

Proposal Form Group Personal Accident

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

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.

PROPOSER DETAILS							
Name of the Proposer (Name of the Corporate)							
Address City/Town: District: State: PIN Code:							
Pan Card No.							
E- Mail:							
Contact details:							
Occupation (nature of duties) :							
IMD Name							
IMD Code							
Plan Type Individual <input type="checkbox"/> Floater <input type="checkbox"/>							
Proposed Policy Period From DD/MM/YYYY To DD/MM/YYYY							
PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including Proposer)							
S no.	Name of the Family Member	Relationship with the employee	Date of Birth	Gender	UID Aadhar No	Nominee Name and Relationship	Whether suffering from any pre-existing condition / injury? If so, the details
*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		

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

COVERAGE DETAILS:						
Sections	SI	Benefit Period	Deductible	Franchise	Co-Pay	Scope of Cover
ACCIDENTAL DEATH						
PERMANENT TOTAL DISABLEMENT (PTD)						
PERMANENT PARTIAL DISABLEMENT (PPD)						
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						
DEPENDENT CHILD'S MARRIAGE BENEFIT						
TRANSPORTATION OF IMPORTED MEDICINE						

Premium Details	Amount (INR)
Gross Premium	
Loading/Discounting	
Net Premium	
GST	
Total Premium	
Total Premium in Words	

- Entry Age Restriction –
 - i. Minimum (Days/Years)
 - ii. Maximum (Years)

Note:

- Deductible & Franchise cannot be opted together

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/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 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 from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
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.
3. I /We understand the information provided by me will form the basis of 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.
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 lakhs 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