

HEALTH & LIFE INSURANCE DATA SHEET

PRODUCT DETAILS

Plan name:-		Sum Assured:-	
Premium:-		Paying term:-	
		Policy Term:-	

POLICY PROPOSER DETAILS

Name:-	
DOB:-	
Mobile No:-	
Email ID:-	
Education:-	
Occupation:-	
Father's Name:-	
Mother's name:-	
Spouse Name:-	
Communication Address	
Permanent Address	
Name of the Organisation:-	
Industry type:-	
Annual Income:-	
Marital Status:-	
Height:-	
Weight:-	
Medical Declaration:-	

Nominee Details

Nominee Name:-	
Nominee DOB:-	
Nominee Relationship:-	

Details of life to be assured(If different from life of policy owner)

Name:-		
DOB:-		
Education:-		
Occupation:-		
Name of the organization :-		
Annual Income:-		
Marital Status:-		
Height:-		
Weight:-		
Alcohol	Yes	No
Tobacco	Yes	No

SIGNATURE

Documents check list:- Photo Pan Cheque/Bank Statements
Aadhaar / Address Proof Income proof