



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

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SmartGroup Personal Accident Insurance Policy - Proposal Form

APG

Important Note

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.

1 Staff details

Branch name Code

Sales Manager's name Code

2 Intermediary Details

Name of the intermediary

Name of the Contact Person/
Co-ordinator

Mobile no. Land line no. +91

E-mail ID

3 Proposer's details

Name of the master
policy holder

Address

Pin code State

Contact details:

Name of the Contact Person/
Co-ordinator

Mobile no. Land line no. +91

E-mail ID

Occupation / Profession :- Public sector Private sector Defense Sales & Marketing

Software Education Doctor

others (Please specify)

4 Policy Period

Period of insurance: From AM/PM To AM/PM

5 Insured person details

Please attach a separate list of persons to be covered in the below format:

Sl. No.	Name	Gender	Date of Birth	Profession/ Occupation	Citizen - Indian/ Others#	Monthly Income	Sum Insured*	CSI under any existing P.A. Policy & Benefits

Is the policy to be taken on named basis? Yes No

If Yes, please fill in details for each Insured Person in the following format in a separate sheet.

a. Total No. of Persons to be covered, category-wise

b. Are all your employees / members proposed for insurance?

- #In case of others please attach a copy of valid Employment / Work Visa
- For break up of Persons in each Sum Insured and Persons in different Work/Job / Risk categories, please attach a separate sheet

6 Details of nominees of insured/insured persons (applicable only to named policies)

Please fill in details for each Insured Person in the following format in a separate sheet.

Sl. No.	Name of Insured / Insured Person	Name of Nominee	Gender	Age	Relationship

Does your trade or business require employees to be engaged in manual labour? Yes No

If yes, please specify _____

Do you / your employees engage in any of the following?

- i) Racing on wheels or horseback Yes No
- ii) Big game hunting Yes No
- iii) Mountaineering Yes No
- iv) Winter sports, skiing or Ice Hockey Yes No
- v) Ballooning or Polo or sports of similar nature Yes No
- vi) Any other activity involving high risk Yes No

Has any Insurance Company

- i) Declined to issue a policy to you? Yes No
- ii) Declined to continue your insurance? Yes No
- iii) Not invited renewal of your policy? Yes No
- iv) Imposed any restriction or special conditions? Yes No

If yes, give names and address of each company in respect of (i), (ii), (iii) and (iv) above.



7 Covers Required

- Death Yes No
 - PTD Yes No
 - PPD Yes No
 - TTD Yes No
 - Do you want to opt for Funeral Expenses? Yes No
 - Do you want to opt for Accidental Medical Expenses? Yes No
- Does any of the Insured person(s) suffer from any existing physical defect or infirmity? Yes No

If Yes, please give details in the following table.

Sl. No.	Name	Details of physical defect or infirmity

Please give details of premium & claims incurred under your GPA Policy in the last three years.

Any other information relevant to this insurance.

8 Payment Details

Kindly select one Cheque D.D./P.O. Cash Others _____

Cheque/D.D./P.O. no. Dated

Bank Name

Premium Amount Rs.

In words _____

9 Bank Details of the Insured (In case of any dues from the company, the amount will be credited to this bank account)

Bank Name

Account Number

IFSC Code

Branch Name & Address

10 Declaration

Please let us know if the below statement is applicable to you :

“Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.” Yes No

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we notify in writing any change occurring in the occupation or general health of the life to be insured/propose after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority.

Date: _____

Place: _____

Proposer's Signature

11 Prohibition of rebates (section 41) of the 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 or 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to five hundred rupees.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/SPAG/THINQ/10-14. Insurance is the subject matter of solicitation.

