

Enrolment Form – Group Personal Accident

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)	
Loan Account No. (LAN)	
Customer ID	
Proposer's Name	
Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	
Gender	
Date of Birth	
Nationality	Indian / others. In case of others, please specify _____
Pan No.	
UID Aadhaar No (Mandatory)	
Occupation	Salaried / Self-employed
Policy Tenure	1 Yr / 2 yrs/ 3yrs/4yrs / 5yrs/Event Specific
Name of the Bank / Financial Institution	
Proposed Policy period: (Must be on or later than instrument date/ premium payment date)	From.....TO.....

Proposer Details						
<u>Details of Insured person(s)</u>						
Sl. No.	Name of the member	Gender	Date of Birth	Relationship with Primary Insured	Name of the Nominee	Nominee's Relationship with person to be insured
	Insured 1					
	Insured 2					
	Insured 3					
	Insured 4					

• Attach a separate sheet if the space is not sufficient to enter details of all the members.

Premium Payment Details

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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 – Group Personal Accident. UIN: BHAPAGP19021V011819. URN:BhartiAXAGI/GPA/2020-21/V01.

Cheque Demand Draft Credit Card Cash 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.
 *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

Sections	SI	Benefit Period	Deductible	Franchise	Co-Pay	Scope of Cover
ACCIDENTAL DEATH						
PERMANENT TOTAL DISABLEMENT						
PERMANENT PARTIAL DISABLEMENT						
TEMPORARY TOTAL DISABLEMENT						
FRACTURE/DISLOCATION/BROKEN BONES						
BURNS						
COMATOSE BENEFIT						
DISAPPEARANCE						
ADVENTURE SPORTS BENEFIT						
IN-HOSPITAL MEDICAL EXPENSES (INPATIENT)						
IN-HOSPITAL MEDEX (INPATIENT)						
OUTPATIENT MEDICAL EXPENSES						
OUTPATIENT MEDEX (OPD)						
HOSPITAL CASH						
HOME CONVALESCENCE						
REHABILITATION COVER						
RECONSTRUCTIVE SURGERY COVER						
FOLLOW-UP MEDICAL TRIP						
EXTERNAL AIDS AND APPLIANCES						
PURCHASE OF BLOOD						
ASSAULT						
ANIMAL ATTACK						
COMMON CARRIER						
LAST RITES COSTS						
TRANSPORTATION OF MORTAL REMAINS						
HOSTAGE RELEASE FEES						
HOME & VEHICLE MODIFICATION						
AMBULANCE COST						
AIR AMBULANCE						
SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT						
INSURED AND FAMILY COUNSELLING COVER						
MEDICAL EVACUATION COVER						
DEPENDENT CHILD EDUCATION BENEFIT						

WIDOWHOOD BENEFIT						
HOME TUITION BENEFIT						
PARENTAL CARE BENEFIT						
COMPASSIONATE VISIT						
LOSS OF JOB COVER						
PERSONAL BELONGING						
LEGAL EXPENSES						
EMI PROTECTION COVER						
HEALTH INSURANCE PREMIUM INDEMNITY						
MARRIAGE BENEFIT						
TRANSPORTATION OF IMPORTED MEDICINE						

Sections	Min Entry age	Max Entry age
Waiver of age restriction		

Sections	
Type of Sum Insured	Individual/ Floater

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 lakhs rupees.

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Assignment of Loan Amount (only of borrowers)

From the policy start date, any claim payable by the Company under this Policy shall be deposited directly in the loan account number _____ maintained by the master policyholder. In the event of any claims becoming payable under this Policy, an amount to the extent of principal outstanding amount, as on the date of claim being incurred, shall be deposited by the Company in the aforementioned loan account held with the master policyholder. Difference of the admissible claim amount and the amount deposited by the Company in the aforementioned loan account shall be paid to the Insured Person or Nominee of the insured person or Legal Heir.

Upon receipt of such amount in the aforesaid manner by the Master Policyholder and/or Insured Person, the Insured Person and Master Policyholder shall completely discharge the Company from all liability under the policy and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured Person, as the case may be.

Signature

Date:

Place: