

## Health Insurance Customer Information Sheet

### Proposer Details

Proposer Full Name : -

Mo No : -

Pan No Compulsory : -

Mother's Name :-

Approximately Annual Income : -

Full Address with Pin Code :

Email Id : -

Education : -

Nationality : -

Occupation : -

Insurance Company Name : -

Sum Insured : -

Zone : -

Nominee Name : -

Nominee Relationship:-

Product/Plan Name : -

Premium : -

Nominee Date of Birth :-

### All Member Following Details Require

#### 1. Self

Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Gender :

Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Education : \_\_\_\_\_ Occupation : \_\_\_\_\_

Liquor Consumption : Yes/No(If Yes Give Details, Like Consumed Since & In Which firm & Quantity) \_\_\_\_\_,

Cigarette/Gutkha : Yes/No(If Yes Give Details, Like Consumed Since & In Which firm & Quantity) \_\_\_\_\_

Current Ongoing Medication (If Any) : \_\_\_\_\_

#### 2. Spouse

Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Gender :

Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Education : \_\_\_\_\_ Occupation : \_\_\_\_\_

Liquor Consumption : Yes/No(If Yes Give Details, Like Consumed Since & In Which firm & Quantity) \_\_\_\_\_,

Cigarette/Gutkha : Yes/No(If Yes Give Details, Like Consumed Since & In Which firm & Quantity) \_\_\_\_\_

Current Ongoing Medication (If Any) : \_\_\_\_\_

#### 3. Child

Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Gender : \_\_\_\_\_ Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Occupation : \_\_\_\_\_ Education : \_\_\_\_\_

Current Ongoing Medication (If Any) : \_\_\_\_\_

#### 4. Child

Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Gender : \_\_\_\_\_ Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Occupation : \_\_\_\_\_ Education : \_\_\_\_\_

Current Ongoing Medication (If Any) : \_\_\_\_\_

### Health Related Very Important

1) Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or Hospitalized for or have been recommended to take Investigations / Medication / Surgery or undergone a Surgery ? (IF YES, THEN MENTION IN DETAIL WITH SUPPORTING DOCUMENTS) \_\_\_\_\_

2) ANY PAST/PRESENT MEDICAL HISTORY IF **YES** THEN PROVIDE DETAILS:- \_\_\_\_\_

3) **Covid History** - If Happened - Home Quarantine/Admitted ? (Positive - Negative Reports & Discharge Summary) & Vaccination Details:- \_\_\_\_\_

Required Documents for Login:- Pancard & Adharcard of Main Proposer & Adharcard of all other Members along with this details sheet (For Fresh Cases)

And for Portability:- Also provide last 4 Yrs Policy copy of Previous Insurer.

Customer's Signature:- \_\_\_\_\_