Health Insurance Customer Information Sheet

Proposer Details

Proposer Full Name : -
Mo No : - **Email Id : -**
Pan No Compulsory : - **Education : -**
Approximately Annual Income : - **Nationality : -**
Full Address with Pin Code :

Occupation : -
Insurance Company Name : - **Product/Plan Name : -**
Sum Insured : - **Premium : -**
Zone : -
Nominee Name : - **Nominee Date of Birth :-**
Nominee Relationship.:-

All Member Following Details Require

1. Self

Name : **DOB : _____**
Gender :
Height : **Weight : _____**
Education :
Occupation :
Liquor Consumption : Yes/No(If Yes Give Details, Consumed Since & In Which firm)_____,
Cigarette/Gutkha : Yes/No(If Yes Give Details)_____
Current Ongoing Medication (If Any) : _____

2. Spouse

Name : **DOB : _____**
Gender :
Height : **Weight : _____**
Education :
Occupation :
Liquor Consumption : Yes/No(If Yes Give Details, Consumed Since & In Which firm)_____,
Cigarette/Gutkha : Yes/No(If Yes Give Details)_____
Current Ongoing Medication (If Any) : _____

3. Child

Name : **DOB : _____**
Gender : **Height : _____Weight : _____**
Occupation : **Education : _____**
Current Ongoing Medication (If Any) : _____

4.Child

Name : **DOB : _____**
Gender : **Height : _____Weight : _____**
Occupation : **Education : _____**
Current Ongoing Medication (If Any) : _____

Health Related Very Important

1) Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or Hospitalized for or have been recommended to take Investigations / Medication / Surgery or undergone a Surgery ? (IF YES, THEN MENTION IN DETAIL WITH SUPPORTING DOCUMENTS) _____

2) ANY PAST/PRESENT MEDICAL HISTORY IF YES THEN PROVIDE DETAILS.:-

3) **Covid History** - If Happened (Positive - Negative Report) & Vaccination Details.:-