IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Intermediary Details:

PROPOSAL FORM FOR INDIVIDUAL PERSONAL ACCIDENT GRAND

UIN: IRDA/NL-HLT/ITGI/P-P/V.I/13/14-15

PROPOSER DETAILS

Name					
Address					
City		State		Pin Code	
Email Address		Mobile No.			
Policy documents will be sent to the above email-ID		Do you still need the physical Copy? Yes☐No ☐			
KYC Details (Please attach self-attested photo copies)					
☐ PAN No.	☐ AADHAR No.	☐ Any other(Please Specify)_____			
KYC Document Number					

Coverage Details

Please tick the Capital Sum Insured desired: (For the benefits, kindly refer the annexure – I)					
Rs. 3 Lacs ☐		Rs. 5 Lacs ☐		Rs. 10 Lacs ☐	
Proposed Period of Insurance:	**From**		**AM/PM**	**To**	
(Subject to acceptance of proposal by Insurer and payment of premium before commencement of Risk)					

DETAILS OF THE PERSONS TO BE INSURED

Member Details

Name of Insured Person	DOB (dd/mm/yyyy)	Relationship with Proposer	Occupation	Annual Income	Name of the Nominee	Relationship of the Nominee with the Insured

Are you a professional sportsperson or engage in any adventure sports? Yes☐ No ☐	
Does insured is suffering from any disability or disease Yes☐ No ☐	
If Yes, kindly give us full details	

DECLARATION

1. 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.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. 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 the company.
4. I declare that I consent to the company 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.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I, hereby declare and warrant that the above statements are true and complete. I agree that this proposal shall form the basis of the contract should the insurance be effected. 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 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

Date _____ Signature of Proposer:

Place: _____ Name of Proposer:

SECTION 41 OF THE INSURANCE ACT 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

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 or 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to ten lakh rupees.

Annexure - I

TABLE OF BENEFITS	
BENEFIT DESCRIPTION	**AMOUNT OF COMPENSATION**
1. Death to insured person due to	
a) Accident whilst on board travelling as a passenger of scheduled Aircraft.	300% of Capital Sum Insured
b) Accident whilst as a passenger or as a driver of registered motorized Road Transport and/or Rail, or as a passenger on board in a passenger carrying ship.	200% of Capital Sum Insured
c) Accidental Burns	200% of Capital Sum Insured
d) Snake Bite/ Animal Attack	200% of Capital Sum Insured
e) any other accidental means	100% of Capital Sum Insured
2. a) Loss of sight (both eyes)	150% of Capital Sum Insured
b) Loss of two limbs	
c) Loss of one limb and one eye	
3. a) Loss of sight of one eye	75% of Capital Sum Insured
b) Loss of one limb	
4. Permanent Total Disablement from injuries other than those named above which permanently totally and absolutely disable the insured from engaging in any employment or occupation of any description whatsoever.	150% of Capital Sum Insured
5. Permanent Partial Disablement	Specified Percentage of the Capital Sum Insured
6. Temporary Total disablement benefit at the rate per week	1% of Capital Sum Insured
Note: Death / Permanent disablement / temporary total disablement caused by idiosyncratic reaction to any drug including anaesthesia administered during medical treatment by a medical practitioner will be considered to result from an accident and will fall under table of benefits 1(e) to 6.	

Special Inbuilt Benefits Under the policy:

Apart from the death and disability cover, the **IPG** product also offers the following additional benefits. These benefits will trigger only if the claim is made pertaining to any of the benefits mentioned in the Table above.

- **Hospital Cash**: In the event of the insured person sustaining Bodily Injury which directly and independently of all other causes results into his/her being in a Hospital as an in-patient within one (1) calendar month of the Date of Accident, 0.25% of the Capital Sum Insured per day of hospitalization for a maximum of 365 days per policy period will be reimbursed to Insured Person.

- **Modification Allowance**: In the event of Permanent Total Disability or Dismemberment, the cost of modification of the house or vehicle to combat disability will be reimbursed to the Insured Person amounting to 5% of Capital Sum Insured or Actuals whichever is lesser.

- **Injury Allowance due to foreign object**: In the event of an iatrogenic error (Error by the Medical Practitioner) which leads to a foreign object being left in the insured person's body during medical/surgical treatment, a fixed amount will be paid to Insured Person amounting to 10% of Capital Sum Insured per policy period.

- **Cost of Travel**: The Policy covers the cost of travel for one person (a relative, friend, or colleague of insured) to meet the insured person who has been injured due to accident and the claim has been admitted under the Table of Benefits and also for return travel expenses for injured insured person. The benefit is as under:
  a) Cost of travel for any relation, friend, colleague or any other nominated person by the Insured person or

his/her spouse: 2.5% of the Capital Sum Insured or actual expenses whichever is lower.

b) Cost of travel for insured person: 2.5% of the Capital Sum Insured or actual expenses, whichever is lower.