Customer Information Sheet For Life Insurance Policy

Customer Name **Customer Date Of Birth :**	
Customer Education	
Customer Place of Birth	
Mobile No : **Email Id :** **Married/Single :**	
Full Address With Pin Code :	
Occupation (BUSINESS/JOB)	
Designation	
Office Name	
Office Address	
Nature of Industry / Company Type (Proprietorship/Partnership/Public/Pvt Ltd)	
Annual Income	
Height (In Feet/Cms) & Weight (Kgs)	
Nominee Name & Relationship	
Nominee DOB	
No. of Child	
Existing Insurance Company name & Sum Insured	
Any Medical Issue YES/NO (If Any Medical Issue, then Full Detail Required) **OR** **Any type of Surgery or Operation History**	
Tobacco Yes/No If yes mention in details (Type of Consumption, No. Of Type, Units & Frequency (Daily/Weekly) **Alcohol Yes/No If yes mention in details (Type of Consuption, No. Of Units & Frequency : Yearly/Monthly/Quarterly/Weekly)**	
Any Health Finess Activity/Hobby (Tracking/Swimming/Diving…etc)	
COVID History - Home Quarantine / Admitted (Positive & Negative Date & Reports)	
Vaccination Dose Date & Vaccine Name (Certificate Required)	
In Past Any Declined/Postponed history from any Company ? If Yes Give Details.	

1. Father Name & Age & Health Status
(Alive Or Death) If Death then mention reason :
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2. Mother Name & Age & Health Status :
(Alive Or Death) If Death then mention reason :

Home.:- Y/N (Own/Parents/Rented) Car.:- Y/N 2 Wheelers.:- Y/N (Own/Parents/Rented)

Required Documents for Term/Traditional Plan Login

- Pancard - Adharcard - Photo - Cancel Cheque - Vaccine Certificate - Last 3 Yrs ITR with COI (If Businessman) OR - 3 Months Salary Slips +

6 Months Bank Statement Show salary credit. (If Salaried)

Plan Name.:- _____Sum insured Taken.:-_____Policy Term.:-_____

Premium Paying Term.:-_____Income Term.:-_____ Premium Amount With GST (As per cheque Amount).:-_____

Customer's Signature.:- _____