Enrolment form No._____

PROPOSAL FORM - GROUP PERSONAL ACCIDENT, ICICI LOMBARD

The Policy does not commence until the proposal is accepted and full premium is receipted by the Company.

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: (Name of the Corporate)

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:**

Pan Card No. **Occupation (nature of duties) :**

IMD Name **IMD Code**

Plan Type Individual **Floater**

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:

ABHA No

I agree to share my medical records with ICICI Lombard / TPA through ABHA:
For generating ABHA no please visit ABHA number (ndhm.gov.in) Post generation of the ABHA no please share the same with us

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes No

If yes, please give details (Nature of relationship and position held by PEP):_____

Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials, etc.

Details of Beneficial Owner*

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Sr. No.	Full Name	Date of Birth	Nationality	Address	% Share Holding	PAN	**Politically Exposed Person(PED) Declaration
							☐ PEP ☐ Family member/ Close relatives /Associates to PEP ☐ No
							☐ PEP ☐ Family member/ Close relatives /Associates to PEP ☐ No
							☐ PEP ☐ Family member/ Close relatives /Associates to PEP ☐ No
							☐ PEP ☐ Family member/ Close relatives /Associates to PEP ☐ No

Important note:-

(*) The beneficial owner shall be determined as follows:

(a) where the client is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest (more than ten percent of shares or capital or profits of the company) or who exercises control through other means

(b) where the client is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means

"Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision;"

(c) where the client is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals

(d) where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership

(e) where no natural person is identified under (a) or (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official

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

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including Proposer)

Sr. No.	Name of the Family Member	Relationship with the employee	Date of Birth	Gender	UID Aadhar No.	Nominee Name and Relationship	ABHA No.	Whether suffering from any pre-existing condition /disease/injury? If so, the details
*Kindly attach separate sheet if required.								

I agree to share my medical records with ICICI Lombard / TPA through ABHA: ☐ Yes ☐ No

For generating ABHA no. please visit ABHA number (ndhm.gov.in) Post generation of the ABHA no. please share the same with us.

Name of the Nominee and relationship

In the event of t he death of an In sured Person any payment due under the Policy will be payable to the Nominee in accordance with the Policy terms and condit ions. Please give below the detai ls of the Nominee, who must be an immediate relative of the Proposer.

Nominee for all other persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship to the Proposer	Address of the Nominee

COVERAGE DETAILS - PART B

Section	SI	Benefit Period	Deductible	Franchise	Co-Pay	Scope of Cover
ACCIDENTAL DEATH						
PERMANENT TOTAL DISABLEMENT (PTD)						
PERMANENT PARTIAL DISABLEMENT (PPD)						
TEMPORARY TOTAL DISABLEMENT						
FRACTURE/DISLOCATION/BROKEN BONES						

Section	SI	Benefit Period	Deductible	Franchise	Co-Pay	Scope of Cover
BURNS						
COMATOSE BENEFIT						
DISAPPEARANCE						
ADVENTURE SPORTS BENEFIT						
IN-HOSPITAL MEDICAL EXPENSES (INPATIENT)						
IN-HOSPITAL MEDEX (INPATIENT)						
OUTPATIENT MEDICAL EXPENSES						
OUTPATIENT MEDEX (OPD)						
HOSPITAL CASH						
HOME CONVALESCENCE						
REHABILITATION COVER						
RECONSTRUCTIVE SURGERY COVER						
FOLLOW-UP MEDICAL TRIP						
EXTERNAL AIDS AND APPLIANCES						
PURCHASE OF BLOOD						
ASSAULT						
ANIMAL ATTACK						
COMMON CARRIER						
LAST RITES COSTS						
TRANSPORTATION OF MORTAL REMAINS						
HOSTAGE RELEASE FEES						
HOME & VEHICLE MODIFICATION						
AMBULANCE COST						
AIR AMBULANCE						
SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT						
INSURED AND FAMILY COUNSELLING COVER						
MEDICAL EVACUATION COVER						
DEPENDENT CHILD EDUCATION BENEFIT						
WIDOWHOOD BENEFIT						
HOME TUITION BENEFIT						
PARENTAL CARE BENEFIT						
COMPASSIONATE VISIT						
LOSS OF JOB COVER						
PERSONAL BELONGING						
LEGAL EXPENSES						
EMI PROTECTION COVER						
HEALTH INSURANCE PREMIUM INDEMNITY						
DEPENDENT CHILD'S MARRIAGE BENEFIT						
TRANSPORTATION OF IMPORTED MEDICINE						

Premium Details Amount (INR): Gross Premium:

Loading/Discounting: Net Premium:

GST: Total Premium:

Total Premium in Words:

Entry Age Restriction: Minimum Days ☐☐ Years ☐☐☐☐ Maximum Years ☐☐☐☐

Note: Deductible & Franchise cannot be opted together

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 ☐☐☐☐

Authorization for Electronic Policy fulfilment and service communication

☐ I /We would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Ltd to send all my Policy and service re lated communicat ion to the email ID as mentioned here in the applica tion form.

☐ Yes ☐ No

(Note : Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

☐ I hereby consent to and authorize ICICI Lombard General Insurance Company Ltd to make welcome calls, service ca lls or any other communication (electronic or otherwise) with respect to the proposed or existing Policy of Company from time to time.

☐ Yes ☐ No

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.]

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: ☐☐☐

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: _____