



**Applicant – II – I declare Pre-existing Illness (If any):**

Details of previous / existing Loan Protect Insurance Policy(s) covering Critical Illness

 b. Insurance Company : \_\_\_\_\_ b. Policy No.: \_\_\_\_\_  
 c. Sum Insured : \_\_\_\_\_ d. Policy Period From : \_\_\_\_\_ To : \_\_\_\_\_

Claims (If any) : \_\_\_\_\_

Type of Cover		Sum Insured Rs.	
I. (a) Critical Illness (Compulsory) (b) Insurance Plain Chosen (No. of Critical Illness & Procedures) (c) Second Opinion Opted		<input type="checkbox"/> 1 Star Plan (9) <input type="checkbox"/> 2 Star Plan <input type="checkbox"/> 3 Star Plan (15) <input type="checkbox"/> 4 Star Plan (18) <input type="checkbox"/> Yes <input type="checkbox"/> No	
II. Personal Accident		_____ (Not to exceed above limit)	
III. Loss of Employment of Insured Person (Limited to total of 3 EMI*)		_____ (Mention current EMI)	
IV. Fire & Allied Perils	a. - Structure	_____	
	b. - Content	_____	
v. Business Interruption (Applicable for Commercial Properties )		_____ (Mention Current EMI)	

\* Benefit III. – Loss of employment cover of insured person is available for Salaried Employees only.

**Declaration – Applicant I & II**

I confirm that I am in good health and have not currently or in the past 5 years been suffering or receiving medication in respect of high blood pressure, diabetes or any other serious illness. I also confirm that I have never been postponed or declined for Critical Illness coverage and that I have never been diagnosed or received medical care for any of the following conditions :

1. Stroke (including Transient Ischemic attack)
2. Hepatitis B or C
3. Alcoholism
4. Drug Abuse
5. Cancer (other than skin cancer)
6. Skin Cancer (2 or more occurrences)
7. Melanoma
8. Abnormal Kidney Functions
9. Alzheimer's or Senile Dementia
10. Recurrent Human Papilloma Virus (HPV) or Sexually Transmitted Disease (within the past 5 years)
11. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC). Human Immunodeficiency, infection (symptomatic or asymptomatic)
12. Any Disease or Disorder of the Nervous System
13. Heart Attack

I authorize the Company and their agents to exchange, share or part with all the information provided to other Agencies / Statutory Bodies as may be required and I will not hold the Company and their agents liable for use of this information.

I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal from / personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting or my behalf to obtain any benefit under this Policy.

I, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I desire to effect an insurance as described herein with the Company and I agree that this proposal and declarations hereto shall be the basis of contract between me and the Company and I agree to accept a Policy subject to the conditions prescribed by the Company.

I agree that the issuance of Policy / Cover Note shall be subject to realization of premium cheque.

I hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalized accordingly.

Applicant – I		Applicant – II	
Place : _____	Signature _____	Place : _____	Signature _____
Date: _____	Name : _____	Date: _____	Name : _____

**STATUTORY WARNING**
**PROHIBITION OF REBATES**
**SECTION 41 OF INSURANCE ACT, 1938**

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten lakh rupees.

**Note :Documents required to be submitted by the proposer : Original Medical Test Report (applicable for Sum Insured greater than Rs 3 Cr or/and for Age Group 56-65 years);Copy of Loan Schedule (if policy is taken during the currency of the loan period).**

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 **MAGMA HDI**  
General Insurance Company Ltd.