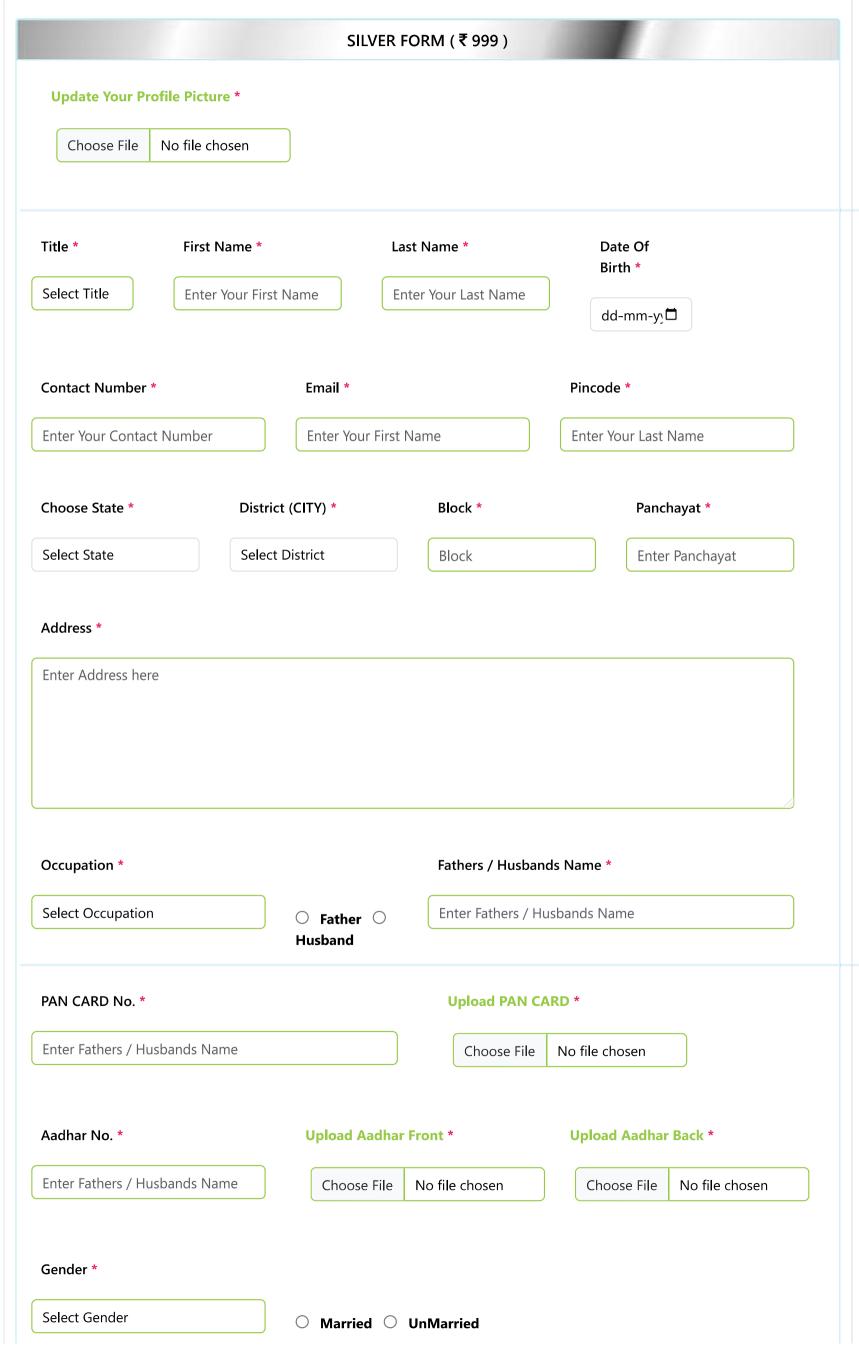


Profile



| | ase " | | accident policy * | ciaim in any existing or previous | |
|--|-------------------------------|------------------------------------|----------------------------|---|--|
| Select | | | | | |
| | | | Select | | |
| Do you have any exiting physical disability* Select | | Do you have ayushman bharat card * | | | |
| | | | Select | | |
| Do you have labo | ur card* | | Are your P.M. kist cor | ming ? * | |
| Select | | Select | | | |
| Select Nominee | Nominee First Name * | Non | ninee Last Name * | Nominee Date Of Birth | |
| Title * | Enter Nominee First Na | Ente | er Nominee Last Nar | * | |
| Select Nomir | Litter Norminee First Na | Litte | i Norminee Last Nui | dd-mm-yyyy 🗖 | |
| Age Of Nominee * | Nominee Relation with Prima * | ary Insur | ed/Son/Father/Mother/I | Daughter/Wife/Husband | |
| Enter Age Of | Enter Your Last Name | | | | |
| if any kind of e | | ganizatio | n reserves the right to ca | it is true to the best of my knowledge ncel my form , I have heard all the | |
| | | | | | |

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