

SARAL SURAKSHA BIMA, ACKO POLICY

PROPOSAL FORM

NOTE: This form is to be completed by the Individual. We are under no obligation to accept any proposal for insurance. The liability of the Company does not commence until this proposal is accepted by the Company and premium is received in full.

Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

Please complete this form in CAPITAL LETTERS. The proposal form is to be submitted in original, copies shall not be accepted.

FOR OFFICE USE

Branch Name: _____	Branch Code: _____
Intermediary Name: _____	Intermediary Code: _____
Business Type: _____	Channel Type: _____

I. PROPOSER DETAILS:

All invoices will be raised to the following address and addressed to the principal contact person specified below.

Proposed Policy Period

From: DD/MM/YYYY

To: DD/MM/YYYY

- Proposer Name: _____
- Principal Contact Person Name: _____
- Correspondence Address: _____
City: _____ State: _____ Pin Code: _____
- Telephone Number: Mobile: _____ Office (Optional): _____
E-mail: ID 1 _____ ID 2 _____
- Pan No. / TAN No.: _____ (Mandatory for premium of INR 50,000 and above if accepted in Cash/Demand Draft, or INR 100,000 and above by Cheque/Credit Card/Debit Card)
- Please state the total number of Insured Persons to be covered on an individual basis (including self / spouse / parents / parents in law / dependent children): _____
- Occupation of the Proposer _____
- Monthly Income (in ₹ per annum) _____ (Attach self-attested copy of income proofs)

II. DETAILS OF PREVIOUS INSURER(S) (IF RENEWAL OF SARAL SURAKSHA BIMA POLICY):

Please provide copies of the policy certificated from the previous insurer including the details of the insured, type of policy with coverage & sum insured - attach additional sheet if required)

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
Name of Insurer					
Relationship with the proposer					
Policy Start Date					
Policy End Date					
Policy Number					
Total Cumulative Bonus Accrued (%)					
Type of Covers Opted					
Policy Period					
Sum Insured (₹)					
Claims lodged during Policy Period (Yes/No)					

Are all insured Indian nationals and Indian residents? Yes/ No

III. BENEFITS AND SUM INSURED APPLICABLE TO THE PROPOSER:

In-Built Benefits

Name of the Inbuilt Cover	Sum Insured
Accidental Death	
Permanent Total Disability	
Permanent Partial Disability	

Optional Benefits

Optional Cover Name	Opted? (Yes / No)	Sum Insured
Temporary Total Disability		0.2% of Sum Insured per week (max: 100 weeks)
Education Grant		10% of Sum Insured per dependent child
Hospitalization Expenses due to Accident		10% of Sum Insured. Maximum of ₹ 2,000 per hospitalisation for Road Ambulance

Other Details

Premium Payment Mode (Single / Quarterly / Semi-Annually) _____

IV. DETAILS OF FAMILY MEMBERS TO BE COVERED

Note:

1. This list will be attached to and forming part of the proposal form and policy to be issued.
2. All nominations will be in accordance with Section 39 of the Insurance Act 1938.
3. A Minor should not be declared as nominee.

Name of the Family Member	Age	Relationship to the Proposer	Sum Insured	Occupation	Monthly Income

V. DECLARATION & AUTHORISATION

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 am authorised to propose on behalf of these other persons.
2. I hereby declare if I have made any false or untrue statement, or I have suppressed or concealed any material fact with respect to questions asked in relation to this policy, my right to claim any benefits under the Policy shall be forfeited.
3. 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.
4. 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.
5. I declare that I 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.

6. 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 the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
7. I declare that I do not belong to the any of the occupations as specified in the Section VIII of the proposal form.

I submit that the foregoing information is true to the best of my knowledge, and accept that if found to be untrue in any form, the Company reserves the right to alter/ cancel the coverage available under this Policy.

Principle Contact Person Name: _____

Date: _____
Place: _____

Signature of the Proposer: _____

VI. SALES PERSON/INSURANCE AGENT/INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an insurance Agent/ Specified Person of the Corporate Agent/authorized employee of the Broker or authorized Sales Person of the Company, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

License No. / ID (Agent / Corporate Agent / Broker / Sales Person): _____

Date: _____
Place: _____

Signature of Proposer/ Intermediary: _____

VII. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

VIII. EXCLUDED OCCUPATION CATEGORIES

The following occupation categories shall be excluded:

Occupation
1. Persons involved in Professional sports teams involved in hazardous or adventurous sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving 2. Crews of aircraft and ships 3. Regular Traveler via air except as a Fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports/routes or enrolled into Automatic passenger covers (airlines) 4. Persons involved in dangerous or hazardous occupations, including but not limited to, underground mining and for contractors specializing in tunnelling, explosives, workers involved in Electrical installation with high-tension supply, Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, skiing, ballooning, hand gliding, river rafting, polo, Stuntman in Film and persons engaged in occupations/ activities of similar hazard etc. 5. Persons involved in Naval, military or air force personnel; Long Term Disability and/or Salary Continuance Business 6. People involved in Foreign inward business 7. People working under constant Electromagnetic radiations