



**PROPOSAL FORM FOR FRESH / RENEWAL
OF POLICY IN FORCE UNDER CANCOMFORT**

Sl. No.	For Photo ID	Insured Persons details (Name in full)	Relation to the Card Holder	Specify Plan No.		Nominee Name & Relation	Details of Pre-Existing Ailments (attach seperate sheet, if space is insufficient)
				CPAIP	CMIP		
1	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
2	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
3	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
4	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
5	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
6	Please Paste Photograph Here	Name : Date of Birth: DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

Important : For renewals, enclose the Original Medi Assist ID Cards.

P.T.O.

	Specify : Renewal / Fresh	Details of current Policy (For Renewals only)
Whether the Cover Sought (as detailsd over leaf) is a continuation of policy in force (Renewal) / Fresh		Existing CPAIP Plan No.....CMIP Plan No.....Expiry Date : Debit made to CanCard No.

Note : 1) Photographs would felicitate issual of Fresh Photo ID Cards by TPA

"CHIP PLAN"	
Do you wish a cover under CanComfort Householders Insurance Plan (CHIP)?: Yes / No	If Yes, CHIP Plan Option No. :

Address of the Building where House hold contents : are to be covered under CHIP Postal Pin Code :	T.V. Set Details 1) Make : 2) Model / Year : 3) Sl. No. 4) Value Rs.
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Note : 1) Please enclose list of House hold items to be covered 2) Jeweleries & Valubles are specifically, excluded.

DECLARATION

I/We hereby declare that the information above are true and correct to my/our knowledge. I/We are sound in health/(physical and Mental) and am/are devoid of any illness / desease. I/We have read the contents of the enclosed brochure and have noted the same. I/We accept that the brochure forms part of the Proposal Form. I/We also declare that the insurance being sought is only for the persons as defined by you in your brochure. I/We hereby agree to forfeit all rights to claim in case of any misrepresentation / suppression of facts by us and the policy may be cancelled at the option of the Insurer.

I/We agree that Cancard Issuers are in no way responsible for claims or other matters connected with Insurance.

Name of the Cardholder : CanCard No. :
Address for Correspondence Expiry Date :

Bank Br. Name : Branch Code :A/c No..... Claim proceeds may be Credited to above Bank A/c.
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Postal Pin Code : e-mail: Telephone No: Signature of Cardholder :
Mobile No : Date :

Information : If more than 6 Persons are to be covered, please Use Xerox Copy. Please refer accompanying broucher for code nos of various plan options of CPAIP, CMIP and CHIP. **Please ensure application reaches us by 10.10.2007**, for cover w.e.f. 01-11-2007.