

INDUSIND PERSONAL ACCIDENT 360SHIELD - PROPOSAL FORM

Please note:

1. To be filled and signed by Proposer including all declarations and warranties
2. This proposal shall be the basis of contract for Policy issuance
3. IndusInd General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name	Code
IMD Branch Name	Code

PROPOSER DETAILS (All the details are mandatory)

Name of the Proposer	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Permanent Address:	
City:	State:
Pin Code:	
Communication Address:	<input type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Different from Permanent Address (specify below)
Address:	
City:	State:
Pin Code:	
Contact Number	Primary No.: Secondary No.:
E-mail ID	
Date of Birth	DD / MM / YYYY Nationality
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
Source of Income	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Non-earning (incl. Pensioner)
Annual Income	
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others _____

(Please Fill At Least One):

Pan No.: (Form 60 Is Mandatory If PAN Is Not Provided)	Aadhar No.:
ABHA No. or ABHA ID:#	GST Registration No.: (If Applicable)
CKYC No.: (for individual customer)	
Do you have any existing Health or Motor Insurance policy with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No Policy No.
Do you have any other existing retail Insurance policy with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No Policy No.



Are you an employee of IndusInd General Insurance Company (IGICL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee ID.
Are you an employee of Anil Dhirubhai Ambani Group (other than IGICL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee ID. Company name
Are you a shareholder of IndusInd Group Companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Folio Number or DP ID & Client ID No.:		
<input type="checkbox"/> I would like to share my Consumer Credit Information with IndusInd General Insurance for evaluation of additional discount on my policy. (If Yes, please sign the consent form attached)		
<input type="checkbox"/> No, I would not like additional discount on my policy.		

#ABHA (Ayushman Bharat Health Account) number is your 14 digit unique digital health identification number.

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Bank Name:

Bank Account No.:

Account Type:

Saving Current

Branch:

IFSC Code (11 character code appearing on your cheque leaf)

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

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.

NOMINATION DETAILS

The nominee as declared hereunder shall become eligible for payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Sr. No.	Name of Nominee	Relation with Insured	Date of Birth	Address of Nominee
1.			DD/MM/YYYY	
2.			DD/MM/YYYY	
3.			DD/MM/YYYY	
4.			DD/MM/YYYY	
5.			DD/MM/YYYY	
6.			DD/MM/YYYY	
7.			DD/MM/YYYY	
8.			DD/MM/YYYY	

Note: If Nominee is a minor, please also provide Appointee details



APPOINTEE DETAILS

Sr. No.	Name of Appointee	Relation with Nominee	Date of Birth	Address of Appointee
1.			DD/MM/YYYY	
2.			DD/MM/YYYY	
3.			DD/MM/YYYY	
4.			DD/MM/YYYY	
5.			DD/MM/YYYY	
6.			DD/MM/YYYY	
7.			DD/MM/YYYY	
8.			DD/MM/YYYY	

POLICY DETAILS (Tick the required option) (all fields are mandatory)

Cover Type	<input type="checkbox"/> Individual <input type="checkbox"/> Family (Individual Basis)
Policy Tenure _____ Year(s)	Preferred Policy Start Date DD / MM / YYYY
1. Base Covers* (Tick the required option)	
1.1 Accidental Death (AD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2 Permanent Total Disablement (PTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3 Permanent Partial Disablement (PPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4 Repatriation of Mortal Remains and Funeral Expenses	Attached to 1.1 Accidental Death (AD)
* The covers 1.1, 1.2 and 1.3 listed above are the base Policy benefits. It is compulsory to choose at least one of these benefits as part of the Policy. Benefit 1.4 is attached to benefit 1.1 and shall be available to the Insured Person upon choosing 1.1.	
2. Optional Covers (Tick the required option)	
2.1. Temporary Total Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Time Excess: _____ Days (Franchise Deductible option <input type="checkbox"/> Yes <input type="checkbox"/> No)
Area of Cover applicable to 2.2 Hospitalisation and related Covers and 2.3 OPD Cover:	<input type="checkbox"/> Within India <input type="checkbox"/> Worldwide Please choose if opting 2.2 Hospitalisation and related Covers and/or 2.3 OPD Cover
2.2 Hospitalisation and related Covers	
2.2.1 Accidental Hospitalisation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Inpatient Treatment Day Care Procedure Domestic Road Ambulance Pre-Hospitalisation & Post Hospitalisation 	
2.2.2 Cumulative Bonus for Accidental Hospitalisation	Attached to 2.2.1
2.2.3 Unlimited Reinstatement of Accidental Hospitalisation Limit	Attached to 2.2.1
2.2.4 Companion Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No



