

PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT

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

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.
- The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure 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 (✓) mar	k whorever 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
I agree to share my medical records with ICICI Lombard / TPA throug	h ABHA: No
For generating ABHA no please visit ABHA number (ndhm.gov.in) Po	
Are you or any of the proposed applicants/beneficial owner a \ensuremath{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 entrust government/judicial/military officers, senior executives of state-owned corporations, in	ed with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior
9000111110111/1011111111111111111111111	nportant pontiour party onnouno, etc.

DETAILS: Put a (\checkmark) mark wherever applicable							
 (i) Period of Insurance: From DD/MM/YYY To: Midnight DD/MM/YYYY (ii) Number of persons to be insured							
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

- 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 (₹)
From D D / M M / Y Y Y Y T0 D D / M M / Y Y Y Y				
From D D / M M / Y Y Y Y T0 D D / M M / Y Y Y Y				
From D J M J Y				

3. EXTENSION

DETAILS: Put a (\checkmark) 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

Any additional information relevant to the policy applied for

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

DECLARATIONS
• 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.
Name Image: Name Date DD / MM / Y Y Y Place Image: Name
Proposer's Signature
AGENT CONFIDENTIALITY REPORT (To be signed by Agent/ SP)
I,
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. Agent Name :
Agent ID Date: D M Y Y
STATUTORY WARNING
PROHIBITION OF REBATES.
(Under Section 41 of Insurance Act 1938) 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 punishable with fine, which may extend to ten lakh rupees.
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 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.
A
GENERAL INSURANCE
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. IRDA Reg. No. 115.

UIN: ICIPAGP22077V062122