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Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement  Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement  Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement  Final Policy Period Name 6 Address of the Insurer  Policy Period Insurer  Total Premium (२)  From 19/4 M/ Y Y Y Y Y  TO 19/4 M/ Y Y Y Y Y		,	T 200 C 100			
Accidental Death + loss of limbs + loss of eyes + Permanent total Disablement.    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   (₹)	enefit Table					
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From D / M / Y Y Y Y  TO D J / M / Y Y Y Y	Accidental Death  Accidental Death + loss of limbs + loss of	f eyes + Permanent Total Di	isablement lisablement + Permanent	Partial Disablement		
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### 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.

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.

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.

ISUDHAKAR NAMPEORAO KHARWA  ISUDHAKAR NAMPEORAO KHARWA  Ignation PRESIDENT	_رردرور لالدلاق
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	Proposer's Signature TEPTET

## AGENT CONFIDENTIALITY REPORT (To be signed by Agent Spe उद्देशिय संस्था)

(Full Name)in my capacity as an rance Advisor / Specific Person of the Corporate Agent, Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person, Rural horized Person (RAP) and Village Level Entrepreneur - Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), mation and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the s of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

ve further explained that if any untrue statement(s) information/response(s) is/are contained in this Proposal Form/including addendum(s), avits, statements, submissions, furnished /to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this aration does not confirm issuance of policy or assumption of risk thereof.

nt Name :	1111111111
nt ID	
	Date: D D A A V V V V V

### STATUTORY WARNING PROHIBITION OF REBATES.

### (Under Section 41 of Insurance Act 1938)

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 nd 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 iall 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

ly person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

# tion when the proposal form is filled by a person other than the proposer / the proposer signs in a vernacular language / proposer is illiterate

y 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 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.

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 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 I form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

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. 16, 601-602, 6th Floor, New Link Road, Maled (West), Mumbai - 400 064,

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