

**ACKO GROUP SINGLE SHIELD
PROPOSAL FORM**

NOTE: This form is to be completed by the Group/ Association/ Institution/ Corporate Body. 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: _____
Proposal Form No.: _____	Intermediary Contact: _____

I. PROPOSER (GROUP) 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: _____
- Description of the Proposer's Business: _____
- 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.: _____
- Customer Goods & Service Tax Identification Number (if any): _____
- Mode of Payment: _____
- Frequency of Payment: Monthly / Quarterly / Half Yearly / Yearly
- Nature of Group: Employer/employee OR Non-employer/employee
- Description of the Group to be insured: _____
- Nature of Policy: Named basis OR Unnamed basis
- Nature of Travel: _____ (Air, Rail, Road, etc.)
- Please state whether all eligible Insured Persons/families of the Group / Association / Institution / Corporate Body are proposed for insurance? Yes _____ No _____

Additional Notes for Life Insurance:

- Minimum age for membership in this Scheme as on date of commencement of Membership: 18 years last birthday
- Maximum age for membership in this Scheme as on date of commencement of membership: 65 years last birthday
- Maximum age for membership in this scheme: 70 years last birthday for Maturity
- Premium Deposit: in advance
- Payment of Premiums and frequency:
- DOGH is mandatory (or long questionnaire where applicable), for all the members of this scheme for policy issuance

II. DETAILS OF PREVIOUS INSURER(S) (IF RENEWAL):

Are your employees/ Insured Persons at present insured under any Group Health Insurance/Travel Insurance Policy? Yes ___ No ___

(If 'Yes' Please provide the details insurer, type of policy with coverage & sum insured - attach additional sheet if required)

- Name of Insurer: _____
- Policy Number: _____
- Expiring terms of cover: _____
- Period of insurance: _____
- Premium paid: _____
- Claim details: (Please attach separate sheet providing complete details of claims with individual claim records)
- Incurred Claims Ratio: _____

III. DETAILS OF INSURED PERSONS

- Note:
1. This list will be attached to and forming part of the proposal form and policy to be issued.
 2. Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.
 3. All nominations will be in accordance with Section 39 of the Insurance Act 1938.
 4. A Minor should not be declared as nominee.

Fill the Annexure 1

Please attach additional sheets, if space not sufficient to complete details.

IV. BENEFITS:

Life:

- Cover Option (Main Benefit): Death Benefit (Level Cover / Decreasing Cover)
- Plan: Life Option - Death benefit

Health:

Category	Basis of Coverage (Individual/Floater)	Floater Unit (in case of Floater)	Selected Benefits
Base and Optional			Refer Annexure 2

Note: All the benefits can be chosen for the category. Please select the benefits that you wish to avail as per Annexure 2

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 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.
3. I further declare that I will notify in writing any change occurring in the mode of travel, 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.
4. I declare that I consent to the company seeking travel information from the travel organizer, service provider or 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.
5. I authorize the company to share information pertaining to my proposal including the mode of travel, incident details, loss or inconvenience caused to the insured, 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.

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.

Note: The liability of the Company does not commence until full premium has been realized by the Company and the acceptance of the proposal has been formally intimated to the insured.

Principle Contact Person Name: _____

Date: _____ Signature of the Proposer: _____

Place: _____

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: _____ Signature of Proposer/ Intermediary: _____
Place: _____

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

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. NON-DISCLOSURE (SECTION 45 OF INSURANCE ACT, 1938, AS AMENDED)

The extant provisions in this regard are as follows:

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider is sued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Minimum Disclosures as per IRDAI Regulations

- 1) The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits "Acko General Insurance Limited" and for life insurance benefits "Acko Life Insurance Limited".
- 2) The legal/quasi legal disputes, if any, are dealt by the respective insurers for respective benefits.
- 3) The policyholders of the 'Combi Product' under reference are eligible to continue with either part of the policy, discontinuing the other during the policy term.
- 4) Please refer to the Policy Document for more details on policy servicing facilities, Grievance redressal options, availability of services of Third Party Administrators (TPAs), if available.
- 5) Where guaranteed renewability of health insurance plan is allowed, the health insurance portion of this 'Combi Product' is entitled to that facility.
- 6) Policyholders are to be advised to familiarize themselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

Annexure 1:

Sr No	Name of Insured Person	Unique Employee No/Customer Relationship number	Relationship of family with primary Insured	Date of Enrolment/Joining	Age	Gender	Nominee Name & Relationship with Insured Person	Mobile No. & Email ID	Coverage Category	Address of the Insured
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Note: *This list is indicative and details could be modified according to the Nature of Group/ Policy.

