

Form No. **C S C P 0 6**

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED Corporate Office: 1, New Tank Street, Valluvarkottam High Road, Chennai - 600 034.

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	PROPOSAL.	NO. :						Iss	uing	Offic	ce:											
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Bank Name/Branch																						
Mktg. Officer Name							Code	e No							T	Τ				T]	
Agents Name :							Code	e No						T	T	T				T]	
Corporate Agent's Name]	Cod	e No								I					j	
The Company will not be Company Limited comme If you are in any doubt ab Sector:	ences only upon the pout the informatio	e accept	ance of	this pro	posal rek the	notwith	hstan	ding t	he pa	ayme	nt of	any d	lepo:	sit. P	Pleas	se fill	up tl	he fo				
1. PROPOSER DET	TAILS																					
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2. DETAILS OF ST	UDENTS TO BE	COVE	RED																			
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Please furnish the deta				•															_			
SI. Name of the II			ex Date of Birth /F Age			Class			Details of Disability, if any			lity,	Name of Assignee					Relationship				

Declaration :	
I have read the prospectus and am willing to accept the coverage subject to the terms conditions and excompany therein.	ceptions prescribed by the Insurance
Date :	
Place:	Signature of the Proposer and Seal
Section-41 of Insurance Act 1938 (Prohibition of Rebates): 1) No person shall allow or offer to allow either direct	ly 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 prospectus or tables of the Insurers. 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.