

NEW INDIA ASSURANCE COMPANY LIMITED

DIVISIONAL OFFICE – V

KUKREJA HOUSE, 1ST FLOOR, NO.10/1, KUMARKRUPA ROAD

BENGALURU -560001

MEDICAL PROPOSAL FORM FOR BEML RETIRED EMPLOYEE

Full Name of the Proposer	
Dept No. Ex-Staff No:	
Address of the Proposer	
Telephone / Mobile Number	
e-mail ID	
Period of Insurance	

Sl. No	Particulars	Primary Insured	Spouse
1	Name in full		
2	Date of Birth		
3	Age		
4	Sex		
5	Relation ship		
6	Floater sum insured		
		Self Photograph	Spouse Photograph

I hereby declare that the details/information furnished above is true to the best of my knowledge and belief

Date:

Place:

Signature of the proposer