

## Enrolment Form – Club Foot Insurance (Group)

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions.

Please note:

- Please answer all questions completely
- The insurance is not effective until the proposal is accepted and premium received

| Intermediary Details |  |      |  |
|----------------------|--|------|--|
| Name                 |  | Code |  |
| Branch               |  | Code |  |
| Sales Manager's Name |  | Code |  |

| Customer Information (To be filled in block capitals)                                       |  |
|---|--|
| Proposer's Name   |  |
| Address   |  |
| Fixed Line Contact No.  |  |
| Mobile No.  |  |
| E mail ID   |  |
| Gender  |  |
| Date of Birth   |  |
| Nationality   | Indian / others. In case of others, please specify _____                       |
| Pan No.   |  |
| UID Aadhaar No (Mandatory)  |  |
| Source Of Funds   | Salary                  Business                  Other                  _____ |
| Occupation  | Salaries / S elf-employed  |
| Policy Tenure   | 1 Yr   |
| Proposed Policy period:<br>(Must be on or later than instrument date/ premium payment date) | From.....TO.....   |

| Proposer Details                 |                    |        |               |                     |  |
|----------------------------------|--------------------|--------|---------------|---------------------|--|
| <u>Details of Insured person</u> |                    |        |               |                     |  |
| Sl. No.                          | Name of the member | Gender | Date of Birth | Name of the Nominee | Nominee's Relationship with person to be insured |
|                                  |                    |        |               |                     |  |

| Premium Payment Details  |  |
|--|--|
| <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> NEFT |  |
| Instrument Number (Cheque or DD)    or NEFT UTR No.    _____ Date _____  |  |
| Bank Name _____  |  |
| Branch _____   |  |
| Amount (in Figures and Words) _____  |  |
| Please make a Crossed Cheque/DD/Pay Order in favour of 'ICICI Lombard General Insurance Company Limited' only.   |  |

1

Registered and Corporate Office address: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, IRDAI Registration No: 115, CIN: L67200MH2000PLC129408, Telephone: 18001032292, Email Id: customersupportba@icicilombard.com. Website: www.bharti-axagi.co.in.  
Enrolment Form – Club Foot Insurance (Group). UIN: BHAHLGP18131V011718. URN: BhartiAXAGI/CFI(G)/2020-21/V01

\*PAN Card copy is Mandatory for premium of ₹ 50,000 and above accepted in Cash/DD or ₹ 100,000 and above by Chq/Credit/Debit Card  
Payment to be collected only from Proposers Card / Bank Account

#### Coverages

| Sr.No | Sections                                 | Sum Insured |
|-------|--|-------------|
| 1     | Accidental Death Benefit                 |             |
| 2     | Club-Foot impairment (Newborn baby)      |             |
| 3     | Transportation Charges (Newborn baby)    |             |
| 4     | Club-Foot impairment (Primary Insured)   |             |
| 5     | Transportation Charges (Primary Insured) |             |

#### Proposer's Bank Details (In case of any dues from the company, the amount will be credited to this bank account)

Name of the Bank Account Holder

Bank Account No

Account Type

Name of the Bank / Branch

MICR Code

IFSC Code

#### 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 authorised 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 any time 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.

Date:

Place:

Proposer's Signature

#### Prohibition of Rebates (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 renewing 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 provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.