

Proposal Form Club Foot Insurance (Group)

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

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.

Unique Reference No.					
PROPOSER DETAILS					
Name of the Proposer					
Address					
City/Town:					
District:					
State:					
PIN Code:					
Pan Card No.					
E- Mail:					
Contact details :					
Occupation (nature of duties) :					
Proposed Policy Period			From DD/ MM/ YYYY		To DD/ MM/ YYYY
PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured					
Sno	Name of the Insured Person	Date of Birth	Gender	UID Aadhar No	Nominee Name and Relationship
*Kindly attach separate sheet if required.					
Name of the Nominee and relationship					
In the event of the death of an Insured Person any payment due under the Policy will be payable to the Nominee in accordance with the Policy terms and conditions. Please give below the details of the Nominee, who must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer					
Nominee Name			Relationship to the Proposer		Address of the Nominee

COVERAGE DETAILS:		
S. 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)	

Declaration
<p>1. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer of 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 from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.</p> <p>2. 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.</p> <p>3. I/We understand the information provided by me will form the basis of insurance Policy, is subject to the Board approved underwriting</p>

policy of the insurance company and that the Policy will come into force only after full receipt of the premium chargeable.

4. I/We further declare that I/We notify in writing any change occurring in the occupation or general health of the life to be insured/ propose after the proposal has been submitted but before communication of the risk acceptance by the company.
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.

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.

Authorization for electronic Policy fulfilment and service communications

I /We would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form. YES/NO

(Note : Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

I hereby consent to and authorize ICICI Lombard General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing Policy of Company from time to time. YES/NO

Date:

Place:

Proposer's Signature