2.2.5 Post hospitalisation Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2.6 Blood Transfusion Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2.7 Transportation of Imported Medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2.8 Domiciliary Care <ul style="list-style-type: none"> • ICU at Home • Doctor's Home Visits • Nursing Care at Home 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 Daily Hospital Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 Accidental OPD <ul style="list-style-type: none"> • OPD Consultations • Diagnostic tests • Prescription Drugs • Vaccinations for animal bite • OPD for Dental Treatment • Minor Surgical Procedures 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5 Enhanced Covers	
2.5.1 Burns	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.2 Broken Bones/Fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.3 Coma	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.4 Head or Spine Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.5 Miscarriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.6 Emergency Evacuation (Air Ambulance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6 Health and Well-Being Covers	
2.6.1 Convalescence	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.2 Modification of home or vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.3 Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.4 Trauma Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.5 Medical Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.6 Reconstructive Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7. Travel Covers (Bundle)	
2.7.1 Enhanced Overseas Travel Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7.2 Compassionate visit	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7.3 Trip Cancellation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7.4 Event Cancellation	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7.5 Extended Hotel Stay	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8. Family Shield	
2.8.1 Multi Member Death or Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8.2 Parental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, specify for which Dependent Parent(s) of Proposer <input type="checkbox"/> Father <input type="checkbox"/> Mother (Eligibility: Available only to self and/or spouse aged 30 years and above)

2.8.3 Educational Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the details of Dependent Children (eligibility: Completed age 25 years and below)																				
	<table border="1"> <thead> <tr> <th>Sr. No</th> <th>Name</th> <th>Relationship with proposer</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> </tbody> </table>	Sr. No	Name	Relationship with proposer	Date of Birth	1.				2.				3.				4.			
Sr. No	Name	Relationship with proposer	Date of Birth																		
1.																					
2.																					
3.																					
4.																					
2.8.4 Loan Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify limit required: INR _____ (Eligibility: Max. up to Base Sum Insured of Self)																				
2.8.5 EMI Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2.8.6 Caregiver Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2.8.7 Renewal Premium	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2.9. Personal Shield (Bundle)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
2.9.1 Personal Effects																					
2.9.2 Payment Card Protection																					
2.10 Assistance Services	Available																				
2.11 Adventure Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the % of base Sum Insured to be covered for Base Covers <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% (Maximum shall be limited to ₹ 1 crore + Earned Cumulative Bonus) Limits for All other covers: As applicable above																				
2.12 Cumulative Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

Please refer to the Policy wordings for complete details of the coverage.

DETAILS OF PERSON(S) PROPOSED TO BE INSURED

Section A: Personal Details (fields marked * are mandatory)

Details	Member 1	Member 2	Member 3	Member 4
Name of Insured Person*				
Gender (M/F)*				
Date of Birth*				
Relationship with Proposer*				
Nationality	Indian	Indian	Indian	Indian
Country of Residence	India	India	India	India



ABHA Number# OR ABHI ID				
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning
Annual Income (in ₹)*				
Please Mention the category of your occupation. Category 1: Office workers not engaged in field work or exposed to working with Mechanical machines/hazardous chemicals. Examples: Teachers, Doctors, Accountants, Office Executives, Housewives, Software Engineers, Financial Professionals, etc. Category 2: Supervisor' /Manager's of Workers involved in handling Mechanical machines, Substantial travels, onsite construction work, occupations with substantial field work Examples: Reporters, Photographers, 'feet on street' sales, Onsite Construction Engineers, etc. Category 3: Workers involved in handling or operating Mechanical machines , Substantial travels , onsite construction work Examples: Onsite Construction Workers, Security guards (Unarmed), Delivery Agents, Garage Mechanic, Farmer, Collection Agents, Fitters, Welders, Plumbers, etc. Category 4: Armed forces, military and para-military, Central and State police force				
Please mention the category of your occupation as per the above	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4
Please mention your primary mode of daily transportation (tick any one)	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others
Please categorize your hobby	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor
Has the proposed person suffered/ currently suffering from Physical defect or infirmity or any other disability/injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____
1. Base Covers* (Choose the required Base Sum Insured)				
1.1 Accidental Death (AD)	Base Sum Insured opted for Self (in ₹ lakhs) _____	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)
1.2 Permanent Total Disablement (PTD)				
1.3 Permanent Partial Disablement (PPD)				



