Enrolment form No._____

PROPOSAL FORM - GROUP PERSONAL ACCIDENT

FOR OFFICIAL USE ONLY

URN No.: PF/4005/01

Group I.D.No: ☐☐☐ Customer I.D.No: ☐☐☐☐☐☐ Business Sector ☐ Urban ☐ Rural ☐ Social

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the Proposer/Group Administrator)

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of utmost good faith requiring the proposer to disclose all material facts in response to the questions in the proposal form. This obligation continues until the policy is expired and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy expires, then you must inform us of the same in writing without delay.
3. The Policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact, particularly 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.
4. Kindly contact Our offices or Agents for any doubts or clarifications on the proposal form.

Note: Our liability does not commence until the premium is duly received and proposal has been accepted by Us.

SCOPE OF COVER

This Policy pays the Insured in case of Accidental Death, Loss of limbs and eyes, Permanent Total Disablement and Permanent Partial Disablement.

SIGNIFICANT EXCLUSIONS: This Policy does not cover losses arising out of Suicide, Self-Injury, Venereal Diseases, War and Nuclear Perils and Pregnancy. For a detailed set of exclusions, kindly consult the policy document.

EXTENSIONS: In addition, certain optional extensions are available, the details of which are provided in the relevant section of this proposal form.

NOTE: The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

CUSTOMER INFORMATION - PART A

The application form is to be filled in CAPITAL LETTERS by the Proposer/Group Administrator. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly the question is not applicable

Name of the Proposer: (please leave a space after each part of name)

Permanent Address of Proposer: (please leave a space after each part of address)

Landmark:

City/Town: State: Pin Code:

Mailing Address of Proposer: (please leave a space after each part of address)

Landmark:

City/Town: State: Pin Code:

Mobile Number*: E-mail ID:

Proposer's trade or business

Paid-up capital of the firm (in Rs. Million)

Date of Incorporation: D D M M Y Y Y Y **Place of Incorporation:**

Registration No. (E.g. CIN)

Occupation: Salaried ☐ Self Employed ☐ Professional ☐ Others ☐ Details _____

Occupation and Nature of Business/Work: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Income per annum ☐☐☐☐☐☐

CKYC/Driving License/Aadhaar/Election Card/Passport/MNREGA Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Status (please tick any one)

Private Limited Co. ☐ Public Ltd. Co. ☐ Unincorporated Association or Body of Individuals ☐ Partnership/LLP ☐

Trust/ Foundation ☐ Government ☐ NGO/NPO (If yes, obtain DARPAN Portal Registration No.) ☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Others (please specify) ☐ _____

Nature of Business: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NOMINEE/APPOINTEE SECTION

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee	5th Nominee
Name of Nominee					
Relation with Insured					
Date of Birth					
Percentage of Nomination	_____%	_____%	_____%	_____%	_____%
Gender					
Mailing Address					
Permanent Address					
Mobile Number					
Email ID					

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

Appointee Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Relationship with Proposer: ☐☐☐☐☐☐☐☐

BANK ACCOUNT DETAILS

For direct payment of claims/ refunds in the account, please fill the following:

Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MICR ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the enrollment 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

NOMINEE BANK ACCOUNT DETAILS

For direct payment of claims/ refunds in the account, please fill the following:

Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MICR ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the enrollment 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

RISK DETAILS - PART B

Period of Insurance: From D D M M Y Y Y Y To: Midnight D D M M Y Y Y Y

Number of persons to be insured: ☐☐☐☐☐ Total Capital Sum Insured: ₹ ☐☐☐☐☐☐☐☐☐☐☐☐☐

Please indicate the basis adopted for fixing the Capital Sum Insured: ☐ Flat Basis ☐ Monthly Salary

Please provide the list of persons to be insured in the following format:

Name	Place of Employment	Risk Category I / II / III	Benefit Table A/B/C	Capital Sum Insured (₹)

Note: Please provide an additional sheet if space is not sufficient to complete details.

Risk Category:
Category I - Doctors, Lawyers, and persons engaged in clerical and Administrative staff.
Category II - Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual labourers.
Category III - Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo.

Benefit Table
A- Accidental Death
B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement
C- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement
(vi) Kindly provide the particulars of the losses for the past 3 years or less period for which policy availed.

Policy Period From - To	Name & Address of the Insurer	Policy Number	Total Premium (₹)	Total Amount of claims (₹)
From D D M M Y Y Y Y To D D M M Y Y Y Y				
From D D M M Y Y Y Y To D D M M Y Y Y Y				
From D D M M Y Y Y Y To D D M M Y Y Y Y				

DETAILS OF OTHER HEALTH INSURANCE POLICIES IN EXISTENCE

Is any proposer or the person proposed, already insured under a plan with ICICI Lombard GIC Ltd? ☐ Yes ☐ No
If yes please indicate below the Policy number(s) (Please mention proposal number in case of pending proposal.)

Insured Name	Policy No. / Proposal No.	Period of Insurance	Sum Insured	Claims lodged during policy period (Yes/No)

DETAILS OF ALL PREVIOUS HEALTH INSURANCE POLICIES SINCE INCEPTION

Name of Insurer
Policy Period Name of the product

EXTENSION

DETAILS: Put a(✓) mark wherever applicable
If you want to avail of extension of the Policy by the payment of additional premium, please specify:
Payment of medical expenses incurred due to accidents ☐ Yes ☐ No
Any additional information relevant to the policy applied for

Note : Please use additional sheets if space is not sufficient to complete details

Do you wish to avail policy documents in physical form: Yes ☐ No ☐

DECLARATION

- I/We, declare the undersigned hereby that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.
- I/We agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- 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.
- I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.
- 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.
- I/We understand that the Company has right to call for documents to establish source of funds

Name

Date D D M M Y Y Y Y Place

Designation

Proposer's Signature

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name:

Code/Functional Identity: Contact No. of the branch:

Email ID of the branch:

Branch/Office:

STATUTORY WARNING PROHIBITION OF REBATES

Section 41 of Insurance Act, 1938
(Amendment Act 2015)

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:

   [Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.]

DECLARATION WHEN THE ENROLLMENT FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/PROPOSER IS ILLITERATE OR DISABLED

I hereby declare that I have read out and explained the content of this enrollment 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 enrollment 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.

Name of Proposer: _____ Name of Witness: _____

Signature of Proposer: _____ Signature of Witness: _____

Date: D D / M M / Y Y Y Y Place: _____

Relationship with Proposer: _____

Address of Witness: _____