

**IFFCO-TOKIO HOSPITAL DAILY CASH POLICY (MICRO INSURANCE)**

**UIN: IFFHMIP23043V012223**

**PROPOSAL FORM**

- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.

**1. Basic Details:**

Proposer/ Client Name	
Occupation	
Address of the Proposer	
State	
Pin Code	_ _ _ _ _ _ _
Telephone/ Mobile no.	
Email id	
Policy Tenure (1 yr/ 2 yr/ 3 yr)	
Policy start date	
Frequency of Premium payment	Lumpsum: <input type="checkbox"/> Annual: <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Quarterly: <input type="checkbox"/> Monthly: <input type="checkbox"/>
Proposal Type	Please tick: Fresh: <input type="checkbox"/> IFFO-Tokio Renewal: <input type="checkbox"/> (Expiring Policy No.) - Other Company Renewal: <input type="checkbox"/>
Policy Coverage on:	Individual basis: <input type="checkbox"/> Family Floater basis: <input type="checkbox"/>
PAN	
<b>Policy documents will be sent to the above email-ID</b>	Do you still need the physical Copy? Yes <input type="checkbox"/> No <input type="checkbox"/>
KYC Details (Please attach self-attested photo copies)	
KYC Document Name	<input type="checkbox"/> AADHAR No.** <input type="checkbox"/> Voter ID card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job card <input type="checkbox"/> National Population Register Card
KYC Document Number	

**Nomination:** In the event of the death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. The following section is to be filled by the proposer:

Nominee Name	Relationship with the proposer	Address and contact no. Of Nominee	% share

**2. Coverage Details:**

S. No.	Insured Person's Name	Relation with the Primary Insured person	Date of Birth	Gender (Male/ Female/ Third Gender)	Daily Cash amount (Rs.) <sup>##</sup>



Benefit period per year						
Height						
Weight						
No. of past policies						
Medical History						
Fresh/ ITGI Renewal/ Portability						

**Details of Insured Person(s)\*:**

## Daily Cash options (Rs.) – 250/ 500/ 750/ 1000/ 1500

# Benefit period per year (in days) – 15/ 30

3. Details of present/previous medical insurance like Individual or Group Medclaim, Cancer Policy, Critical Illness or Any other Health Insurance Policy for any of the Insured Person(s):

Name of Insured Person	Policy No.	Name and address of Insurance Co.	Sum Insured	Policy type (Individual/ Group Medclaim/ Cancer Policy/ Critical Illness/ Any other)	Period of Insurance

4. Details of claims lodged under such Policies during last 4 years.

S. No.	Name of Insured Person	Date of claim	Nature of claim	Amount of claim

5. Medical History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:

Section A : Have any of the persons proposed to be insured ever suffered from/ are currently suffering from any of the following :	Insured Person					
	1	2	3	4	5	6
i. High or low blood pressure						
ii. Diabetes						
iii. Chest pain, Ischemic heart disease or any other Heart disorder, Valve Related Disorder						
iv. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint like ligament/meniscus tear etc						
v. DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/Breast disorder						
vi. Asthma / COPD or any other lung/Breathing disorder						
vii. Tuberculosis						
viii. Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/Gallbladder Disorder						
ix. Renal failure, Kidney /ureteric stone or any other Kidney/Urinary tract or Prostate disorder						
x. Dizziness, Stroke, Epilepsy(fits) , Paralysis or other brain/ nervous system disorder/ Multiple Sclerosis						
xi. Thyroid disorder or any other endocrine disorder						
xii. Tumor-benign or malignant, any ulcer/growth/cyst /mass or cancer						
xiii. Diseases of the Nose/Ear/Throat/Teeth/ Eye ( please mention Diopters for refractive errors						
xiv. HIV/AIDS or sexually transmitted diseases or any immune system disorder						



xv.	Anaemia, Leukaemia or any other blood/lymphatic system disorder						
xvi.	Psychiatric/Mental illnesses or Sleep disorder						
xvii.	Any Congenital / Genetic disorders						
xviii.	Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending						
xix.	Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years						
xx.	Been under any regular medication (self/ prescribed)						
xxi.	Any other ailment / injury / sickness for which underwent treatment or undergoing /contemplating						
xxii.	Any type of organ transplanted						

6. Any additional facts which affect the proposed insurance & should be disclosed to the insurer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If the proposal is a case of portability, then the additional proposal form relating to portability has also to be filled in (as per IRDA draft format).

8. Bank Details to receive Payment from Insurer:

Payee Name: \_\_\_\_\_

Account No. \_\_\_\_\_ IFSC/NEFT/RTGS Code: \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Address: \_\_\_\_\_

**Premium Detail:**

Mode of payment. ----- Rs. ----- (including Tax)

Cheque No. .... Cheque Date ..... Bank .....

**DECLARATION**

- a) I 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 am authorized to propose on behalf of these other persons.
- b) I 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 IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "IFFCO-Tokio") and that the policy will come into force only after full payment of the premium chargeable.
- c) I further declare that I 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 IFFCO-Tokio.
- d) I declare that I consent to IFFCO-Tokio seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- e) I am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, Demographic Information and medical records/ history) of myself and on behalf of all the persons proposed to be insured under the health policy issued/ to be issued by IFFCO-Tokio voluntarily and under authorization of all the persons insured under the health policy.  
I fully understand and agree that:
  - i. My medical records shall be shared with Insurers, Third Party Administrator and medical service providers through ABHA.
  - ii. personal information provided herein may be used or shared by IFFCO-Tokio, Health Service Provider and/or the Third Party Administrator for the purpose of:
    - identification/ authentication, underwriting/ data analysis/ taking measure to respond the medical emergency/ policy and claim servicing.
    - storage by IFFCO-Tokio and its lawful agent/ third party for the period as stipulated under the Law for the time being in force;



- producing records and log of the consent, Information on authentication, identification, verification etc. as evidence before a court of law, any authority or in arbitration.
- f) I, on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize IFFCO-Tokio to share information pertaining to my proposal including the medical records of the person to be insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement with the Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, as may be required.
- g) \*\*I voluntarily submit my Aadhar Card/Aadhar Number(including Virtual ID, e-Aadhaar) for the purpose of KYC and I understand that it is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card can also be submitted for the purpose of KYC.
- h) If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.
- i) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein. The policy Coverage and exclusions, Rates, terms & Conditions have been explained to me in my language and have been understood by me.

I/We agree IFFCO-Tokio to call, send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry

Date \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_ Signature of the witness \_\_\_\_\_

Place: \_\_\_\_\_ Name of Proposer: \_\_\_\_\_ Name and address of the witness \_\_\_\_\_

**Note:** If answer to the question 4/5/ is "Yes" or if you are above 50 years of age, please submit the Medical test reports as per the Company's guidelines.

### PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

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 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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.

### Agent's declaration

I, \_\_\_\_\_ (Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/information/misrepresentation is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/her favour based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/Corporate Agent/Broker/Relationship Officer)  
License No. and Agency Code/Broker Code/ Employee No. \_\_\_\_\_



Date:

Place :

Signature of Agent