



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

### IFFCO-TOKIO MOS-BITE PROTECTOR POLICY

UIN: IFFHLIP20071V011920

#### 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 Name	
Address of the Proposer	
State	
Pin Code	_ _ _ _ _ _ _
Telephone/ Mobile no.	
Email id	
KYC details	Type: Number:
Policy Tenure (1 yr/ 2 yr/ 3 yr)	
Policy start date	
Policy end date	
Proposal Type	Please tick: Fresh:  _ IFFCO-Tokio Renewal:  _ (Expiring policy no.) - Other Company Renewal:  _ 

**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:

Kindly provide the details of Insured Person(s) in the below format:

S. No.	Insured Person's* Name	Relation with the Primary Insured person	Date of Birth	Gender (Male/ Female/ Third Gender)	Sum Insured (in Rs.)	Fresh/ ITGI Renewal/ Other company renewal	No. of past continuous policies

3. Details of present/previous medical insurance like Individual or Group Medclaim 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/ Any other)	Period of Insurance

4. Have any of the persons proposed for insurance been diagnosed for Dengue fever, Malaria, Lymphatic Filariasis, Kala-azar, Chikungunya, Japanese Encephalitis and Zika Virus in the last one year?

Yes  No

If YES, Please provide all relevant details:

S. No.	Name of Insured Person	Name of disease	Date first diagnosed	Whether fully cured?	Did you intimate an claim under a health insurance policy	Policy No. in which claim was intimated	Date of claim	Nature of claim	Amount of claim

4. Have you ever been diagnosed with Lymphatic Filariasis?

Yes  No

If YES, Please provide all relevant details:

S. No.	Name of Insured Person	Date first diagnosed

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

---

---

---

**8. Bank Details to receive Payment from Insurer:**

Payee Name: \_\_\_\_\_  
Account No. \_\_\_\_\_ IFSC/NEFT/RTGS Code: \_\_\_\_\_  
Bank Name \_\_\_\_\_ Branch Address: \_\_\_\_\_

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

**Premium Detail:**

Mode of payment. -----  
Rs. ----- (including Tax)  
Cheque No. ....  
Cheque Date .....  
Bank .....

I/We hereby declare that subject to any exceptions and variations disclosed in item below:

1. "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 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.
3. 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.
4. 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 the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share 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."

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 effected, 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.

Date:.....



Place:.....

.....  
Signature & Stamp of the Proposer

### 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