

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Product code	
Intermediary ID	
Branch name	

Proposal No.	
Intermediary name	
Deal No.	

Guidelines for completion of the form (To be filled by proposer)

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

DETAILS: Put a (□) mark wherever applicable

1. PROPOSER'S INFORMATION

Proposer's Name: (Please leave a space after each part of name)

Mr./Ms./Dr. |

Nationality: ☐ Indian ☐ Others (please specify)

Gender: ☐ Male ☐ Female ☐ transgender

Marital status: ☐ Single ☐ Married

Residential Status: ☐ Indian resident ☐ Non Indian Resident

Date of Birth: | | | | | | | | | |

Occupation: I ☐ Salaried I ☐ Self Employed I ☐ Professional I ☐ Others Details-----

Educational Qualifications: ☐ Lesser than Matriculation ☐ Matriculation ☐ Graduate ☐ Post graduate ☐ Professional course

Annual Income: | | <5lacs | | Between 5-10lacs | | Between 10-20lacs | | >20lacs

PAN No..... Passport No... Aadhaar No.....(last four digits only)

Policy zone: Zone A: | | Zone B: | | Zone C: | | Zone D: | |

[illegible]

City/Town: |_|_|_|_|_|_|_|_|_|_| State: |_|_|_|_|_|_|_|_|_|_|

Pin Code: | | | | | | |

E-Mail ID: _____

Name					
Relation with the Proposer					
Date of Birth MM/DD/YY	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Sex	☐ M / ☐ F / ☐ T	☐ M / ☐ F / ☐ T	☐ M / ☐ F / ☐ T	☐ M / ☐ F / ☐ T	☐ M / ☐ F / ☐ T
Occupation					
Marital status					
Height (feet/ inch)					
Weight (kgs)					
PAN No.					
Annual Income					
Educational Qualifications					
Optional cover opted*					
ABHA number (Ayushman Bharat Health Account)					

*Details are provided in table below

I/We agree to share my/our medical records with insurers / TPA through ABHA ☐

Please generate your ABHA No. by visiting the official website ndhm.gov.in and share the same with us.

Worldwide cover will not be available in case insured(s) are not Indian nationals and Indian residents.

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

5. DETAILS OF INSURANCE/ PLAN

Plan name	☐ Classic / ☐ Premium	
Policy Tenure	☐ 1 year / ☐ 2 years / ☐ 3 years	
Plan type	☐ Individual / ☐ Floater	
Plan option	☐ Individual Child ☐ 2 Adults ☐ 2 Adults +1kid ☐ 2 Adults +2 Kids ☐ 2 Adults +3 Kids ☐ 1 Adult ☐ 1 Adult +1kid ☐ 1 Adult +2 Kids	
Annual Sum Insured	(₹ ____ Policy Year)	
Policy Zone	☐ Zone A ☐ Zone B ☐ Zone C ☐ Zone D	
	Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district
	Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakhand
	Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))

	Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]
Policy Documents in Soft copy only	☐ Yes / ☐ No	

Note: All family members will have same policy tenure, Sum Insured, zone and type of cover

Medical Underwriting will trigger in below condition

1. For person aged 46 years and above and/ or
2. For Sum insured option above 50 lacs.
3. BMI >30
4. Declaration of positive medical or family history
5. Low credit score

Cost of Pre Policy Medical Check-up for policy issuance:

- 100% of the pre policy medical test cost will be paid by the Company If the health proposal is accepted
- In case the health proposal is declined, medical cost will be deducted from the premium and the balance would be refunded.

Optional covers/Extensions

You can opt for the following optional covers/ extensions on payment of additional premium.

S. No.	Optional covers/Extensions	Yes/No
(i)	PED waiting period reduction (Available for both classic and premium plan)	
(ii)	Room Eligibility (applicable for classic plan only)	

*Adult members up to 65 years can apply

For detailed cover information, kindly refer policy wording

6. DETAILS OF SUCH OTHER HEALTH INSURANCE POLICIES IN EXISTENCE

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
Type of Policy					
Policy Period					
Period of Insurance					
Insurance Company					
Product Name					
Sum Insured (₹)					
Claims lodged during Policy Period (Yes/No)					

7. MEDICAL HISTORY

SECTION A: Have any of the person proposed to be insured ever suffered from / are suffering from any of the following: Please tick 'YES' for insured wherever applicable and provide details in Section B

