



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

UIN: IRDAN106P0010V01200102

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 <input type="checkbox"/> No <input type="checkbox"/>		
KYC Details (Please attach self-attested photo copies)					
<input type="checkbox"/> PAN No.	<input type="checkbox"/> AADHAR No.	<input type="checkbox"/> Any other (Please Specify) _____			
KYC Document Number					

COVERAGE DETAILS

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

Members Detail					
S No.					
Name of Insured Person					
Date of Birth (DD/MM/YYYY)					
Relationship with Proposer					
Occupation					
Annual Income					
Table and Capital Sum Insured	Table A				
	Table B1				
	Table B				
	Table C				
	Total Capital Sum Insured				
Are you a professional sportsperson or engage in any adventure sports? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does insured is suffering from any disability or disease Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, kindly give us full details					

Do you wish to obtain cover against additional risks mentioned under extension cover?

SNo	Name of Insured Person	Extensions Opted			
		Medical Ext.	Cost of Travel for any relation, friend, colleague	Cost of Travel for Insured Person following accident	Cost of Supporting Items
1		(Option 1/2/3/4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2		(Option 1/2/3/4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3		(Option 1/2/3/4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4		(Option 1/2/3/4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Nomination: In the event of 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	Address and Contact details of Nominee	%

Is this insurance to be additional to any other Accident Policy or Employee Scheme? If so give particulars of all other policies?

SNo.	Name of Insured Person	Policy No.	Name of Insurance Co.	Sum Insured	Period of Insurance	
					From	To
1						
2						

DECLARATION

- 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.
- 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.
- 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.
- 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.
- 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.