



UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office : 24, Whites Road, Chennai - 600 014.

Branch Office - **KACHIGUDA**

FRESH MEDICLAM INSURANCE PROPOSALS FORM

(WORKING JOURNALIST OF A.P.)

District Name : _____

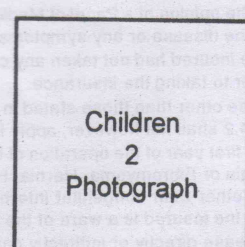
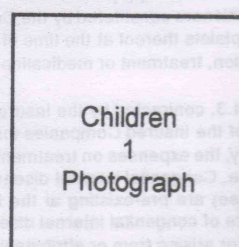
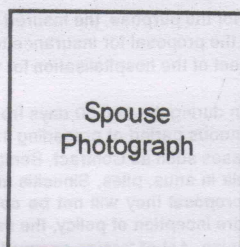
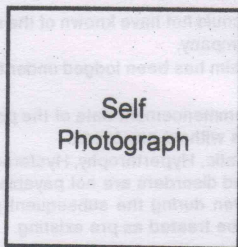
- Name of the Proposer : _____
(Surname) _____ (Name) _____
- Complete Postal Address and Phone No. of the Proposer : _____

Phone No. with STD : _____ Cell No. _____
- Total Number of Members to be covered (in words) :
- (a) Have you or your family members ever Suffered from any disease / illness / injury : Yes / No
(b) If Yes, specify disease / illness / injury :
- Sum Insured : Rs. 1,00,000/- per family (On Floater Basis)
- Period of Insurance : From : _____ to _____ Midnight _____
- ID No. / Accreditation No. : _____
Name of Organisation / Designation : _____

SPECIMEN SIGNATURE TABLE

| Sl. No. | Name of the Insured Person | Age | Sex | Relation | Signature |
|---------|----------------------------|-----|-----|----------|-----------|
| | | | | | |
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| | | | | | |
| | | | | | |

Photographs of Insured Persons :



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 my physical or mental health. 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 its Questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this Insurance.

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.

DD No. _____ Amount _____ Date _____

Bank _____ Branch _____

Place :

Date :

Signature of the Proposer

MEDICLAM PREMIUM Rs. 900/-
D. D. IN FAVOUR OF
A.P. UNION OF WORKING JOURNALISTS
HYDERABAD