

PORTABILITY FORM – ANNEXURE I

PART - I

| PROPOSER DETAILS FOR PROPOSAL FORM | | |
|---|-------------------------|---------------------------|
| Name: | | |
| Date of Birth: | Gender: | Nationality: |
| Email: | Mobile No.: | |
| Alternative Email: | Alternative Mobile No.: | |
| Address: | | |
| City: | State: | Pin Code: |
| DETAILS OF EXISTING INSURER | | |
| Name of the Insurer: | | |
| Name of the Product: | | |
| Sum Insured: | | |
| Cumulative Bonus: | | |
| Add-Ons / Riders Taken: | | |
| Policy No.: | | |
| Details of the Proposed Insurance | | |
| Name of the Product Proposed/Intended to apply under Portability | | |
| Sum Insured Proposed | | |
| Whether Cumulative Bonus to be converted to an Enhanced Sum Insured | | Yes / No |
| Reason(s) for Portability | | |
| Number of family members to be included in the Policy to be Ported | | |
| Enclosure: Photocopy of the existing Policy documents. | | |
| Date: | | Signature of the Proposer |

PART-II

- Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy: (Yes / No)
- If YES, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s) / treatment(s) is ___days / years more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s) / treatment(s).

Date:

Signature of the Proposer

PORTABILITY FORM – ANNEXURE II

1. Details of the person proposed to be insured **

| Name of Insured(s) | Policy No. | Previous Insurer | Previous Policy(s) | | Sum Insured (₹) | Cumulative Bonus | Exclusion (s) | Loading |
|--------------------|------------|------------------|--------------------|----------|-----------------|------------------|---------------|---------|
| | | | Start Date | End Date | | | | |
| | | | DDMMYYYY | DDMMYYYY | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

***Please fill separate annexure for member with different detail.s*

2. Existing Policy Type: Individual / Family Floater

CLAIM DECLARATION

3. Any claim history of the person(s) proposed to be insured with the previous insurer(s)? YES / NO

A. If YES, please provide below details:

| Name of Insured | Claims Submitted | Year of Claim | Details of Ailment |
|-----------------|------------------|---------------|--------------------|
| | Yes/ No | | |
| | Yes /No | | |
| | Yes/ No | | |

B. If NO, then please fill the below declaration:

- I wish to Port to (Product Name) with Acko General Insurance Limited under the applicable IRDAI regulations on Portability, and declare that the cumulative bonus accrued, as stated by me above is correct and that no claim has arisen in the expiring policy(ies).
- I understand that Acko General Insurance Limited will be issuing the Policy based on the information provided and declarations submitted in the proposal form and related annexures. In case any information provided by me, in whole or part, is found to be incomplete and/ or incorrect and/or fraudulent then, the Policy shall become void at the option of Acko General Insurance Limited without any refund, as stated in Policy terms and conditions.

Date:

Signature of the Proposer

IMPORTANT POINTS TO NOTE:

- The application for portability must be provided at least 30 days in advance but not earlier than 60 days of renewal date of existing policy.
- Any pre-policy health checkup must be completed within 7 days of intimation.
- Any additional information/acceptance of revised offer must be provided within 7 days from the receipt of intimation.
- Please attach following documents with the Portability Form annexure:
 - Copy of all previous policy schedules with latest renewal notice. ○ If there is a claim in existing Policy, then discharge summary, investigation and follow up report copies.
 - If there is a past medical history, then consultation papers, prescription, investigation, treatment and report copies.

Note: All documents to be counter signed by the Proposer.