

Part B: Insured Details

	Insured 1	Insured 2	Insured 3	Insured 4
Name				
Relationship With Proposer				
Gender				
Date of Birth (DD/MM/YYYY)				
Mailing address				
Mobile Number				
Email ID				
Occupation				
PAN				
GSTIN No (if applicable)				
Previous Policy Number (in case of renewal only)				
Pre-Existing Disease (if any)				
ABHA No.				
Date from which insured Person Continuously Obtaining Health Insurance in India				
Additional Information (if any)				

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.

Part C: Table of Benefits

Sr. No.	Cover	Sum Insured - Insured 1	Sum Insured - Insured 2	Sum Insured - Insured 3	Sum Insured - Insured 4	Total Sum Insured (if SI opted on Floater Basis)
1.	Hospitalization Benefit					
2.	Diagnosis Cover	2% of above	2% of above	2% of above	2% of above	2% of above

Part D: Risk Details

Policy Start Date / / End Date / / Policy Tenure

Part E: Premium Details

Net Premium (in Rs.)	
Applicable Taxes (in Rs.)	
Total Premium (in Rs.)	
Mode of Premium Payment	Cheque ☐ NEFT ☐ RTGS ☐ UPI
Is Policy on Auto-renewal	Yes ☐ No ☐
Consent for ECS	Yes ☐ No ☐
Bank Name, Account No. & Account Type	
Branch	
MICR	
IFSC	

Part F: Health Declaration

I, hereby declare that none of the insured person listed in this form and intended to be covered under this policy suffer from any Vector Borne Disease.

Part G: General 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 or during the policy period.
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 hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or through any other modes for the purpose of undertaking KYC.
7. 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.
8. 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.
9. 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.

Place: _____

Date / /

Proposer's Signature

Part H : Vernacular 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 given 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.

Place: _____

Date / /

Proposer's Signature

STATUTORY WARNING

PROHIBITION OF REBATES

(Under 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.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to ten lakhs.

Agent Confidentiality Report (To be signed by Agent/SP)

I, _____ <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, 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.



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No. 16, 601-602, 6th Floor, New Link Road, Malad (West), Mumbai - 400 064.

Registered Office Address: ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Toll Free No.: 1800 2666 • Chargable No.: +91 86 55 222 666

Insurance is the subject matter of solicitation. UIN - ICIHLP21627V012021 CIN - L67200MH2000PLC129408

Consent letter

To Whomsoever It May Concern

Subject: Consent for Collection of Medical Records

Proposal No. / Policy No.: <PolicyNo. / Proposal No.>

I / We, the undersigned, hereby authorise ICICI Lombard General Insurance Company Ltd. to collect all relevant documents and medical records related to hospitalisation or medical treatment of Insured Person(s) covered under the above-mentioned policy from the Hospital or Medical Practitioner.

I/We have no objection to sharing my/our hospitalization documents with ICICI Lombard for the purpose of processing claims under the policy.

Please note: In case any original hospitalization or day-care treatment-related documents were collected by you at the time of discharge but were not submitted during the claim process, kindly ensure their submission to enable us to process the claim as per the policy terms and conditions.

Additionally, please send us a self-attested copy of a valid government-issued identity proof of the Claimant/Insured along with this consent letter.

Thank you for your assistance and cooperation.

Sincerely,
Team ICICI Lombard.

Name of the Insured

Claimant / Insured Signature