Enrollment form No._____
URN No. BhartiAXAGI/UPPlus/2020-21/V01

Enrollment form for Universal Protection Plan

Please note: • Please answer all questions completely. • The insurance is not effective until the proposal is accepted and premium received.

INTERMEDIARY DETAILS

Name _____ Code _____
Branch _____ Code _____
Sales Manager's Name _____ Code _____

CUSTOMER INFORMATION - PART A

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

PROPOSER// CUSTOMER INFORMATION

Please fill all the particulars in CAPITAL letters only

Proposer's Name (please leave a space after each part of name) Annual Income from all sources: _____

Mr.//Ms./Dr. _____ F I R S T _____ M I D D L E _____ L A S T _____

Date of Birth: D D M M Y Y Y Y Gender: Male ☐ Female ☐ Third gender ☐

Occupation: ☐ Salaried ☐ Self Employed ☐ Professional ☐ Retired ☐ Housewife ☐ Student ☐ Others Details_____

Nationality: ☐ Indian ☐ Others (please specify) _____ Residential Status: ☐ Indian Resident ☐ Non Resident Indian

Annual Income: ☐ Less than 5 Lacs ☐ Between 5 - 10 Lacs ☐ Between 10 - 20 Lacs ☐ 20 Lacs and above

☐ above > 30 Lacs _____ 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;

GST Number: (It Applicable) _____ PAN Card No.: _____

Correspondence Address : _____

_____ Landmark: _____

City: _____ State: _____ Pin Code: _____

Mobile Number*: _____ E-mail ID: _____

Permanent Residence Address: _____

_____ Landmark: _____

City: _____ State: _____ Pin Code: _____

CKYC _____

*Kindly provide the details to enable us to serve you better

Please provide us the details of other policies to enable us to co-ordinate with other insurer at the time of claim to settle the balance claim amount in case sum insured in this policy is exhausted.

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 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

PROSPECT DETAILS

SECTION I : (If Insured and prospect are same then skip SECTION I and move to SECTION II)

Name of the Prospect: Mr./ Mrs./ Ms./ Dr.

Gender: Male Female Third gender Mobile Number*:

Email ID

Nominee Name:

Relationship of Nominee with Prospect:

SECTION II :

Date of Birth: D D M M Y Y Y Y Occupation: Salaried Self-employed

Relationship of Insured with Prospect:

Nominee Name:

Relationship of Nominee with Prospect:

Loan Status of the Prospect: Main Applicant Co-applicant Guarantor

PAN No.: Aadhaar No.:

LOAN DETAILS

Loan Account No. (LAN): Loan Tenure (Years)

One EMI Amount:

Type of Loan to be insured: Home Loan LAP Others _____

Loan Sanction Date: D D M M Y Y Y Y Loan Sanction Amount:

Loan Disbursal Date: D D M M Y Y Y Y Loan Disbursal Amount:

PREMIUM DETAILS (INCLUSIVE OF GST)

Premium Amount ₹: DD/ Cheque Amount ₹:

DD/ Cheque No.: Funded Non Funded Bank Name:

DD/ Cheque Date: D D M M Y Y Y Y NEFT Transaction ID:

*Registered GST: Yes No (One Policy One Invoice)

If Yes, then please provide GSTIN:

Address (Registered under GST):

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					
Name of Bank					
Account Number					
MICR					
IFSC					
Mailing Address					
Permanent Address					
Mobile Number					
Email ID					
In case of minor Nominee, kindly provide details of authorised Appointee					
Name of Appointee					
Name of Bank					
Account Number					
MICR					
IFSC					
Mailing Address					
Permanent Address					
Mobile Number					
Email ID					

PREMIUM PAYMENT DETAILS

☐ Cheque ☐ Demand Draft ☐ Credit Card ☐ Cash

Instrument Number (Cheque or DD): Date: D D M M Y Y Y Y

Bank Name: Branch:

Amount (in Figures) (in Words)

Please make a Crossed Cheque/DD/Pay Order in favour of 'ICICI Lombard General Insurance Company Ltd.' only.

*PAN Card copy is Mandatory for premium of ₹50,000 and above accepted in Cash/DD or ₹100,000 and above by Chq/Credit/Debit Card Payment to be collected only from Proposers Card / Bank Account

Sum Insured Opted

Personal Accident	Critical Illness	Loss of Job	Fire & Allied Peril - Building	Fire & Allied Peril - Content	Burglary or House breaking – Content

Critical Illness (If Opted) Plan - Plan 1 / Plan 2/ Plan 3/ Plan 4 / Plan 5

Proposer's Bank Details (In case of any dues from the company, the amount will be credited to this bank account)

Name of the bank account holder_____ Bank A/c No._____

Account Type_____ Name of the Bank/Branch_____

MICR Code_____ IFSC code:_____

Sr. No.	Name	DOB	Completed age in years	Relationship with Proposer	Nominee	Nominee Relationship	Date of Joining

In the event of Nominee being a Minor. Kindly provide

Appointee Name: _____ Age of Appointee _____

Medical History: Please answer the below mentioned questions Yes (Y) / No (N) individually for all insured members

