

DETAILS OF SUCH OTHER HEALTH INSURANCE POLICIES IN EXISTENCE

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Type of Policy						
Policy Period						
Insurance Company						
Sum Insured (Rs)						

Have you or any person proposed to be insured under the Policy ever refused Insurance cover by an Insurance company or been accepted on special terms? YES/ No

If yes, please give full details.

Payment Details

Cheque / DD Cheque / DD Number | | | | | | | | | | Date : | D | D | / | M | M | / | Y | Y | Y | Y |

Bank _____ Branch _____

Please provide the policy number(s)/proposal form no./Proposal Date in case any of the above proposed individuals are already covered or have been declined a cover or their name(s) have been proposed for any other health insurance policy with ICICI Lombard General Insurance Company or any other Insurance Company.

Policy No./Proposal Form No./ Proposal date: _____

Yes, I would like to opt for ECS Payment option for Policy Renewal.

Type of individual : salaried self-employed professional

If entity, Type of entity: partnership firm company others if others (please specify) _____

Annual income (In Rupees) _____

Do you file income tax return? Yes No

Do you own a bank account? Yes No

I/we hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income.

Signature of proposer _____

Date | | | / | | | / | | | | |

DECLARATION

I/We have read and understood the terms and conditions of the Policy and confirm to abide by the same.

I/We hereby agree that the insurance coverage under the Policy will commence only on realization of full premium, receipt of complete medical reports (wherever applicable) and subject to medical underwriting approval by the Company. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Company in its sole discretion reserves the right to accept or reject any proposal.

I/We hereby declare that I/We will submit to medical examinations by the nominated doctors of the Company or undergo diagnostic or other medical tests, as suggested by the Company for its medical underwriting.

I/We hereby accept that the Company reserves the right to enquire from any physicians, nurse, hospital official or employee or any person, institution for all or any information regarding the medical history of the proposed and that the Company shall have the right to ask the proposed for the medical checkup.

I/We, the undersigned hereby declare 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 Insurer.

I/we authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies / Regulatory Authorities/ Statutory bodies/ relevant industry associations, or under court orders as may be required and I/ we will not hold the Company and its agents liable for use of this information.

I/we agree that 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 has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this policy.

(On behalf of all the persons to be insured under the policy)

Signature of the proposer _____

Place: _____

Name: _____

Date: | | / | | / | | | |

Ref. Name _____

Mobile No. : _____

Email Id _____

Ref. Name _____

Mobile No. : _____

Email Id _____

IMPORTANT NOTES

- The information that you give to us on this proposal form or in any supplementary Information for or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer are complete and accurate in all respect.
- The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- Acceptance of your proposal would be subject to receipt of complete medical reports(whenever applicable), medical underwriting and realization of full premium amount by the company and the insurance coverage will commence from the date of underwriting by the company.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- Health Care plus policy gets triggered only when a single claim amount is more than the deductible amount.**

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 five hundred rupees.



Poorey Parivaar ki Poori Suraksha

Mailing Address: ICICI Lombard General Insurance Company Limited, Zenith House, Keshavrao Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai - 400 034.

Registered Office: ICICI Lombard General Insurance Company Limited, ICICI Bank Towers, Bandra Kurla Complex, Mumbai - 400 051.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

For complete details on coverage, exclusions, terms & conditions, please read the policy document carefully before concluding a sale.

ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. Misc 113.