

## CHECK LIST

Name : \_\_\_\_\_

DOB : \_\_\_\_\_ Place of birth : \_\_\_\_\_

Spouse Name : \_\_\_\_\_

Father Name : \_\_\_\_\_ Mother Name : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Alternate Mobile No. : \_\_\_\_\_

Marital Status \_\_\_\_\_

Education Qualification : \_\_\_\_\_ Email ID : \_\_\_\_\_

Communication Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

Product Name \_\_\_\_\_ Premium Amt \_\_\_\_\_ and Mode \_\_\_\_\_

### **Health Details**

Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Sugar (Diabetic) : \_\_\_\_\_ BP : \_\_\_\_\_

Any Daily Medicine : \_\_\_\_\_

Any other serious health problem : \_\_\_\_\_

Female lives : are you pregnant? If yes No of \_\_\_\_\_ Weeks

Do you smoke : \_\_\_\_\_ If Yes from how many years : \_\_\_\_\_

Do you Drink : \_\_\_\_\_ If Yes from how many years : \_\_\_\_\_

### **Occupation Details :**

Pan Number : \_\_\_\_\_ and Aadhaar Number : \_\_\_\_\_

Source of Income : \_\_\_\_\_ Annual Income : \_\_\_\_\_

Name of the co/org/business : \_\_\_\_\_

Duration : \_\_\_\_\_ Years \_\_\_\_\_ Months

Designation : \_\_\_\_\_ Nature of work \_\_\_\_\_

Office Address : \_\_\_\_\_

**Nominee Details**

Nominee Name : \_\_\_\_\_ DOB : \_\_\_\_\_

Relation \_\_\_\_\_ :

Nominee Address : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email ID : \_\_\_\_\_

(If nominee is minor) Appointee Name : \_\_\_\_\_ Relation: \_\_\_\_\_

Email Id : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**Bank Details**

Bank Name : \_\_\_\_\_

A/C Number : \_\_\_\_\_ Type of A/C : \_\_\_\_\_

IFSC Code : \_\_\_\_\_

Branch Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

Family members	Age	Health Status	Age at death	Cause of death
Father				
Mother				
Brother				
Sisters				
Spouse				
Son				
Daughter				

**If life insured is other than Proposer then LI details : (Minor details)**

LI Name : \_\_\_\_\_ DOB : \_\_\_\_\_

LI Address : \_\_\_\_\_

Height : \_\_\_\_\_ Weight : \_\_\_\_\_ BP : \_\_\_\_\_ Sugar (Diabetic) : \_\_\_\_\_

Any Daily Medicine : \_\_\_\_\_

Proposer Insurance Policy details (Compulsory) Policy No. : \_\_\_\_\_ Company : \_\_\_\_\_

SA : \_\_\_\_\_ Inforce / Lapsed : \_\_\_\_\_ DOC : \_\_\_\_\_