2. Optional Covers (Choose the required limit for only the options selected above)

	weekly benefit	weekly benefit	weekly benefit	weekly benefit
2.1. Temporary Total Disablement	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)
2.2.1 Accidental Hospitalisation: • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance Pre-Hospitalisation & Post Hospitalisation	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs
2.2.2 Companion Cover	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000
2.2.3 Post hospitalisation Physiotherapy	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000
2.3 Daily Hospital Cash	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000
2.4 Accidental OPD • OPD Consultations • Diagnostic tests • Prescription Drugs • Vaccinations for animal bite • OPD for Dental Treatment • Minor Surgical Procedures	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000
2.5 Enhanced Covers				
	specify the Limit opted	specify the Limit opted	specify the Limit opted	specify the Limit opted
2.5.1 Burns	(Options: up to 50 lakhs in multiples of 50,000)	(Options: up to 50 lakhs in multiples of 50,000)	(Options: up to 50 lakhs in multiples of 50,000)	(Options: up to 50 lakhs in multiples of 50,000)



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022 4890 3009 (Paid)



74004 22200 (WhatsApp)



2.5.2 Broken Bones/Fracture	specify the Limit opted (Options: up to 10 lakhs in multiples of 50,000)	specify the Limit opted (Options: up to 10 lakhs in multiples of 50,000)	specify the Limit opted (Options: up to 10 lakhs in multiples of 50,000)	specify the Limit opted (Options: up to 10 lakhs in multiples of 50,000)
2.6 Health and Well Being				
2.6.4 Trauma Counselling	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000

#ABHA (Ayushman Bharat Health Account) number is your 14 digit unique digital health identification number.

DETAILS OF PERSON(S) PROPOSED TO BE INSURED

Section A: Personal Details (fields marked * are mandatory)

Details	Member 5	Member 6	Member 7	Member 8
Name of Insured Person*				
Gender (M/F)*				
Date of Birth*				
Relationship with Proposer*				
Nationality	Indian	Indian	Indian	Indian
Country of Residence	India	India	India	India
ABHA Number# OR ABHI ID				
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-earning
Annual Income (in ₹)*				

Please Mention the category of your occupation.

Category 1: Office workers not engaged in field work or exposed to working with Mechanical machines/hazardous chemicals.

Examples: Teachers, Doctors, Accountants, Office Executives, Housewives, Software Engineers, Financial Professionals, etc.

Category 2: Supervisor' /Manager's of Workers involved in handling Mechanical machines, Substantial travels, onsite construction work, occupations with substantial field work

Examples: Reporters, Photographers, 'feet on street' sales, Onsite Construction Engineers, etc.

Category 3: Workers involved in handling or operating Mechanical machines , Substantial travels , onsite construction work

Examples: Onsite Construction Workers, Security guards (Unarmed), Delivery Agents, Garage Mechanic, Farmer, Collection Agents, Fitters, Welders, Plumbers, etc.

Category 4: Armed forces, military and para-military, Central and State police force

Please mention the category of your occupation as per the above	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 1
	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 2
	<input type="checkbox"/> Category 3	<input type="checkbox"/> Category 3	<input type="checkbox"/> Category 3	<input type="checkbox"/> Category 3
	<input type="checkbox"/> Category 4	<input type="checkbox"/> Category 4	<input type="checkbox"/> Category 4	<input type="checkbox"/> Category 4

