

Name of agent (agency code)

(Insurance advisor)



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www.vanharinfotech.com

ADDRESS DETAILS

Vanhar Infotech

| | | | | | | | | |
|---------------------------------------|---------------|----------------|------------------------------|----------------------------|--------------------------|--|--|--|
| Name of party to be Insured: | | | | | | | | |
| Name of father/husband/proposer: | | | | | | | | |
| Mother's name of insured: | | | | | | | | |
| Proposer's mother name: | | | | | | | | |
| Maratial status: | | | | | | | | |
| Permanent address: | | | | | | | | |
| Address for communication: | | | | | | | | |
| Phone number: | | | | | | | | |
| Mobile number: | | | | | | | | |
| e-mail address: | | | | | | | | |
| Place of birth: | | Annual income: | | Educational qualification: | | | | |
| Complete details of source of income: | Business/Job: | | Name of business / employer: | | Address of business/job: | | | |
| | | | | | | | | |
| Name of nominee | | | Relation: | | Age: | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Details of previous insurance policies (Ongoing / lapsed)- Details of husband's insurance for female life

| Policy number: | Sum assured: | Plan: | Year of purchase: | Medical? yes/no | Status: |
|----------------|--------------|-------|-------------------|-----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Family history

| Alive: | | | Decesased: | |
|----------|---------------|-----|--------------------------|----------------|
| Relation | Date of birth | Age | Age at the time of death | Cause of death |
| Father | | | | |
| Mother | | | | |
| Brother | | | | |
| Sister | | | | |
| Wife | | | | |
| Son | | | | |
| Daughter | | | | |

Important information:

| | | | |
|-----------------------------|---------------|---|---|
| DOB of insured: | | Details of operation if any: | |
| Age: | | Any disability: | |
| Plan/Term: | | Any marks on body: | |
| Sum Assured: | | Height (cm): | |
| Premium frequency: | Y / H / Q / M | Weight (kg): | |
| Amount of premium: | | Waist (cm): | |
| Any addiction? | | Have you been admitted to hospital? / Date of last delivery | |
| Name of covid vaccine taken | | Date of vaccine | 1 |
| | | | 2 |
| Any other illness? | | Riders to be taken: | |
| Signature | | | |

Documents needed:

| Sr. No. | Proposer (Major) | Insured (Minor / Major) | Nominee |
|---------|----------------------|---|---------|
| 1 | PAN | PAN | PAN |
| 2 | Aadhar | Aadhar | |
| 3 | Driving License | Driving License | |
| 4 | Passport sized photo | Birth Certificate (For minor) | |
| 5 | Premium cheque | Passport sized photo | |
| 6 | | Both vaccine certificate for major life | |