

PROPOSAL FORM
Smart Individual Personal Accident Policy

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

This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. Issuance of this form shall not be taken as admission of liability. Non-compliance may result in avoidance / cancellation / termination of the Policy. If there is insufficient space for You to provide information, whether as requested or otherwise, please attach a separate sheet. We are under no obligation to accept any proposal for insurance. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized. Please fill -up this form in CAPITAL LETTERS. If the Proposer/ Insured is unable to fill the form due to inability to read or understand the language, the help of a person other than the agent/our employee/insurance intermediary may be used. (Refer to declaration for signing in vernacular language or for uneducated/ illiterate persons). Before filling up the form please read the sales literature to understand the features, benefits, advantages and terms and conditions of the product. All details should be filled completely including email ID, mobile number, etc.

1. PROPOSER DETAILS

Proposer: (Mr/Mrs/Ms)		First Name		Middle Name		Last Name	
Date of Birth - DD/MM/YYYY							
Address:						City/Town:	
District:						State:	
Pin Code:						Mobile:	
Telephone:						E-mail:	

Nationality _____ Marital Status _____

ID Proof Type: PAN Passport Driving License Voter's Card If Other, please specify _____
ID Proof No.: _____

Existing ICICI Lombard Policy Owner, Kindly enter policy number / client id

Policy no _____

Client ID _____

2. PLAN DETAILS

Proposed Policy period: (Must be on or later than instrument date/ premium payment date)	From							
	D	D	M	M	Y	Y	Y	Y
	To							
	D	D	M	M	Y	Y	Y	Y

Tenure 1 Year

Product Name Smart Individual Personal Accident Policy

Plan Smart IPA Basic
 Smart IPA Regular
 Smart IPA Standard without Medical
 Smart IPA Standard with Medical
 Smart IPA Silver
 Smart IPA Gold
 Smart IPA Superior
 Smart IPA Janata
 Smart IPA Family Cover

3. DETAILS OF THE PERSON PROPOSED TO BE INSURED

	Name of the Insured Person	Relationship to Proposer	M/F/Third Gender*	Date of Birth	Profession/ Occupation	Capital Sum Insured	Nominee***
1.	Self		M / F	DD/MM/YYYY			Spouse
2.	Spouse		M / F	DD/MM/YYYY			Self
3.	Child 1		M / F	DD/MM/YYYY			Self
4.	Child 2		M / F	DD/MM/YYYY			Self

* Gender Code M (Male), F (Female) . *** Default Nominee is as mentioned in the table above. Fill in the table in section 4 if above is not acceptable.

Occupation Group I II III IV

Nature of Duties _____

Monthly income from gainful employment

4. NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of Nominee

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

5. MEDICAL INFORMATION

A.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4
1. Has any application for life, Health or critical illness insurance ever been declined, postponed, not invited for renewal/loaded or been made subject to any special conditions/restrictions by any insurance company?	Y/N	Y/N	Y/N	Y/N
2. Please confirm, if any of the person to be insured is suffering from any existing physical disablement, impairment, deformity or infirmity affecting mobility, speech, hearing ability or sight?	Y/N	Y/N	Y/N	Y/N
3. Does any of the Insured Person(s) suffer/have suffered/taken treatment for gout, paralysis, arthritis, epilepsy or any other seizure disorder?				

B. Detailed information in case any of the questions in section A is ticked 'Yes': Name and details of disablement

Name of Insured	Details of Existing physical disablement or Infirmity
Insured Person 1	
Insured Person 2	
Insured Person 3	
Insured Person 4	

6. Income Information (Applicable for Gold, Superior, Executive & Premium)

- In case of Gold Plan, declared Monthly Gainful Income shall not be less than Rs 60,000.
- In case of Capital Sum Insured in excess of Rs 20 Lakhs please submit income pro of (3 year Form 16 or Salary Certificate or Income Tax Returns with the proposal form
- Capital Sum Insured should not exceed 100 times of the Insured's monthly gainful income as declared with proof.