Please mention your primary mode of daily transportation (tick any one)	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> Private Car <input type="checkbox"/> Public Transport – Train & Metro <input type="checkbox"/> Public Transport – Taxi & Rikshaw <input type="checkbox"/> Others
Please categorize your hobby	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor	<input type="checkbox"/> Community based activity & Outdoor <input type="checkbox"/> Community based activity & Indoor <input type="checkbox"/> Others Indoor <input type="checkbox"/> Others Outdoor
Has the proposed person suffered/ currently suffering from Physical defect or infirmity or any other disability/injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Details _____
1. Base Covers* (Choose the required Base Sum Insured)				
1.1 Accidental Death (AD)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)	Base Sum Insured opted for Self (in ₹ lakhs) _____ (Eligibility of Non-earning = Eligibility of Self * 50%)
1.2 Permanent Total Disablement (PTD)				
1.3 Permanent Partial Disablement (PPD)				
2. Optional Covers (Choose the required limit for only the options selected above)				
	weekly benefit _____	weekly benefit _____	weekly benefit _____	weekly benefit _____
2.1. Temporary Total Disablement	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)	(Options: Rs 500 to ₹ 1 lakh per week, in multiples of 1000, max. up to 2% of Base SI)
2.2.1 Accidental Hospitalisation: • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance Pre-Hospitalisation & Post Hospitalisation	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs	<input type="checkbox"/> 1 lakh <input type="checkbox"/> 2 lakhs <input type="checkbox"/> 3 lakhs <input type="checkbox"/> 4 lakhs <input type="checkbox"/> 5 lakhs <input type="checkbox"/> 10 lakhs <input type="checkbox"/> 15 lakhs <input type="checkbox"/> 20 lakhs
2.2.4 Companion Cover	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 15000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000
2.2.5 Post hospitalisation Physiotherapy	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 5000



2.3 Daily Hospital Cash	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 3000 <input type="checkbox"/> 4000 <input type="checkbox"/> 5000
2.4 Accidental OPD <ul style="list-style-type: none"> • OPD Consultations • Diagnostic tests • Prescription Drugs • Vaccinations for animal bite • OPD for Dental Treatment • Minor Surgical Procedures 	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 15000 <input type="checkbox"/> 20000 <input type="checkbox"/> 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 100000
2.5 Enhanced Covers				
2.5.1 Burns	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)
2.5.2 Broken Bones/Fracture	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)	specify the Limit opted _____ (Options: up to 50 lakhs in multiples of 50,000)
2.6 Health and Well Being				
2.6.4 Trauma Counselling	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000	<input type="checkbox"/> 3000 <input type="checkbox"/> 5000 <input type="checkbox"/> 10000

#ABHA (Ayushman Bharat Health Account) number is your 14 digit unique digital health identification number.

Section B: Existing Personal Accident Insurance details

Details	Member 1	Member 2	Member 3	Member 4
Name of Insurer				
Policy no.				
Policy Period				
From (DD/MM/YYYY)				
To (DD/MM/YYYY)				
Sum Insured (₹)				
Cumulative Bonus, if any				
Have any of the persons to be insured ever filed a claim with their current/previous insurer? If yes, please provide details on a separate sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Has any proposal of Personal Accident insurance been declined, cancelled or charged a higher premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you applying for portability of the above policy? Yes No (If yes, please fill in the separate Portability Form).

Section B: Existing Personal Accident Insurance details

Details	Member 5	Member 6	Member 7	Member 8
Name of Insurer				
Policy no.				
Policy Period				
From (DD/MM/YYYY)				
To (DD/MM/YYYY)				
Sum Insured (₹)				
Cumulative Bonus, if any				
Have any of the persons to be insured ever filed a claim with their current/previous insurer? If yes, please provide details on a separate sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any proposal of Personal Accident insurance been declined, cancelled or charged a higher premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you applying for portability of the above policy? Yes No (If yes, please fill in the separate Portability Form).

