

Star Health and Allied Insurance Co. Ltd.

Cash :-

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

HEAL ILL CARD DATA

. Agent Code:		Cheque ;-		
2. Sales Manager Code:			_	
3. Proposer Name:				
4. Proposer Address:				
Sr. No. Name of Insured	Relationship with Proposer	Sex	Date of Birth	PED
TO THE STATE OF TH			A M	
			310	
5. Date Form :				
6. Sum Insured :				
1 2 2	33		44	
7. Cheque No.:	Cheque Date			
	Orioque Date			
8. Bank Name :				
Check by Sales Manager				
(Signature)				
Name :				

HEALTH ID CARD DATA

(IN CAPITAL LETTERS) & BLACK INK

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	Stablishman Matter S
Name :-	Name :-
Last Name:-	Last Name:-
Age:- Sex:-	Age:- Sex:-
DOB:-	DOB:-
DD MM YY YY	DD MM YYYY
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3	and our X
	medical 2
Name :-	Name:-
Name : Last Name:-	Name :- Last Name:-
Last Name:-	Last Name:-
Age:- Sex:- DOB:- D D M M Y Y Y Y	Last Name:- Sex:- DOB :-
Last Name:- Age:- DOB:- D D M M Y Y Y Y Policy No.:	Last Name:- Age:- DOB:- D D M M Y Y Y Y
Age:- Sex:- DOB:- D D M M Y Y Y Y	Last Name:- Age:- DOB:- D D M M Y Y Y Y Check by Sales Manager