

DATA SHEET

Proposer Details:

Name of Proposer: _____

Name of Life Assured: _____

Father's Name: _____

Mobile No: _____ PAN No: _____ Aadhar No: _____

E Mail Id: _____

Portal User Id: _____ E- Ins Account No: _____

Correspondence Address: _____

Permanent Address: _____

Occupation: _____, Nature of Duties: _____

Involved in any Hazardous Occupation/Hobbies _____, Whether Politically Exposed: _____

Name of Employer: _____, Length of Service: _____

Education: _____, Yearly Income: _____, I Tax Assesse: _____

Bank Account Type and No: _____

Bank Name & Address: _____

MICR No: _____, IFSC Code: _____

Plan & Term	Sum Proposed	Term Rider Sum Proposed	CI Rider Sum Proposed	Accident Rider Sum Proposed	Back Dating	Mode of payment	Instalment Premium
Date of Birth	Age Nearer Birthday	Place of Birth	Age Proof	Marriage Anniversary	PA Code	Dept. No	Employee No.

Nominee-1 Name: _____ % Share _____ Age: _____, Relation: _____

Nominee-2 Name: _____ % Share _____ Age: _____, Relation: _____

Appointee Name: _____ Age _____, Relation to Nominee _____

Address: _____

Personal History:

Identification Mark: _____

Height in Cms: _____, Weight in Kgs: _____, Spec's No: Right Eye _____, Left Eye _____

Accident/Operation: _____

Consuming Alcohol/Tobacco _____

Previous Policies Details of Family:

On the Life of Self/ Spouse/ Children	Policy Number	LIC Branch or Pvt Co.	Plan & Term	Sum Assured	Term Rider Sum Assured	CI Rider Sum Assured	Accident Rider Sum Assured	Month & Year of Issue	Accepted at OR or Extra	Current Status

Family History:

	DOB/Age	State of Health	If Dead	
			Age at Death and year	Cause of Death
Father				
Mother				
Brothers:				
Living_____				
Dead_____				
Sisters:				
Living_____				
Dead_____				
Wife/Husband				
Children:				
Living_____				
Dead_____				

Female Lives:

Whether Pregnant: _____, Date of last Delivery: _____, Any Gynaec Ailment: _____

Abortion/Miscarriage/Caesarean: _____

Husband's Name: _____

His Occupation: _____, His Annual Income: _____

For e-Insurance Account (eIA):

Preferred Insurance Repository: NSDL/ Central Insurance/ SHCIL Projects/ Karvy/ CAMS

Existing Policies, if wish to convert for e-Insurance: _____

Authorized Representative Name and Address: _____

Relation with eIA Applicant: _____ Date of Birth: _____

Mobile Number: _____, E-Mail id: _____

References:

Sr. No	Name	Relation	Mobile No	Mail Id
1.				
2.				
3.				

(Signature of Proposer)

(Signature of Life Assured)

(Signature of Appointee/ eIA
Auth. Representative)**For Agents Use:****Proposal Type:** Own life / Minor Life / Employer Employee / Key Man / Partnership / HUF / MWP Act**SUC:** _____, **Female Category:** _____, **If NRI, Residence Country & Group:** _____**Non-Medical Category:** NMG / NMS / NMG(Prof)a or b / NMS(NRI) / Minor Life / Major Student / NM(Single-Prem.) / Standalone NM under Plan 816/827/843/844**If Medical, Special Reports:** _____

Proposal for Month _____ <ul style="list-style-type: none"> • New/Existing Client: _____ • Proposal No. For The Month: _____ • Proposal No. For The Year: _____ • Lives Target for the Year: _____ • Balance Lives Required: _____ • No. of References collected: _____ 	REQUIREMENTS: <ul style="list-style-type: none"> • Age Proof: _____ • Photo: _____ • Photo ID: _____ • Address Proof: _____ • Income Proof: _____ • Inst. Premium: _____ 	BOC No & Date: _____ Decision: OR / HE or BE Class _____ Occ./Residence Extra Rs. _____ Policy Numbers and DOC: _____
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