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ACCIDENT SURAKSHA PROPOSAL FORM



UIN:IRDA/NL-HLT/FGII/P-P/V.I/73/13-14

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the	Proposer and the Insured not only to disclose all
material facts but also not to suppress any material facts in response to the questions in the pro	posal form. 2. It is important to fill all questions,
Information for fields marked with asterisk [*] is mandatory. 3. Cover shall commence not earli	er than the date and the time of acceptance and
subsequent to payment of the premium.	

	Period of Insurance*				Fre	om	D	D	M	M	Υ	Υ	Υ	Υ	То	D	D	М	M	Υ	Υ	Υ	Υ				
	Type of Policy*				– I	ndivi	dual		Fam	ily																	
1.	Nan	ne of	the	Pro	pose	r (in	full)*																			
																											i
2.	Add	lress ²	*								1		1			1	-			- I							
Sta	te																		P	n cc	de						
Tele no	ephor	ne												Mob	ile no												
Ema	ail id																										
3.	3. Gender*: Male Female 4. Date of Birth*/																										
5.	5. Marital Status*: Married Single Divorced Widowed Nationality*:																										
7.	7. Do you have a child/ children*? YES NO																										
8.	Deta	ails o	f ins	sure	d*																						
						Nam	е		G	ende	er	Date Birt			tionsh with	ip			of an			Occu Desci			(Annu	

	Name	Gender	Date of Birth	Relationship with proposer	Details of any pre-existing infirmity/ injury/ disability	Occupation. Describe job profile/ business activities in detail.	Gross Annual Income (wherever applicable)
Insured				Self			
Spouse							
First Child							
Second Child							

Name	Nominee **	Name of Nominee	DOB/Age	Relation **	% of Sum Insured
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				

^{**}Nominee needs to be above 18 years only. Please provide the name of the appointee in case the nominee is a minor. Nominee for self has to be among the following mentioned relations- (Father / Mother / son / daughter / spouse). Please note for members other then self 100% assignment to the proposer only

Coverages and Premium* (Fill all Figures in INR)

Coverages & Sum insured	Insured	Spouse	First Child	Second Child
	P	rimary Covers		
Accidental Death (Mandatory cover)				
Permanent Partial disablement				
Permanent Total disablement				
Temporary Total disablement				
	Ad	Iditional Covers		l.
**Child Education Support				
Life Support Benefit				
Accidental Medical Expenses				
Accidental Hospitalisation				
Hospital Cash Allowance				
Loan Protector				
Adaptation Allowance				
Family Transportation Allowance				

^{**} For Child support Benefit – payable only if insured has child/children.

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10. Premium Calculation to be attached as a separate sheet* First Child Second Child Premium calculation Insured Spouse Accidental Death Permanent Partial disablement Permanent Total disablement Temporary Total disablement Child Education Support Life Support Benefit Accidental Medical Expenses Accidental Hospitalisation Hospital Cash Allowance Loan Protector Adaptation Allowance Total Service tax Total Premium Total Premium of the family (including ST)

11. Additional Details*

Insured Person	Do you have any other personal accident policy?	Policy No	Name of the insurer	Policy sum insured	Period of Insurance	Claims Received/ Receivable	Please give details of Life Insurance policy, if any
Insured	□ Yes □ No						
Spouse	☐ Yes ☐ No						
First Child	☐ Yes ☐ No						
Second Child	☐ Yes ☐ No						

SECTION IV: DECLARATION

- 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
- 2. I/We understand that the information provided by me will form the basis of the 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 will notify in writing any change occurring in the occupation or general health of the life to be insured /proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 1. 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 purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share the 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:	Signature of the Proposer:					
Place:	Signature of the Proposer.					
SECTION V: PAYMENT DETAILS						
Premium paid by Cash/ Cheque No	Date: DD/MM/YYYY_ Bank					
Amount (Rs.)						
Section VI: For Office Use Only:						
Intermediary Name:	Intermediary Code:					
Sales Manager Name:	Sales Manager Code:					

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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.

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 Care Lines:- MTNL/BSNL subscribers- 1800-220-233, 1860-500-3333, 022-67837800

 $\textbf{Email:} \ \underline{\textbf{fgcare@futuregenerali.in}} \ \textbf{, Website:} \ \underline{\textbf{www.futuregenerali.in}}$

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