

Group Personal Accident Insurance - Proposal Form

(Accident Only)

SECTION I

Name of Corporate																																																																																																						
Key Contact Person																																																			Designation																																																			
Mailing Address																																																																																																						
City																															Pincode											State																																																												
Tel.																					Fax																					Mobile																																																												
STD Code																					STD Code																																																																																	
Email																																																																																																						
eIA																					Aadhar Card																																									PAN																																								
Nature of Business																																																																																																						
Product Manufactured/Services Offered																																																																																																						
Sister Organization if any (Details)																																																																																																						
Name of Organization																																																																																																						
Mailing Address																																																																																																						
Contact Person																																																			Tel.																					STD Code																														
Duration of Policy : Annual / Short Period.																					Please specify months:											Date of Commencement:																																																																						

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder																																																																																																					
Bank Account No.																															Account: Savings <input type="checkbox"/> Current <input type="checkbox"/>																																																																						
Name of Bank																																																			Branch																																																		
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)																																																																																																					
IFSC Code (11 character code appearing on your cheque leaf)																																																																																																					
I wish:	<input type="checkbox"/> Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*																																																																																																				
*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.																																																																																																					

SECTION II

1. Plan opted for:

A) Company provides insurance cover to employees and bears premium

Employee Strength		(On company pay-rolls)	How many employees do you wish to cover?	
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B) Employee purchase Insurance cover with premiums deducted from Monthly Salary (Monthly/One-time)

Categories (as provided by Corporate)	Number	Average Age	Occupation
I			
II			
III			
IV			
V			

2. Details of Accident and/or Sickness Policies taken by the Organization

Insurance Provider	Benefits	Sum Insured	Policy Date	Expiry Date

3 Claims Experience for minimum period of 3 years:

Month/Year	Insurer	Premium Paid	Incurred Claims (Claim Received + Outstanding)
I			
II			
III			

Details of Accidents taken place in your premises resulting in Bodily Injury/Death

Nature of Accident	Cause	No. of Employees (Injured/Died)	Prevention steps adopted, if any
I			
II			
III			

The Details of Sum Insured provided in the attachment format.

Has any insurance company:

- Declined to issue/continue a policy to you?

Yes ☐ /No ☐
- Imposed any restrictions or special conditions?

Yes ☐ /No ☐

SECTION III

- I accept the Terms and Conditions of the insurance policy.
- I authorise the Company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future.
- I certify that all the information provided in this proposal and any attachments is true and correct. I understand that all information provided in this proposal and any attachments are material to the Company's decision to provide this insurance, and that insurance will be provided, at the Company's sole discretion, in reliance upon the truth of such information.

FRAUD WARNING: Any person who, knowingly and with intend to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI-REBATING WARNING: As Per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited as follows: 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 policy 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 except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk.

Name :

Signature :

Designation :

Date :

Company Stamp