

**PROPOSAL FORM - CANCER INSURANCE POLICY**

This is your proposal for insurance. It will be the basis of the insurance policy that Raheja QBE may issue to you. You are obliged to answer all the questions in this proposal form in order to provide Raheja QBE with a full and frank disclosure of any and all facts that are material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal and you inform Raheja QBE in writing if there is a change in the information provided in this proposal between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, please attach a separate sheet to this proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

1) Name of the Insured *	
2) Address of the Insured*	
3) Phone Number & e-mail id	
4) Name of Nominee/Guardian*	
5) Nominee's/Guardian's relationship with Insured*	
6) PAN CARD No.	
7) Date of Birth*	
8) Occupation*	
9) Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female
10) Period of Insurance*	From..... To.....
11) Sum Insured desired (in multiples of Rs.1 Lakh up to a maximum of INR 10 Lakhs)*	
12) Are you, to the best of your knowledge, in good health on the day of signing this proposal?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Name of usually attending physician and qualifications	
14) Details of existing health insurance cover	Name of insurer: _____ Sum insured: _____
15) Have you consulted the above physician or any other physician/surgeon for any major ailment in the last six months? If so, please give details.*	
16) Do you:*	
Smoke?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please state no. of cigarettes or beedis per day.*	

<b>Chew tobacco?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Consume alcohol?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Suffer from diabetes?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Suffer from tuberculosis?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Suffer from systemic diseases?*</b> (A systemic disease is one that affects a number of organs and tissues, or affects the body as a whole.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, please give details*.</b> _____ _____	
<b>17) Has any of your close relative/s suffered from cancer?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details.</b> _____ _____	
<b>18) Have you noticed/suffered any of the following in the recent past?*</b>	
Any change in your usual bowel or bladder habits.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
A sore anywhere on the body that does or did not heal within a fortnight.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unusual bleeding or discharge of any kind from any body opening.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thickening or lump in the breast or anywhere else in the body.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persistent indigestion or difficulty or obstruction in swallowing for over a fortnight.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any obvious change in a wart or mole such as shape, size, color, discharge or bleeding.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough or hoarseness, for a fortnight.*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19) Have you undergone any radiation therapy for any reason whatsoever?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details.</b> _____	

\* Mandatory to be answered.

**DECLARATION:**

I declare and warrant after enquiry that to the best of my knowledge and belief that the answers given above, documents or papers submitted, are complete and accurate in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed between me and Raheja QBE.

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of Proposer:** \_\_\_\_\_

**Intermediary's Name & Code** \_\_\_\_\_

**SECTION 41 OF INSURANCE ACT, 1938 - PROHIBITION OF REBATES**

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 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 punishable with fine, which may extend to Five Hundred Rupees.