

## ICICI Lombard General Insurance Company

### Proposal Form

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance w.e.f. Sept 8,2021. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions

### Group Health Insurance Policy

*Please answer all questions completely*

*The insurance is not effective until the proposal is accepted and premium received*

Intermediary Details			
<b>Name</b>		<b>Code</b>	
<b>Branch</b>		<b>Code</b>	
<b>Manager's Name</b>		<b>Code</b>	

Proposer's Details (Name of the Corporate and Address for Communication)	
<b>Name</b>	
<b>Address</b>	
<b>Contact Person</b>	
<b>Fixed Line Contact No.</b>	
<b>Fax No.</b>	
<b>Mobile No.</b>	
<b>Email ID</b>	

Period of Insurance			
<b>From</b>	<u>dd/mm/yyyy</u>	<b>To</b>	<u>dd/mm/yyyy</u>

Coverage Details		
Total number of persons to be insured	_____	
Are all your employees/ members proposed for insurance?	Yes	No
Do you want to include various available extensions/ benefits in this Policy?	Yes	No

If yes, please give details and specify limits fro the same in the following formal. (Please use separate sheet if required.)

Sl. No.	Extension / Benefit Details	Sum Insured	Other remarks, if any.

**Details of person(s) to be Insured (Please use separate sheet if required.)**

Sl. No.	Name of the Group Member or Employee	Name of the Family Member	Gender	Date of Birth	Relationship of the Family Member with the employee	Name of the Nominee	Nominee's Relationship with person to be insured

**Previous Claims Experience for the three preceding years.**

Year	Premium (Rs)	Incurred Claims (Rs)

Has any other Company declined the cover?

Yes      No

Any other relevant information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Premium Payment Details**

Cheque     Demand Draft     Credit Card     Cash

Instrument Number (Cheque or DD) \_\_\_\_\_ Date \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiry Date of Credit Card \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Amount (in Figures and Words) \_\_\_\_\_

**Declaration**

It is hereby declared that the person(s) will not be travelling against the advice of a physician, are not on the waiting list for any medical treatment, are not travelling for the purpose of obtaining medical treatment, have not received terminal prognosis for a medical condition before the journey.

I/We declare and warrant that the above statements, answers and particulars are true and complete. I/We consent to the Company seeking medical information from any doctor who has at any time attended on me / us concerning anything which affects my / our physical or mental health and I/ we authorize giving of such information to the Company / Emergency Service Provider and / or their medical advisor.

It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under the policy.

**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.