Section A : Have Insured/ Insured person(s) suffered from/are currently suffering from any of the following:		**Insured Person**	
		Y	N
I	Diabetes, Thyroid disorder or any other endocrine disorder		
II	Hypertension, Chest Pain, Ischemic heart disease or any other cardiac disorder		
III	Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder		
IV	Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/ Gallbladder disorder		
V	Tumor-benign or malignant, any ulcer/growth/cyst		
VI	Renal failure, calculus or any other Kidney/Urinary tract or Prostate disorder		
VII	Diseases of the Nose/Ear/Throat/Teeth/Eye (please mention Diopters)		
VIII	Anaemia, Leukaemia or any other blood/lymphatic system disorder		
IX	DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/ Breast disorder		
X	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint		
XI	Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder		
XII	Psychiatric/Mental illnesses or Sleep disorder		
XIII	HIV/AIDS or sexually transmitted diseases or any immune system disorder		
Section B : Have Insured/ Insured person(s):			
		Y	N
XIV	Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy		
XV	Been under any regular medication (self/ prescribed) in the last 4 years?		
XVI	Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-employment check-up?		
XVII	Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery or other medical investigations still pending?		
XVIII	Has suffered from any other disease/illness/accident/injury other than common cold or fever in the last 4 years?		
XIX	Are you presently receiving a disability benefit or incapable for work or have you ever made a claim for disability, accident, medical care or critical illness and/or other benefits?		
XX	Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? Cancer, Heart disease, Stroke, Huntington's disease or any other inherited conditions		

Section C: Have any person proposed to be insured received any advice/ treatment / consultation for any medical condition in the last 4 years? If yes, please specify details of Illness/ Medicine/Test/Surgery/Diopter grade below:

Insured Name	Name of Pre-Existing Diseases/ Illness/ Surgery	Diagnosis Date	Date of last consultation	Treatment Inpatient / Outpatient	Doctor/Hospital Name & Phone No.
		D D M M Y Y Y Y	D D M M Y Y Y Y		

Section D: Family Doctor's details, if any:

Name :

Qualification:

Address :

Landmark:

City: State: Pin Code:

Contact Number: Clinic/Hospital Number:

Section E: Does any person proposed to be Insured smoke or consume Gutka/ Pan Masala /alcohol in the last 12 months? If yes, please indicate the name and quantity per week

Smoke (No of Sticks)	Alcohol (No of pegs / Beer Bottles) (Each Peg is 30 ml)	Pan Masala (No of Pouches)	Others
Insured 1:			

Section F : In respect of any of the persons proposed to be insured:	**Insured Person**
Has any application for life, health, hospital daily cash or critical illness insurance ever been declined,postponed, loaded or been made subject to any special conditions by any insurance company?	Y N

Section II. Personal Accident

Sr. No.	Name	DOB	Relationship	Nominee	Nominee Relationship	Sum Insured

Section III : Involuntary Loss of Job

Name and Address of the employer	
Date of Joining	
Employment Basis	Permanent / Contract
Sum Insured	3 EMI of applied loan

Section IV : Fire - Structure (Details of Premises to be Insured)

Address of the premised to be Insured	
	State ☐ Pincode ☐
Class of Construction	Standard ☐ Kutcha ☐
Age of Construction	Upto 10 Years ☐ 10 to 20 Years ☐ 20 to 30 Years ☐ 30 to 50 Years ☐
Distance from Water Front	Upto 500 Meters ☐ More than 500 Meters ☐
Location of Property	Basement only ☐ Ground Floor & above ☐ Others (Please Specify) _____
Is the Property located in:	
Low lying area?	☐ Yes ☐ No
Area prone to Natural Catastrophes?	☐ Yes ☐ No
Flood prone Area?	☐ Yes ☐ No

Section V: Fire - Content / Burglary

1. Home Content ☐☐☐

purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory authority.

6. Have you ever been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. Yes No
7. 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.
8. 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.
9. I/We understand that the Company has right to call for documents to establish source of funds
10. 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.
11. 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.

Date D D M M Y Y Y Y Place _____ Applicant Signature _____

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.]

ASSIGNMENT OF LOAN AMOUNT (ONLY OF BORROWERS)

From the policy start date, any claim payable by the Company under this Policy shall be deposited directly in the loan account number_____ maintained by the master policyholder. In the event of any claims becoming payable under this Policy, an amount to the extent of principal outstanding amount, as on the date of claim being incurred, shall be deposited by the Company in the aforementioned loan account held with the master policyholder. Difference of the admissible claim amount and the amount deposited by the Company in the aforementioned loan account shall be paid to the Insured Person or Nominee of the insured person or Legal Heir.

Upon receipt of such amount in the aforesaid manner by the Master Policyholder and/or Insured Person, the Insured Person and Master Policyholder shall completely discharge the Company from all liability under the policy and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured Person, as the case may be.

Date D D M M Y Y Y Y Place _____ Applicant Signature _____

AUTHORIZATION FOR ELECTRONIC POLICY FULFILMENT AND SERVICE COMMUNICATIONS

_ Y _ N I /We would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form.

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

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

Date D D M M Y Y Y Y Place _____ Applicant Signature _____

VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same

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:

DECLARATION WHEN THE PROPOSAL 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 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.

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:

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

Details of all previous health insurance policies since inception:

Name of Insurer

Policy Period Name of the product

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

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/ 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:

Name: _____

Code: _____ Contact No.: _____

Email ID of the branch: _____

Branch/Office: _____

ACKNOWLEDGEMENT

Application No. _____ Name of Proposer: _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/demand draft/others _____

_____ of amount of ₹ _____

Date: D D / M M / Y Y Y Y

Place: _____

Signature and Seal :

Neither the submission to us of a completed proposal for insurance nor any payment for any Policy sought obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized or non-fulfillment of Health Check-up. If we do not accept the proposal, we will inform you and refund the payment received from you without interest within next 30 days.