

PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Proposed Policy Start Date: Proposed Policy Start Time: Policy Duration: 1 Year 2 Years 3 Years

Policy Type: Individual Family Package Pre-Packaged Option (Please write the option number)

PROPOSED INSURED(S) INFORMATION (Please provide more details of the people who are being covered in this policy)

Sr.No.	Name (First, Middle & Last)	Relationship with Proposer	Date of Birth (DD/MM/YYYY)	Gender	Profession/Occupation (refer list at the end of the form)	Table of Benefit & Sum Insured		Annual Income	Existing Injury/Disability (if any)	Name of the Nominee/Relationship
						Table of Benefit selected (Refer 'Table of Benefit' in the brochure)	Sum Insured			
1.										
2.										
3.										
4.										
5.										
6.										

PREVIOUS/CURRENT INSURANCE DETAILS (Please enter previous/current insurer's details)

Is the proposer or the person(s) proposed to be insured currently insured or have been insured in the past under a Life / Accident Insurance Policy? Yes No If Yes, please provide the details:

Sr.No.	Insured Name	Policy No.	Insurer	From Date	To Date	Sum Insured	Claim Details			Cumulative Bonus Earned	
							No. of Claims	Amount	Ailment	%	Amount (₹)
1.											
2.											
3.											
4.											
5.											
6.											

EXTENSIONS (not applicable for pre-fixed Package)

Do you wish to obtain cover against additional risks mentioned under extension cover? Yes No

If 'yes', specify which:

Medical Extension: Option 1 Option 2

Cost of Travel:

Cost of Supporting Item:

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount: ₹ Payment Option: Cash# Cheque DD Credit / Debit Card

Amount in words:

#Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "L&T General Insurance Company Limited")

Instrument No.: Instrument Date: Instrument Amount: ₹

Bank Name:

For Credit Card / Debit Card

Card No.: Card Type: Master Visa AMEX

Expiry Date: Name on Card:

(Only Proposer's Card to be accepted)

DECLARATION

I hereby declare and confirm that the statements in the proposal form are true and complete in all respects and that there is no other information which is relevant to my proposal for taking insurance for my self or other persons to be insured that has not been disclosed to you. I have read the prospectus and I agree to take the policy, subject to the terms, conditions and exceptions stated therein. I agree and understand that this proposal and the declarations shall be the basis of the contract between me and L&T General Insurance Company should the insurance be effected, and that if, after the insurance is affected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

Please put a (√) to provide consent against the items listed below:

- I consent and authorize L&T General Insurance Company to seek medical information from any Hospital/Medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health and is concerned with respect to issuance of cover and subsequent claim management under this policy.
- I further authorize L&T General Insurance Company Limited to use and disclose any personal information collected or available with L&T General Insurance Company Limited (whether contained in this application or otherwise obtained) to underwriting companies, claims investigation companies / agencies and insurance / reinsurance companies for the purpose of processing of this Application and providing subsequent services.
- I consent to receive information from the Company through electronic and telecommunication means from time to time.

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001. Insurance is the subject matter of solicitation. IRDA Registration Number 146.



ACKNOWLEDGEMENT

my:health

Received from Ms / Mrs / Mr _____
 a sum of ₹ _____ through Cash#/Cheque/DD/Credit Card/Debit Card No. _____
 against your proposal for my:health Personal Accident Insurance

Neither the submission of a complete proposal for insurance nor does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.

If the Company accepts a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Signature of L&T official/Intermediary: _____ Date:

L&T official/Intermediary Name: _____ Time:

Place: _____

Branch Code: _____

Intermediary Code*: _____

Intermediary Location Code: _____

Intermediary Employee Code: _____

Intermediary Reference Code: _____

Intermediary Contact Details: _____

Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.

Auto Renewal Consent

I hereby authorize L&T General Insurance Company Limited to charge premium for me and my family member’s policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa/Master card is valid. I understand that my cover would start on remittance being received by L&T General Insurance Company from the bank.

Date: Time:

Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

- No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 provision of this section shall be punishable with fine which may extend to ₹ 500/-

OCCUPATION LISTINGS (Select your occupation from below mentioned list)

Class I

Students, Housewives, Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Person engaged in Administrative, Secretarial and Managerial Functions, Shopkeepers, Shop Assistants not using Machinery, Commercial Travelers and Persons employed in occupations of similar nature. Builders, Contractors and Engineers engaged in superintending functions only.

Class II

Paid Drivers of Motor Cars and Light Motor Vehicles and persons engaged in occupations of similar hazard. Persons engaged in Hazardous Goods, Chemicals, Grains Elevator, Shooting Gallery, Motor Driving Instructor, Public Transport. Construction Work, Geologists, Surveyors for Oil Companies, Heavy Equipment Operators, Security Guards, Forestry, Civil Engineer, Crew of Aircraft, Ocean going Vessels, Offshore Works, Persons engaged in Sports Duty, Film Show and Shooting except as Stunt.

Class III

Persons working in underground Mines, Explosives, Magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, Winter Sports, Skiing, Ice Hockey, Ballooning, Hand Gliding, River Rafting, Polo, Stuntman in Film and persons engaged in occupations / activities of similar hazard.

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Toll-free Number
1800-209-5846 (1800-209-LTIN)



Website
www.ltinsurance.com



SMS
'LTI' to 5607058 (56070LT)