



Applicant Details

1. Name : _____
2. Address : _____

3. Gender : M F 4. Date of Birth ____ / ____ / ____ (DD/MM/YY)
5. Email : _____
6. Telephone : _____ 7. Mobile _____
8. Occupation : _____
9. Area of Interest : _____

Date: _____

Signature: _____

TERMS AND CONDITIONS FOR ISSUING THE INSURANCE POLICY

- 1) The age of applicant should be less than 70 years.
- 2) None of the insured should be suffering from any type of Cancer as per the Insurance rules
- 3) The age of children should be between 1 year to 20 years
- 4) The Insurance Policy is valid for one year and must be renewed every year through ICS on payment of the premium and GST as applicable.
- 5) The Insurance Policy will be issued by New India Assurance Co. Ltd. after the receipt of completed proposal forms.
- 6) The Insurance Policy is subject to the detailed policy wordings issued by New India Assurance Co. Ltd., the insured for the purposes of this policy include the insured himself/herself and his/her spouse. If any one of the said person first contracts cancer, the benefits of this policy shall be extendable to such person only and shall there from forth with cease to be applicable to the other person. Members spouse can be covered without additional premium. However, only one will be entitled to claim the sum.

For Office Use Only:

Membership No: _____

Date of Enrollment : _____

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Marg, Fort, Mumbai – 400 001

For the prospective members of the INDIAN CANCER SOCIETY ONLY

Membership No.

(Age Limit 15 to 70 years)

PROPOSAL FORM FOR CANCER MEDICAL EXPENSES POLICY

N.B. :- Where Children are to be covered, the answers should be reference to children also

1. (a) Name of Proposer

(b) Name of Spouse (in full)

(c) Name of Children

2. (a) Address

(b) Telephone Number

Pin code: _____

3. (a) Age & Date of Birth

(a) Proposer _____

(b) Spouse _____

(c) Child (1) _____

(2) _____

(b) Nomination :

4. Occupation

(a) Proposer _____

(b) Spouse _____

(c) Children _____

5. Are you, your spouse and children in good health on the day of signing this proposal ?

6. Who is your usual attending Physician?

His/Her Qualifications

7. Have you or spouse including children consulted him or any other Physicians/Surgeon for any major ailment in the last six months prior to this proposal? If so, give details

8. Are you or your spouse or children
(a) A smoker, if yes please state
number of Cigarettes or beedies
per day

(b) Any other systemic diseases

(c) Suffer from Diabetes ? Tuberculosis

Please give details

9. Have any of your or your Spouse's
near blood relatives suffered
from cancer ?

If yes, please indicate details

Yes / No

10. Have you or your spouse or Children
noticed/suffered any of the following
in therecent past (within six months
prior to signing this proposal) :-

(a) Any change in your usual bowel
or bladder habits.

(b) A Sore anywhere on the body
that does or did not heal within
a fortnight

(c) Unusual bleeding or discharge
of any kind from any body opening

(d) Thickening or lump in the breast
or anywhere else in the body

(e) Persistent indigestion or difficulty
or obstruction In swallowing for
over a fortnight

(f) Any obvious change in a wart or
mole such as shape, size, colour,
discharge or bleeding.

(g) Cough or hoarseness, for a fortnight

11. Have you, your spouse or Children
undergone any Radiation therapy for any
reason whatsoever ?
if yes, Please give details

DECLARATION

I hereby affirm that the answers to the above questions are true and correct in all particulars

Witness : _____

Signature: _____

Place : _____

Date : _____

CERTIFICATE

(Certified that I have examined the proposer and his spouse including Children and they are in sound health.

Registered Medical Practitioner

N.B:-

Certificate should be obtained from a duly qualified allopathic doctor, holding minimum qualification for M.B.B.S. of a recognized Indian University