



# Star Health and Allied Insurance Co. Ltd.

## QUALITY CHECK FORM Q/C FORM (IN CAPITAL LETTERS)

Cash :-

Cheque :-

1. Agent Code: \_\_\_\_\_

2. Sales Manager Code: \_\_\_\_\_

3. Proposer Name: \_\_\_\_\_

4. Proposer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sr. No.	Name of Insured	Relationship with Proposer	Sex	Date of Birth	PEO

5. Date Form : \_\_\_\_\_

6. Sum Insured :

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

7. Cheque No.: \_\_\_\_\_ Cheque Date : \_\_\_\_\_

8. Bank Name : \_\_\_\_\_

Check by Sales Manager

(Signature)

Name :- \_\_\_\_\_

# HEALTH ID CARD DATA

(IN CAPITAL LETTERS) & BLACK INK

1

Name :-

Last Name:-

Age:-  Sex:-

DOB :-      
D D M M Y Y Y Y

2

Name :-

Last Name:-

Age:-  Sex:-

DOB :-      
D D M M Y Y Y Y

3

Name :-

Last Name:-

Age:-  Sex:-

DOB :-      
D D M M Y Y Y Y

4

Name :-

Last Name:-

Age:-  Sex:-

DOB :-      
D D M M Y Y Y Y

Policy No. : \_\_\_\_\_

From : \_\_\_\_\_

To : \_\_\_\_\_

Check by Sales Manager  
(Signature)

Name :- \_\_\_\_\_