S. No	Symptoms/ Disorders	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1	Diabetes: if yes-duration, Medication & dosage					

2	Hypertension: if yes duration, Medication & dosage					
3	Hyperlipidemia: If yes Duration & medication					
4	Do any of the insured smoke or consume tobacco in any form or alcohol					
5	Heart & Circulatory conditions/disorders					
6	Urinary conditions/disorders					
7	Musculoskeletal conditions/disorders					
8	Respiratory Infections and Diseases, Asthma					
9	Digestive conditions/disorders					
10	Cancer/ Tumor					
11	Mental psychiatric Disorders					
12	Nervous system Disorders					
13	Disorders of the Eyes/Ears/ Nose/ throat/					
14	HIV/AIDs or other sexually transmitted diseases					
15	Infections					
16	Nutritional/ Endocrinal disorders					
17	Pregnant/Gynaecological Disorders/ Prostrate					
18	Metabolic & Endocrine conditions/disorders					
19	Any long term medical condition/disability					
30	Birth Defects					
21	Has any member consulted with or received treatment from any doctor or other health care provider for any other condition or symptom(s)					
22	Any other disease or surgery or accidents/burns					

Note: Above list is subject to modification as per requirement

Please use additional sheet, if space is not sufficient to complete details.

Section B: Name & details of illness/Medicine/Test/Surgery (For questions answered as yes in Section A above)	Date of last consultation	Doctor's name	Hospital name & Phone no.
Insured 1			
Insured 2			

Insured 3			
Insured 4			
Insured 5			

8. PAYMENT INFORMATION:

MODE OF PAYMENT: Cheque ☐ DD ☐ NEFT ☐ UPI ☐
 Cheque/ DD/ NEFT/ UPI details:
 Premium amount In Figures:
 Premium amount In Words:

Bank Account Details:

Bank:
 Branch:
 MICR:
 IFSC:
 Account no:
 Account Type: ☐ Saving ☐ Current ☐ Cash Credit ☐ Overdraft

Please enclose cancelled cheque along with the Proposal Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

9. AUTO RENEWAL OPTION:

Do You wish to avail an auto-renewal facility (ECS payment) by way of which we will automatically renew your Policy for the period for which it has been issued for. (Please tick Yes, if opted for)

☐ Yes I would like to opt for ECS payment option for Policy Renewal

☐ No I do not want to opt for ECS payment option for Policy schedule

I/we hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income

Signature of the Proposer: _____

Date: / /

Place:

10. IMPORTANT NOTES:

- The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer are complete and accurate in all respect.
- The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- Acceptance of your proposal would be subject to receipt of complete medical reports (wherever applicable), medical underwriting and realization of full premium amount by the company and the insurance coverage will commence from the date of underwriting by the company.

- iv. The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- v. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

**A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.*

11. STATUTORY WARNING:

PROHIBITION OF REBATES
(Under Insurance section 41 of Insurance Act 1938)

- i. 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.
- ii. 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.

12. TERMS AND CONDITIONS:

- Initial waiting period of 30 days for all illnesses (except Hospitalization due to injury or Accident)
- Specific waiting period of first two years for specific illnesses and treatments (mentioned in the policy wording)
- Pre- existing conditions/ diseases declared and accepted by Us will be covered immediately after 2 years of continuous coverage under the policy
- Sum Insured can be changed at the time of renewal only. Company reserves right to approve/reject the change in Sum Insured. Fresh waiting period as per the terms of the policy will be applicable to the enhanced limit from the effective date of such enhancement.
- Factors determining the renewal premium are (i) age slab of the senior most insured member at the time of renewal (ii) any change in the renewing policy.
- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium realised

13. DECLARATION

1. "I/We 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/We am/are 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.

3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposal after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposed 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.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and /or Regulatory authority."
6. I/We authorize IL or any of its Agents and/service representatives/affiliates to contact me via SMS/Email/Phone/WhatsApp/ Social Media or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, service calls/SMS, policy related information or any other commercial communication.
7. I/We authorize IL or any of its service representatives/health service providers to contact me via SMS/Email/Phone/WhatsApp/ Social Media or any other modes and I/We have no objection to my/our medical information being saved for internal use.
8. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC authentication.
9. I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
10. I/We understand that the Company has right to call for documents to establish source of funds
11. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

Signature of the Proposer: _____

Date: | | | / | | | / | | | | |

Place: Date: | | | | | | | | | |

14. Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

