorced Widow(er) Separated Mother's Name: PAN Number: Form 60 (only in case the customer does not have PAN no.): Yes No Aadhaar Number(last 4 digits): By ageng the Proposed form 1 gar my consent for using my Audheur Plast of Audheur Data) Please share the following for authentication purpose: Proof of Identity (POI) (Tick whichever is applicable) PAN Aadhaar Passport Driving License Voter ID Card Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer Proof of Address (POA) Q (Tick whichever is applicable) Electricity bill (not older than 3 months) Bank Account Statement (not older than 3 months) Bank Account Statement (not older than 3 months) Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository? Yes No If you have an eIA, please provide following details:
Date of Birth / Incorporation (in case Proposer is an entity):

If you do not have an eIA, would yo If Yes, choose any one Insurance Re	•		Yes	No			
NDML—NSDL Data Manag	· · · · · · · · · · · · · · · · · · ·		□ CA	4MSR	ep-CAMS Insurance	Repository & Services	
☐ KARVY Insurance Repositor	ryLimited		☐ CIF	RL-C	entral Insurance Repo	sitory Limited	
Help us preserve the environment	by opting to receive policy r	elated ir	nformation in soft copy/via	email o	only:	Yes	No
POLICY DETAILS							
Proposed Add-on Policy Period Sta	art Date:	YY	YY		Proposed Add-on P	Policy Period End Date:	
Total No. of Days:	Cover Type: As per Base	Policy	Trip Type: As per Base Po	olicy	Purpose of travel:	As per Base Policy Count	try(s) of visit: As per Base Policy
Geographical Scope:	As per Base Policy						
Details of Benefits							
Add-on Name		Ded	uctibles			Sum Insured	
☐ Base Benefit I:			ys of Min. Hospitalization		Up to \$ 100	☐ Upto\$1500	Up to €300
Emergency Hotel Accommo	dation	requ claim	ired , Co-pay – 10% per 1	[☐ Upto\$300 ☐ Upto\$500 ☐ Upto\$1000	Upto\$2000Upto€80Upto€100	Upto€500Upto€1000Upto€1500Upto€2000
☐ Base Benefit 2:			5 100		Up to \$ 1000	_ Upto€800	Up to € 2000
Staff Replacement		_ €	€80		Up to \$ 2000	Upto€1000	
☐ Base Benefit 3:							
Sports Cover							
I. Sports Equip			N/A]]]	Upto \$50 Upto \$75 Upto \$100 Upto \$150 Upto \$200	☐ Upto\$250 ☐ Upto\$300 ☐ Upto€30 ☐ Upto€50 ☐ Upto€75	 Upto € 100 Upto € 150 Upto € 200 Upto € 250 Upto € 300
Please mention the details of	Sports Equipment that will	be carri	ed by You, if any:				
II. Rented Sport Equipment D Loss			550 E40	[Upto\$200 Upto\$250 Upto\$300	☐ Upto€150 ☐ Upto€200	☐ Up to € 250 ☐ Up to € 300
III. Sports Activi Coverage	ty		S 100 E 80	[Upto\$500Upto\$750Upto\$1000	Up to \$ 1500Up to € 300Up to € 500	Upto € 750Upto € 1000Upto € 1500
Please mention the sports act	tivities that will be participa	ted, if ar	ny:				
☐ Base Benefit 4: Loan Protector		١	N/A		Up to ₹ I Lacs Up to ₹ 5 Lacs	Upto₹10 Lacs Upto₹15 Lacs	Up to ₹20 Lacs Up to ₹25 Lacs
Loan Details, if any:							
Loan Account No:							
☐ Base Benefit 5: Airfare Allowance			\$100 €80		Up to \$300Up to \$500Up to \$1000	☐ Up to € 300	Up to € 1000Up to € 1000
☐ Base Benefit 6: Self Driven Rental Car Excess	s	1	N/A		Upto\$50 Upto\$100	☐ Upto€40 ☐ Upto€50	Upto€100
☐ Base Benefit 7: Alternate Transport Expense	es		5100 €80		Upto\$300 Upto\$500	☐ Upto€250 ☐ Upto€300	Up to € 500Up to € 1000
Base Benefit 8:			No Deductible	[Upto\$1000 Upto₹20,000 Upto₹30,000	Up to ₹50,000 Max Upto 7 Days	☐ 30 Days
Extended Pet Stay Details of Pet transferred to F Pet Identifier:	Pet House (Age, Breed, Co				Op to 130,000		
Base Benefit 9:			o Deductible			☐ Upto\$500	Upto€400
Event Cancellation		□\$ □€	100 80			Upto\$1000	☐ Upto€500 ☐ Upto€750 ☐ Upto€1000
Details of Event:							
Date of Event: / / Base Benefit 10: Base Benefit		ellation		me:	: (HH:	MM)	
	one rot Emilianced Trip Call		<u> </u>				
Base Benefit II: Burglary (Home Contents)		N ₹.	o Deductible 5000			Upto₹10000Upto₹25000Upto₹50000	Upto ₹ 100000Upto ₹ 200000

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Gender	Male Female		thers 🗌	Aadha	ar/PAN	l No.	(Optio	ona	1)									If PE	P*:		Yes		No
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Do you have A	BHA No. Yes	No [] If Ye	s, please	provide	e ABH	HA Nu	ımb	er (O	ptior	nal)												
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Marital Status			Date of	Birth	D	D	MP	1	ΥY	Y	Y	Passpo	rt No. :										
Gender	Male Female		thers 🗌	Aadha	ar/PAN	l No.	(Optio	ona	1)									If PE	P*:		Yes		No
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Do you have A	BHA No. Yes 🗌	No [] If Ye	s, please	provide	e ABH	HA Nu	ımb	er (O	ptior	nal)												
Insured 3: N	ame : Mr./Ms./Mrs.																						
Marital Status			Date of	Birth	D	D	MM	1	ΥY	Y	Y	Passpo	rt No. :										
Gender	Male Female		thers 🗌	Aadha	ar/PAN	1 No.	(Optio	ona	1)									If PE	P*:		Yes		No
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Insured 4 : Na	ame : Mr./Ms./Mrs.																						
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