



PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT

Marketing Officer: _____

Branch Address: _____

URN No.: PF/4005/01

Phone #: _____

Business Sector: Urban ☐ Rural ☐ Social ☐

Proposal Form No: _____

Group I.D.No: _____

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.

CLIENT INFORMATION

DETAILS: Put a (✓) mark wherever applicable

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

PRIDE INST. PRASHASKIYA SEVA MAHAVIDYALAYA

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

NRUSINHWADI TAL. SHIRDI DIST. KOLHAPUR

City/Town/Village

NRUSINHWADI

State

MAHARASHTRA

Pincode

416104

Phone number

9657 625744

Fax number

E-mail address

prashaskiyasevamahavidyalaya@gmail.com

(iii) Proposer's trade or business

Educational Institute

(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 (PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of State/Government, senior public officers, senior government/official/authority officers, senior executives of state-owned corporations, important political party officials, etc.

DETAILS: Put a (✓) mark wherever applicable

- (i) Period of Insurance: From 08/11/2024 To: Midnight 08/11/2025
- (ii) Number of persons to be insured 507
- (iii) Total Capital Sum Insured ₹ 11,965
- (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 (₹)

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 Insured	Policy Number	Total Premium (₹)	Total Amount of claims (₹)
From <u>08/11/2024</u> TO <u>08/11/2025</u>				
From <u>08/11/2024</u> TO <u>08/11/2025</u>				
From <u>08/11/2024</u> TO <u>08/11/2025</u>				

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

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/has been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

Name **PRITI SACHIN MAONAIK**
 Date **08/11/2024** Place **NRUSINHWADE**
 Designation **PRINCIPAL**

Proposer's Signature


Principal
AGENT CONFIDENTIALITY REPORT (To be signed by Agent **Pratikya Seva Mahavidyalay,**
Nrusinhwadi Tal. Shirol Dist. Kolhapur
 (Full Name) in my capacity as an

I, _____ Insurance Advisor / Specific 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.

Agent Name : _____
 Agent ID _____ Date: _____

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.
- 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 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.

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.



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No. 15, 601-602, 6th Floor, New Link Road, Malad (West), Mumbai - 400 064.

Registered Office Address: ICICI Lombard House, 41A, P Bhi Marg, Off Veer Savakar Road, Near Siddhi Vinayak Temple, Pradhavan, Mumbai - 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Toll Free No.: 1800 2556 • Chargeable No.: + 91 85 55 222 100

Insurance is the subject matter of solicitation. IRDA Reg. No. 115.