

Proposal Form for Janta Personal Accident

NOTE: PLEASE ANSWER EVERY QUESTION FULLY

(The policy does not commence until the proposal is accepted and premium paid)

Area Office Code / Service Center Code

Broker / Agent Code

Proposer's Details (To be filled in BLOCK LETTERS)

1. Name of the Proposer M/s.

2. Address of the Proposer
Flat/Building
Road/Street/Sector Area
Taluka/Village/District/City Pin Code
State Country
Phone Mobile
Email Fax

3. No. of location to be covered 4. PAN No.:

5. UID Aadhaar No.

6. Do you have a GST Registration Number Yes No
If Yes, please specify

7. Source of Funds Business Profession Salary Agricultural Income Savings Others

8. Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

9. Name of Contact Person
Phone Email

10. Profession, Trade, Business or Occupation of the Proposer
Please describe fully with nature of duties

11. Does your trade or business require employees to be engaged in manual labour? Yes No
Please specify

12. Whether all eligible employees/members of group/association/institution/Corporate Body are proposed for insurance Yes No

13. Is this insurance is taken first time? Yes No
If no, Please mention no. of renewal year

14. Please attach a separate list of employees/members proposed for insurance in the following format:

SR. No	Name of the employee (& names of family members)	Emp. ID No. or identification No. (for employees)	Nature of duty performed (for employees)	Date of Joining of Employee	Date of Birth	Gender	Relationship with the employee	Annual Income (₹)	Sum Insured (₹)	Nominee Name

Proposed Policy Start Date Proposed Policy End Date

15. Do your employees engage in :

a) Racing on wheels or horseback Yes No

b) Big game hunting Yes No

c) Mountaineering Yes No

e) Winter Sports, Skiing or Ice Hockey Yes No

f) Ballooning or Polo or sports of similar nature Yes No

g) Any other activity coming under risk classification Group III as per prospects Yes No

Payment Details

Cheque DD
 Cheque or DD Amount _____ /- Amount in words (_____)
 Bank Name _____
 Cheque/DD No. _____ Cheque/DD Date | d | d | m | m | y | y | y | y |
 PAN No. _____

Proposer's Bank Details

16. Name of the Bank Account Holder Mr. Mrs. Ms. _____ F I R S T M I D D L E L A S T
 17. Bank Account No.: _____
 18. Account: Saving Current
 19. Name of the Bank _____
 20. Branch _____
 21. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
 22. IFSC Code (11 character code appearing on your cheque leaf) _____

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Previous Insurance Details

23. The terms agreed are same as per your existing policy? Yes No
 if yes please provide expiring policy copy along with this proposal form and provide policy no _____
 If no, please list out the additional coverages : _____

24. Details of previous / expiring insurance policy for last 3 years?

	1st Year	2nd Year	3rd Year
No of lives covered at inception	_____	_____	_____
No. of lives at expiry	_____	_____	_____
Incurred Claims Paid + O/s (Count & Amount)	_____	_____	_____
Premium before service tax	_____	_____	_____
Name of the insurance company	_____	_____	_____
Name of the TPA	_____	_____	_____

25. Has any Company

- a) Declined to issue a policy to you ? Yes No
- b) Declined to continue your insurance? Yes No
- c) Not invited renewal of your policy? Yes No
- d) Imposed any restriction or special conditions? Yes No

 if so, give names and address of each company in respect of a), b), c) and d) above _____

Declaration and undertaking by the Proposer

- i. I/We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. I/We understand that the information provided by us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- iii. I/We further declare that we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
- iv. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I/We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. I/We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
- viii. I/We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- ix. I/We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. I/We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.
- xii. I/We hereby declare on our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by us in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xiii. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xiv. I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: _____

Date: | d | d | m | m | y | y | y | y |

Signature of Proposer & Seal of Company

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature : _____

Date: | d | d | m | m | y | y | y | y |

Place: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.