

- ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information. Yes/No (non selection, the option shall be constructed as "Yes" by the Company)
- xii. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

Signature: _____ Date: | d | d | | m | m | | y | y | y | y | | Place: _____

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature : _____

Date: | d | d | | m | m | | y | y | y | y | | Place: _____

Prohibition of rebates - Section 41 of The Insurance Act, 1938

- 1. 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.
- 2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Reliance General Insurance Co. Ltd. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.
Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.
Insurance is a subject matter of solicitation. IRDA Registration No. 103.UIN: IRDA/NL-HLT/RGI/P-H(C)/V.I/324/13-14

RG/IMCOM/HL-23/PF/Ver. 1.3/091213

Registered & Corporate Office Address

Reliance General Insurance Company Limited.
Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.
Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.
For any assistance call **1800 3009** (toll free)



General Insurance

1800 3009 (toll free)
www.reliancegeneral.co.in

Proposal Form for Reliance Critical Illness Policy

Proposal Form No: _____

- 1. To be filled and signed by proposer.
- 2. This proposal shall be the basis of contract for Policy issuance.
- 3. Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

Intermediary Details

Intermediary Name Mr. Mrs. Ms. | F I R S T | | M I D D L E | | L A S T |

Intermediary Code _____

Branch Name _____

Branch Code _____

Sales Manager Name Mr. Mrs. Ms. | F I R S T | | M I D D L E | | L A S T |

Sales Manager Code _____

Proposer Details

- 1. Name of the Proposer Mr. Mrs. Ms. | F I R S T | | M I D D L E | | L A S T |
- 2. Address
Flat Building _____ Road/Street/Sector _____
Area _____ City _____
Pin Code _____ State _____ Country _____
Residence Number _____ Mobile _____
Gender _____ Marital Status (Married/Single/Others) _____
Mother's Maiden Name | F I R S T | | M I D D L E | | L A S T |
D.O.B | d | d | | m | m | | y | y | y | y | | PAN No. _____
Email Id _____ Nationality _____
Source of Funds Business Profession Salary Agricultural Income Savings Others
Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,000 and above

Plan/Policy Details

- a. Plan: _____ F
- b. Sum Insured _____ Lacs
- c. No. of members to be covered _____ 1 Member
- d. Policy Tenure _____ Year(s)

Nomination Details

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
_____	_____ dd/mm/yyyy	_____	_____

