



suraksha ka
naya nazariya

Plan Smart Student PA Basic
Smart Student PA Elite
Smart Student PA Group

- Optional Covers
- Hospital Daily Cash Allowance
 - Accidental Medical Expenses
 - Double Benefit for Death or Permanent Total Disablement Benefit
 - Legal Expenses
 - Study Interruption
 - Sponsor Protection
 - Compassionate Visit

3. DETAILS OF THE PERSON PROPOSED TO BE INSURED

	Name of the Insured Student	Relationship to Proposer	Gender*	Date of Birth	Details of Institute and Course undertaken	Course Fees for the period	Capital Sum Insured	Nominee	Citizenship**
1.	Self		M / F	DD/MM/YYYY					

* Gender Code M (Male), F (Female). **In case of non-Indian students please enclose Student's Visa with the Proposal Form

4. DETAILS OF THE SPONSOR

	Name of the Insured Sponsor	Relationship with the Student	Gender*	Date of Birth	Age**	Profession/Occupation	Capital Sum Insured**	Nominee***
1.			M / F	DD/MM/YYYY				

* Gender Code M (Male), F (Female). ** Age of the Sponsor should be less than 65 years

1. 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

2. MEDICAL INFORMATION

A.



suraksha ka
naya nazariya

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person1	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 or infirmity	Y/ N	Y/ N	Y/ N	Y/ N

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	

** Please use above table format in a separate sheet if space is insufficient, in case of group policies

3. 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)

4. PAYMENT DETAILS:

Name of the Premium Payor:

Premium Amount (in Rs.) in Figures

Proposal Form- Smart Student P A Insurance Policy
UIN: IRDA/NL-HLT/BAXAGI/P-H/V.I/90/13-14
URN: BhartiAXAGI/SSPAIP/2020-21/V01

Registered & Corporate Office Address : Bharti AXA General Insurance Company Limited, Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Near MCA Club, Bandra East, Mumbai - 400051 Ph: 1800-103- 2292, CIN: U66030MH2007PLC351131; Website: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com



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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Bank Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payment Gateway Link

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

Account details for online banking

Account no: **990019150103934**

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

Proposal Form- Smart Student P A Insurance Policy

UIN: IRDA/NL-HLT/BAXAGI/P-H/V.I/90/13-14

URN: BhartiAXAGI/SSPAIP/2020-21/V01

Registered & Corporate Office Address : Bharti AXA General Insurance Company Limited, Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Near MCA Club, Bandra East, Mumbai - 400051 Ph: 1800-103- 2292, CIN:

U66030MH2007PLC351131; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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 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



suraksha ka /
naya nazariya

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sales Manager's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Campaign Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business Indicator

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 : Bharti AXA General Insurance Company Limited, Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Near MCA Club, Bandra East, Mumbai – 400051

Ph: 1800-103- 2292,

CIN: U66030MH2007PLC351131;

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

Email: customer.service@bharti-axa.com

