



# Star Senior Citizens' Red Carpet Insurance - Proposal

**Star Health And Allied Insurance Company Limited**  
 Regd. & Corp. Off: No.1, New Tank Street, Valluvarkottam High Road,  
 Nungambakkam, Chennai - 600 034. [www.starhealth.in](http://www.starhealth.in)

The Company will not be on risk until the Company has accepted the Proposal and the Insured Person details and communication of the acceptance has been given to the proposer in writing on full payment of the premium.

Name of the Proposer	
Address	
Telephone / Mobile	E-Mail ID

Premium Payment details :  Cash  Cheque / DD No. \_\_\_\_\_ Date \_\_\_\_\_

Coverage Required : From \_\_\_\_\_ To \_\_\_\_\_

Name of Bank & Branch \_\_\_\_\_

Marketing Officer Name \_\_\_\_\_ Code \_\_\_\_\_

Agent's Name \_\_\_\_\_ Code \_\_\_\_\_

Broker's Name \_\_\_\_\_ Code \_\_\_\_\_

Prohibition of rebates : (Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking our renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

Attach Photo of the person proposed for insurance.

### Insured Person Details

Please fill in the respective columns separately for each person proposed to be covered.

	1	2
Name of the Person proposed for insurance		
Sex - Male / Female		
Date of birth		
Sum insured opted		
Any proposal for this insurance or any other such insurance refused, cancelled or higher premium charged. If so provide details		
Has any claim been rejected by the previous insurer? If Yes please provide details		
Name & address of the family medical practitioner if any, his qualifications & phone no		
Medical History (please give details A mere dash is not sufficient). Has the proposed person/s suffered from any disease/illness irrespective of whether hospitalised or not or sustained any accidents. If yes give details		
a) in the past 12 months		
b) before 12 months.		

I hereby declare and warrant that the above statements are true and complete. I consent and authorise the insurers to seek medical information from any hospital / medical practitioner who has at any time attended or may attend concerning any disease or illness which affects the physical or mental health of the persons proposed for insurance. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected it is found that the statements answers or particulars stated in the proposal form and / or other questionnaire are incorrect or untrue in any respect the insurance company incur no liability under this policy.

I have read the prospectus and am willing to accept the coverage subject to the terms conditions and exceptions prescribed by the insurance Company therein.

Signature of the Proposer

At :

Dated : \_\_\_\_\_

### Acknowledgement

Proposal No.: **MUM 022656**

Received Proposal from Mr. / Mrs. / Ms. \_\_\_\_\_ amount of Rs. \_\_\_\_\_

through Cash / Cheque \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

(Subject to cheque realization / receipt of the amount specified above)

The acceptance of risk is subject to realization of complete premium amount. The Policy shall commence from date of underwriting.

Visit at : [www.starhealth.in](http://www.starhealth.in)

Mail us at : [uw@starhealth.in](mailto:uw@starhealth.in)

Received by



## Star Health And Allied Insurance Co. Ltd.

Additional Questions to be attached to Senior Citizen's Proposal Form

Have You ever suffered from / Are you Suffering from any of the following

Diseases

Cancer	Yes / No
Chronic Kidney Disease	Yes / No
CVA / Brain Stroke	Yes / No
Alzheimer Disease	Yes / No
Parkinson's Disease	Yes / No

Place

Date

Signature of the proposer

Regd & Corporation Office: 1, New Tank Street Valluvar Kottam High Road  
Nungambakkam Chennai - 600 034  
Phone : 044 - 28288800 Telefax: 044 - 28260062 Website: [www.starhealth.in](http://www.starhealth.in)