

PROPOSER'S DATA FOR RELIGARE HEALTH INSURANCE

1. NAME IN FULL :
- 2.S/O:
3. DATE OF BIRTH:
4. MOTHER'S MAIDEN NAME:
- 5.MOBILE NO.:
6. EMAIL ID:
7. ADDRESS FOR CORRESPONDENCE:
8. DETAILS OF OTHER MEMBERS TO BE INSURED:
(NAME, DOB, GENDER & RELATIONSHIP TO PROPOSER)
9. PLAN (CARE, CARE FREEDOM etc):
(WITH ADD ON COVERS IF ANY)
10. SUM INSURED :
- 11.TYPE : INDIVIDUAL/ FLOATER
12. HEIGHT (CMS), WEIGHT (KGS) OF ALL INSURING MEMBERS.
13. DETAILS OF ANY PRE-EXISTING DISEASES WHICH ARE KNOWN
THE INSURING PERSON AND FOR WHICH TREATMENT IS BEING
TAKEN. ALSO ANY SURGERIES/ PROCEDURES UNDERGONE. ALSO
ALSO ABOUT HEALTH HABITS LIKE CHAIN SMOKING, REGULAR
ALCOHOL CONSUMPTION/ GUTKA etc.,
14. AADHAR COPY FOR ADDRESS PURPOSE.
15. PAN COPY, IF THE PREMIUM IS MORE THAN 50000/-
16. BANK DETAILS FOR NEFT(for refunds if any).