

10. Premium Calculation to be attached as a separate sheet*

Premium calculation	Insured	Spouse	First Child	Second Child
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	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No						
First Child	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Second Child	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 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.
- 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: _____

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

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