

ICICI Lombard General Insurance Company Ltd.
Limited Proposal Form

SmartHealth Essential Insurance Policy

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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

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

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

| Proposer's Details | |
|---------------------------------|--|
| Name | |
| Profession or Occupation | |
| Address | |
| Fixed Line Contact No. | |
| Mobile No. | |
| Email ID | |

| Please Tick (✓) against the plan you have opted for. | |
|--|---|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C |

| Period of Insurance: |
|----------------------|
| |

From _____ To _____

Details of Insured Person / (s) (The person/(s) to be Insured)

| Sl. No. | Name | Gender | Date of Birth | Relationship with the Insured | Assignee | Citizenship* |
|---------|------|--------|---------------|-------------------------------|----------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* In case Citizenship is other than Indian please enclose copy of valid Employment / Work Visa with this Proposal Form

Do you or any of your family members who have proposed for this insurance suffer from any disease or illness? Yes No

If yes, please give details.

| Sl. No. | Name | Details of disease or illness |
|---------|------|-------------------------------|
| | | |
| | | |
| | | |
| | | |

Have you undergone the following medical tests?

ECG Blood Sugar Urine Sugar Lipid Profile (in case age is between 56 to 65years)

Others (Please specify) _____

Details of other Insurance Policy

Details of any other Insurance like Medclaim, Cancer Policy, Critical Illness or any other Medical Insurance Policy (Please attach a photocopy)

| Sl. No. | Name & Address of Insurance Company | Sum Insured | Period of Insurance | | No Claim Bonus % | Claims Received / Receivable (Rs.) | Nature of Problems |
|---------|-------------------------------------|-------------|---------------------|----|------------------|------------------------------------|--------------------|
| | | | From | To | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Please refer to the “Exhibit of Benefits” under various coverage plans available.

Any other information relevant for this insurance. _____

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

I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. 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 this insurance.

I / We agree and undertake to convey to ICICI Lombard General Insurance Company Ltd. any change / alterations carried out in the risk proposed for insurance after submission of this proposal form.

Date:

Place:

Proposer's Signature

Assignment

I, _____ do hereby assign the monies payable by ICICI Lombard General Insurance Company Ltd. in the event of my death to _____ (relation to the insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Date :

Place :

Signature/s:

Witnesses:

1. Name
Address
2. Name
Address

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.