Annexure 2:

Acko General Insurance Limited

www.acko.com/gi | Toll free: 1860 266 2256 | Mail: hello@acko.com

Acko Life Insurance Limited

www.acko.com/life | Toll free: 1800 210 1992 | Mail: support.life@acko.com

UIN: ACKHLGP26038V012526

Please provide details pertaining to sum insured or conditions opted for each benefit and enter "None" for Cover Benefits not opted for

Base Benefits:

S. No.	Name of the Benefit	Event Covered (Illness/Injury)	Sum Insured / Sub-Limit	Other Conditions (Provide Details)
1	In-patient Indemnity Benefits			
1.1	In-Patient Hospitalization Cover			
	i. Room Rent			
	ii. ICU/CCU/HDU limit			
1.2	Daily Hospital Cash		Rs_____per day	Min. no of days_ Max. no. of days_
1.3	Day Care Treatment Cover			
1.4	In-Patient Hospitalization Fixed Benefit			Min. days of hospitalization required: _____
1.5	Road Ambulance			
1.6	EMI Protection		EMI amount: Rs _____ Sum Insured: _____	Max. no. of days/Months _____
1.7	Income Protection Cover		Rs_____per day	Min. no of days_ Max. no. of days_
1.8	Repatriation of Mortal remains			
1.9	Funeral expenses			
1.10	Missed Bill payment			
2	Personal Accident Category			
2.1	Accidental Death Benefit		Common Death or Disability Sum Insured	
2.2	Permanent Total Disability			
2.3	Permanent Partial Disability			
2.4	Temporary Total Disability			
2.5	Child Education Cover			
3	OPD Benefits			
3.1	Out-Patient Treatment Cover (OPD)			
4	Critical Illness Benefit			Waiting Period: _____ Survival Period: _____

Optional Benefits (In lieu of additional premium):

S.no.	Cover Opted (Yes/No)	Name of Section/Cover	Sum Insured	Special conditions
1.		Additional Benefit under Critical Illness Category		Waiting Period: _____ Survival Period: _____
2.		Key Replacement Cover		
3.		Garage Cash		_____ Days (minimum days vehicle is in garage)
4.		Loss of Income Due to Damage of Vehicle		_____ Days (Vehicle is under repair)
5.		Business Shutdown		_____ Days (Interruption of Business) Waiting Period: _____ Days
6.		Loss of Income		i. Loss of income of insured person: _____no. of months ii. Concurrent loss of income: _____no. of months Declaration of Insured Person is reemployed: Yes/No

7.		Critical Illness Waiting Period		_____ Days
		Critical Illness Survival Period		
Cyber Protection				
8.		Digital Theft of Funds		
9.		Identity Theft		Sub Limit- Rs _____
10.		Fraudulent Charge on Loss of Card		_____ Timeline Your first reporting the event to Your debit/credit card issuer(s) _____ hours (reporting of loss)
11.		ATM Assault and Robbery		_____ timeline withdrawal of money
12.		Lost Wallet Coverage		
Home Building and Home Content Cover				
13.		Home Building	As per attached Annexure	
14.		Home Content Cover		
15.		Additional Cover: Cover for Valuable Contents on Agreed Value Basis		
16.		Trip Cancellation		
17.		Loan Repayment to Loan Provider		
Asset Protection				
18.		Theft And Burglary	Depreciation table (In Annexure)	
19.		Robbery		
20.		Damage		
21.		Comprehensive Accidental Damage		
22.		Accidental Screen Only Damage		
23.		Breakdown		
24.		Terrorism Cover		
25.		Temporary Resettlement Expenses Cover		
26.		Personal Liability		
27.		Brokerage Expenses		
28.		Delay In Salary Payment		Minimum no. of days: _____
29.		Rescinding Of Offer Letter		
30.		Breakdown Assistance Services		
31.		Rewards for Healthy Behaviour		