



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

**IFFCO-TOKIO MOS-BITE PROTECTOR POLICY**

UIN: IFFHLIP20071V011920

**PROPOSAL FORM**

**1. Basic Details:**

Proposer Name	
Address of the Proposer	
State	
Pin Code	_ _ _ _ _ _ _
Telephone/ Mobile no.	
Email id	
Policy Tenure (1 yr/ 2 yr/ 3 yr)	
Policy start date	
Policy end date	

**Nomination**

Nominee Name	Relationship with the proposer

**2. Coverage Details:**

Kindly provide the details of Insured Person(s) in the below format:

Insured Person's* Name	Relation with the Primary Insured person	Date of Birth	Gender (Male/ Female/ Third Gender)	Sum Insured (in Rs.)

**4. Have you ever been diagnosed with Lymphatic Filariasis?**

Yes  No

If YES, Please provide all relevant details:

S. No.	Name of Insured Person	Date first diagnosed