PREMIUM PAYMENT DETAILS (ALL FIELDS ARE MANDATORY)

Payment frequency:	<input type="checkbox"/> 3 EMIs <input type="checkbox"/> 6 EMIs <input type="checkbox"/> 9 EMIs <input type="checkbox"/> Lumpsum (EMI: Equated Monthly Installments)		
Payment by:	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> NEFT <input type="checkbox"/> Net Banking		
Cheque or DD amount in figures:	₹ _____	Cheque/DD Date:	DD / MM / YYYY
Cheque or DD amount in words:	₹ _____		
Cheque/DD/Card No:	_____		
Bank Name:	_____		
Name of Premium Payer:	_____		

Note: In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favour of "IndusInd General Insurance Company Limited"

In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer

Activate Auto-debit for easy premium payment

(Please fill the attached Mandate Form for Auto-pay (NACH / ECS / Direct Debit) form for instalment/renewal premium payment through standing instruction)

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP? Yes No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

Note :The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at services@indusindinsurance.com.

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

STANDARD DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me are true and complete in all respects to the best of my knowledge and that I/ authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.



- iii. I further declare that I 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 declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I authorize the company to share information pertaining to my proposal including the medical records of the insured/ proposer for the sole purpose of underwriting and / or claims settlement and with any Governmental and / or Regulatory authority.

Place: _____

Date: _____

Signature of Proposer/
Authorized Representative*

(*Only Applicable where proposer is a person with a disability and who has appointed an authorized representative.

Please specify name of Authorized representative _____)

OTHER DECLARATIONS & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- ii. I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST.
- iii. I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract.
- iv. I understand that the Policy shall become void at the Company's option, in the event of misrepresentation, mis-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 me or anyone acting on my behalf.
- v. I 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.
- vi. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- vii. I agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.
- viii. I authorize the Company to auto renew the policy issued against this proposal form for ___ years. I understand and agree that the renewal would be effective subject to receipt of applicable premium before the due date. The premium applicable would be as per age and premium rates on the due date of renewal.
- ix. I hereby permit/authorise IndusInd General Insurance Company Limited to collect, store, communicate and process information relating to the Policy(ies) and all transactions related therewith, including sharing and disclosing to public authorities, of any confidential information as required by law and to send me information in relation to the Policy and General Insurance products & services, irrespective of whether I am registered with the National Customer Preference Register (NCPR) [formerly the National Do Not Call Registry (NDNC)] or not.
- x. To protect the environment and save paper, I hereby give my consent to IndusInd General Insurance Company Limited to send me the executed Policy copy and all related documents and other communications in electronic form by way of email to the aforesaid email id instead of physical form and also to share all such documents and any updates & alerts via Whatsapp on my registered mobile number with the Company.
- xi. I hereby authorise IndusInd General Insurance Company Limited to collect, store and share the information provided by me for the purposes as detailed under the IndusInd General Insurance Company Limited Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been read and understood by me and shall be bound by the same, subject to the understanding that use and transmission of such personal information shall be done in a secure and confidential manner and that I shall have the right to withdraw such consent at any given time by intimating as such to IndusInd General Insurance Company Limited.



xii. I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

“Politically Exposed Persons” shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time.

Place: _____

Date: _____

Signature of Proposer/
Authorized Representative*

I wish to receive the Policy copy and all related documents in physical form to the aforesaid communication address.

(*Only Applicable where proposer is a person with a disability and who has appointed an authorized representative.
Please specify name of Authorized representative _____)

VERNACULAR DECLARATION FOR INTERMEDIARY AND PROPOSER

The contents of this Proposal form have been read over and fully explained to me in _____ language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Place: _____

Date: _____

Signature/Thumb impression of (Proposer)

Explained By Intermediary(Name): _____

Place: _____

Date: _____

Signature/Thumb impression of (Proposer)

PROHIBITION OF REBATES – SECTION 41 OF INSURANCE ACT, 1938

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.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
Insurance App



Download Now



ACKNOWLEDGEMENT FOR PROPOSAL

Please retain this counterfoil for your records(on behalf of IndusInd General Insurance Company Limited)

Date: DD / MM / YYYY Proposal No. _____

We acknowledge the receipt of payment of ₹ _____ vide cheque / DD no. _____
from Mr./Mrs./Ms. _____

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. IndusInd General Insurance Company Limited in not liable for any claim between the time the proposal amount is received and Policy Start Date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of policy shall be subject to receipt of completed proposal for premium payment, medical reports(wherever applicable) and underwriting decision of the Company.

Name of the Employee _____

Signature of Employee

Company Seal and Stamp

