

GROUP PERSONAL ACCIDENT

Address of Policy Issuing Office	
----------------------------------	--

PROPOSAL FORM

1.	Named of the Proposer																											

2.	Permanent Address																																																		
----	-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.	Address for Correspondence																																																		
----	----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.	(a) Profession; Occupation, Trade or Business: (Please describe fully with nature of duties)																																													
	(b) Are you primarily engaged in administrative function?	Yes		No																																										
	(c) Does your occupation require you to engage in manual labor?	Yes		No																																										
	(d) Do you engage in any game?	Yes		No																																										
	If Yes, Name the game																																													
	i) Racing on wheels or Horseback																																													
	ii) Big game hunting																																													
	iii) Mountaineering																																													
	iv) Winter sports, skiing or ice hockey																																													
	v) Ballooning or polo or Sports of similar nature																																													
	vi) Others:																																													
	(e) What is your average monthly income from?																																													
	i) Gainful Employment	₹																																												
	ii) Other sources	₹																																												
	TOTAL	₹																																												

5.	Date of Birth	<u>DD</u> / <u>MM</u> / <u>YYYY</u>	Height	Meters	Weight	Kgs.
----	---------------	-------------------------------------	--------	--------	--------	------

6.	Have you suffered or do you suffer from (Full particulars must be given in case the answer is 'Yes' to any of the following queries)															
	(a) Any physical defect or infirmity.	Yes		No												
	(b) Gout or Arthritis or Diabetes, Paralysis.	Yes		No												
	(c) Fits or any kind or any other chronic disease.	Yes		No												
	(d) Any other disability	Yes		No												

7.	(a) Have you ever proposed for Accident Life Insurance?		Yes		No	
	(b) If so, give name of each Company and amount of Insurance.					
	(c) Has any Company					
	i) Declined to issue a policy to you?		Yes		No	
	ii) Declined to continue your Insurance.		Yes		No	
	iii) Not invited the renewal of your Policy?		Yes		No	
	iv) Imposed any restriction or special conditions?		Yes		No	
	If so, give names and address of each Company in respect of i), ii) and iv) above.					
	(d) Is this insurance to be additional to any other Accident Policy or Employee Scheme? If so give particulars of all other policies.					
	i. Name of the Company					
ii. Sum Insured		₹				
iii. Policy #						

8.	Have you ever claimed/received compensation under any accident Policy? If so, give full particulars, name of insurer, amount and dates.	
----	--	--

9.	Please indicate					
(a)	Capital Sum Insured		₹			
(b)	Table of cover required					
	Table & Benefits	Required	Table & Benefit	Required		
	"A" Benefit (1)		"B" Benefits (1) to (5)			
	"B1" Benefits (1) to (4)		"C" Benefits (1) to (6)			
(c)	Period of Insurance	From		To		(both days inclusive)

10.	Do you wish to obtain cover against additional risks mentioned under extension cover? If yes, specify which	Yes		No	
	1. Medical Extension	Yes		No	
	2. Cost of Travel for any relative, friend, colleague	Yes		No	
	3. Cost of Travel for Insured person following accident.	Yes		No	
	4. Cost of supporting items	Yes		No	

11.	Members Covered						
	Name member	Relationship with proposer	Date of birth	Occupation	Name of the nominee	Relationship of the nominee with the person to be insured	Annual Income

In case any member is suffering from any disability or decease, kindly give full details	
--	--

DECLARATION

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: DD / MM / YYYY

Proposer's Signature

Place:

ASSIGNMENT

I,.....DO HEREBY ASSIGN THE MONIES PAYABLE BY THE IFFCO-TOKIO General Insurance Co. Ltd., in the event of my death to Shri / Smt / Kum..... (Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

B. Dated this.....day of.....2000.....at.....

WITNESS: Name & Address: _____

Signature/s
Signature of the Policy holder

C. PROHIBITION OF REBATES

The following is the copy of 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 commission payable or any rebate or the premium shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectuses 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 five hundred rupees.