Monthly Gainful Income -
Capital Sum Insured -
Sum Insured for Hospital Cash -
Sum Insured for Medical Expenses -

7. Insurance Repository

Existing e - Insurance Account (e -IA) holder, please provide the e IA and IR name

E IA Number

IR Name

Open New e - Insurance Account - Please choose the repository from the below

IR Code

IR Name

NSDL Database Management Limited

Central Insurance Repository Limited

Karvy Insurance Repository Limited

CAMS Repository Service Limited

Soft Copy would be sent to the email id mentioned on the proposal form

Do you need a physical copy of Policy Document? Yes No (Default option to be No)

8. PAYMENT DETAILS:

Name of the Premium Payor:

Premium Amount (in Rs.) in Figures

Premium Amount (in Rs.) in Words

Relationship to proposer

Instrument type: Cash Cheque/DD Payment Gateway Online banking (IMPS/NEFT/RTGS) Others

Cheque/DD No

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Date:

D	D	M	M	Y	Y	Y	Y
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Bank Name:

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Branch

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Payment Gateway Link

<https://www.billdesk.com/pgmerc/baxagenins/BAXAGENINSDetails.htm>

Account details for online banking

Account no: 99001914273934

IFSC Code: SCBL0036074

Bank Name: Standard Chartered Bank

Branch: Raheja Towers, M.G. Road, Bangalore - 560001

Sources of funds: Salary Business Other _____
 (Please tick where applicable)

Please make a Crossed Cheque/DD/Pay Order in favour of 'Bharti AXA 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

9. BANK DETAILS

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account *

Name of the Account Holder:

Name of the Bank

Branch:

Type of Account : SB Account - ___ Current Account - ___ Others (please specify) - ___

Account Number:

IFSC Code of Bank :

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. *mandatory if annualized premium is more than Rs.25,000

Note: If premium paid through payment gateway, refunds will be credited back to same account from which customer made the payment to us

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- 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 of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of 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 provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

AML guidelines:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian Non-Indian

If Non-Indian, please specify Country:.....

Type of Organization

Corporations Governments Non Governmental Organizations Society
 Trust Partnership International Organization
 Cooperatives Section 25 Company

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach _____ extra sheet duly signed.)

10. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- 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.
- I understand that 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.
- I/ We further declare that I/We 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.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 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.

11. Declaration for AML and KYC and a authorization for electronic Policy fulfillment and service communications

- Have you ever been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials
Yes No

AML-eKYC declaration: I hereby give my unconditional consent to the Company to carry out due diligence in respect of information as provided by me in the proposal form and also to share the data with government agencies/ statutory authorities/ entities as authorized by the regulator – IRDAI/ Life counsel for necessary verification purposes.

- Signature authentication (Single factor authentication): An OTP authentication number has been sent on your registered mobile number. By feeding in the said number in the system, you hereby unconditionally and absolutely acknowledge and accept the Terms and Conditions of the policy in its entirety and the same would create a legally binding agreement between the Company and You.

Authorization for electronic Policy fulfillment and service communications

I would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Ltd. 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 Ltd. 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

Signature of Proposer: _____

Date: _____

Place: _____

12. VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company):

Name of Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood _____ and confirmed the same.

Signature of Proposer: _____

Signature of the witness: _____

Date: _____

Name of the witness: _____

Place: _____

Insurance is the subject matter of solicitation

13. AGENT'S DECLARATION

Agent's Declaration

I, _____ in my capacity as an Insurance Advisor/ Corporate Agent/ Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, along with the nature of the questions contained in this Form to the Proposer, including the fact that the statement(s), information and response(s) submitted by him/her in this Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between ICICI Lombard General Insurance Company Ltd. and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are provided contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished to this Proposal it may lead to cancellation of the policy benefits.

License No. (Advisor/ Corporate Agent/ Broker/ Relationship Officer): _____

Date: _____

Place: _____

Signature of Agent: _____

14. Intermediary Details (To be filled by Intermediary)

Application No / Proposal No

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Intermediary/Sales Officer Name

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Branch Name

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Sales Manager's Name

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Campaign Name

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Business Indicator

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Acknowledgement

Application No / Proposal No .

Name of Proposer:

We acknowledge with thanks the receipt of your application and amount by cash/cheque/demand
draft/others _____ of amount of Rs. _____

Place: _____

Signature and Seal :

Date: _____

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

For more details on risk factors, terms and conditions, please read sales brochure carefully, before

concluding a sale

Registered 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,

Website: www.bharti-axagi.co.in,

Email: customersupportba@icicilombard.com