

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Regd. Office : Zenith House, Keshavrao Khade Marg, Mahalaxmi, Mumbai – 400 034

PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT INSURANCE

Sales Officer : _____
 Agent Name : _____
 Business Sector: Urban Rural

1. CLIENT INFORMATION

Proposer's name : _____
 Proposer's mailing address : _____
 City/Town : _____ State : _____
 Pin Code : _____ Phone number : _____
 Fax number : _____ E-mail address : _____
 Proposer's trade or business : _____

2. RISK DETAILS

Period of Insurance: From _____ To _____

Number of persons to be insured.

Total Capital Sum Insured Rs. _____

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 (Rs.)

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

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 (Rs.)	Total Amount of claims (Rs.)

3. EXTENSION

If you want to avail of extension by the payment of additional premium, please specify:

Payment of medical expenses

incurred due to accidents

Yes

No

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

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 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.

Place: _____

Proposer's Signature _____

Date: _____

Name: _____

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 the Agents for any doubts or clarifications on the proposal form.

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.

This Policy broadly covers pecuniary loss sustained as a result of act of fraud or dishonesty in respect of monies or goods of the employer committed by the employees in the course of performance of their duties.

NOTE

The foregoing is only a broad indication of the cover offered. For details please refer to the Policy. The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

STATUTORY WARNING PROHIBITION OF REBATES.(Under Section 41 of Insurance Act 1938)

1. 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 five hundred rupees.