



PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT

Marketing Officer: _____ Business Sector: Urban ☐ Rural ☐ Social ☐
 Branch Address: _____ Proposal Form No: _____
 URN No.: PF/4005/01 Group I.D.No: _____
 Phone #: _____ Customer I.D.No: _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all 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 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. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the 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 any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

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.

1. CLIENT INFORMATION

DETAILS: Put a (✓) mark wherever applicable

(i) Proposer's name (please leave a space after each part of name)

(ii) Proposer's mailing address (please leave a space after each part of address)

City/Town/Village

State

Pincode

Phone number

Fax number

E-mail address

(iii) Proposer's trade or business

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

Occupation Details Status (please tick any one)

☐ Private Limited Co.

☐ Public Ltd. Co.

☐ Unincorporated Association or Body of Individuals

☐ Partnership/LLP

☐ Trust/ Foundation

☐ NGO/NPO

☐ Others _____

ABHA No. _____

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.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? Yes ☐ No ☐

If yes, please give details: _____

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

DETAILS: Put a (✓) mark wherever applicable

- (i) Period of Insurance: From / / To: Midnight /
- (ii) Number of persons to be insured
- (iii) Total Capital Sum Insured ₹
- (iv) Please indicate the basis adopted for fixing the Capital Sum Insured ☐ Flat Basis ☐ Monthly Salary
- (v) 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 (₹) |
|------|---------------------|-------------------------------|------------------------|----------------------------|
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Note:

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

Risk Category

- I Doctors, Lawyers, Persons engaged in clerical & Administrative staff.
- II Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual labourers.
- 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 (₹) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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3. 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

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

