

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated

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 towards health insurance of _____ Name _____ and

No.

 persons.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____, for an amount of ₹ _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or the requirement for pre-policy check-up is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature of the Receiver
and Official Seal