



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

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📱 SMS <SERVICE> to 5667700
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PROPOSAL FORM

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 and attach a passport sized photograph for Yourself and each person proposed to be insured and write the name of the person above the photograph. 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) _____ Date of Birth - DD/MM/YYYY _____

Address _____ City/Town _____

District _____ State _____ Pin Code _____

Mobile _____ Telephone _____ E-mail _____

Nationality _____ Marital Status _____ Annual Income _____

Profession: Salaried Self Employed Others Details _____

ID Proof Type: PAN Passport Driving License Voter's Card If Other, please specify _____

ID Proof No. _____

Existing Bharti AXA Policy Owner, Kindly enter policy number / client id

Policy no _____ Client ID _____

2. Plan details

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

Type: Individual Family Floater

Tenure: 1 Year 2 Year 3 Year

Product Name: SmartHealth Critical Illness Insurance Policy SmartHealth Essential Insurance Policy
 SmartHealth Insurance Policy SmartHealth - High Deductibles Insurance Policy

Plan _____

Sum Insured (Applicable to SmartHealth Critical Illness Insurance Policy, SmartHealth Insurance Policy, SmartHealth - High Deductibles Insurance Policy)

Deductible (Applicable to SmartHealth - High Deductibles Insurance Policy)

Family Size _____

3. Details of the person proposed to be insured

	Name of the Insured Person	Ht	Wt	Relationship to Proposer	Gender*	Date of Birth	Occupation	Sum Insured**	Nominee***
1.	Self	(cms)	(Kg)	1.	M / F	DD/MM/YYYY	1.	1.	Spouse
2.	Spouse	(cms)	(Kg)	1.	M / F	DD/MM/YYYY	1.	1.	Self
3.	Child 1	(cms)	(Kg)	1.	M / F	DD/MM/YYYY	1.	1.	Self
4.	Child 2	(cms)	(Kg)	1.	M / F	DD/MM/YYYY	1.	1.	Self

* Gender Code M (Male), F (Female). ** Family Floater policy will have same Sum Insured for all members

*** Default Nominee is as mentioned in the table above. Fill in the table in section 5 if above is not acceptable.

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. Existing/previous insurance details*

Is the proposer or the persons proposed, already insured under a plan with Bharti AXA General Insurance Company Limited or any other insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal.)

Since when are continuously insured:

Do you want us to consider these details for portability*? Yes No

Policy No / Application No	Insurer	Period of Insurance		Sum Insured (Rs)	Claims lodged	Cumulative Bonus / Claims Discount
		From (DD/MM/YYYY)	To (DD/MM/YYYY)			

* Please note that portability shall NOT be considered if the above details are not provided. You need to approach us at least 45 days prior to your policy expiry date to avoid any break in coverage.

6. Medical and life style information

A. Medical History: Please answer the below mentioned questions individually in Yes(Y)/No (N). If the answer to any of the questions is yes, please provide complete details in the table for additional medical information. You must answer the questions truthfully. Not doing so may affect your coverage in case of a Claim and may lead to cancellation / termination of the Policy

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
		Y/N	Y/N	Y/N	Y/N
1	Have you suffered from or are you currently suffering from any disease, illness, disability, injury or accident or advised/consuming medication or undergone/advised/awaiting any surgical procedure (other than Normal /assisted Delivery or Caesarean section without any complication) or undergone any investigations, in the past 4 years?				
2	Have you ever had or has a doctor ever said that you have any of the following conditions / diseases -: High blood pressure, diabetes or sugar, any heart related ailment, brain stroke, Paralysis, TB or asthma or breathing problem, tumor or cancer, liver or gall bladder diseases, prostrate, kidney or stone diseases, arthritis or bone disease, blood diseases or disorders, ulcer or stomach disorder, eye or ENT disease, dizziness or fits, HIV/AIDS / any other sexually transmitted disease, Ulcer (Stomach / Intestine), Anaemia, Leukaemia or any other blood/lymphatic system disorder				
3	Have you ever had or has a doctor ever said that you have multiple sclerosis, epilepsy, tremors, paralysis, psychiatric/mental illnesses or sleep disorder				
4	Have you or any other member(s) proposed to be insured taken any medication for more than 2 weeks in last 5 years?				
5	Have any of the females proposed to be insured currently suffering from or have ever suffered from Dysfunctional uterine bleeding, Fibroid, Cyst / Fibroadenoma or any other Gynaecological / Breast disorder?				
6	Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?				
7	Please confirm, if any of the person to be insured is pregnant? If yes, please answer as below:- a) duration in weeks b) Expected delivery date c) Any complications during previous pregnancy?				



B. Detailed information in case any of the questions in section A is ticked 'Yes': Name and details of Illness/ Medicine/Test/Surgery

Name of Insured	Diagnosis / Diagnosis date	Treatment completed / Under treatment / Left incomplete treatment (Please mention duration since completely recovered)/ Date of last consultation	Treatment inpatient /outpatient	Treatment Medical/Surgical/ Name of Surgery or procedure/ Name of medicines	Doctor/Hospital Name and Phone No.
Insured Person 1					
Insured Person 2					
Insured Person 3					
Insured Person 4					

C. Lifestyle Information

Does any person proposed to be insured smoke or consume gutka/pan masala or alcohol. If yes please indicate the name and quantity per day.	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4
Alcohol(Pegs/day)				
Smoke(Cigarette/day)				
Pan Masala Packets/day)				
Others				

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 _____ Date: _____

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



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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.

Date: _____

Place: _____

Signature of Proposer _____

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 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 Bharti AXA 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 Bharti AXA 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

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: _____

Place: _____

Name of the witness: _____

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 Bharti Axa General Insurance Company 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 Proposer _____

14. Intermediary details (to be filled by intermediary)

Application No / Proposal No _____

Intermediary/Sales Officer Name _____

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: _____

Neither the submission to us of a completed proposal for insurance nor any payment for any Policy sought obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. 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 if premium is not received by us in full and in time, or is not realized or non-fulfillment of Health Check-up. If we do not accept the proposal, we will inform you and refund the payment received from you within next 15 days subject to extant regulatory provisions in this regard.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/Health/Truetongue/06-17. Insurance is the subject matter of solicitation.

UIN	Name	Proposal Unique Reference no
IRDA/NL-HLT/BAXAGI/P-H/V.I/93/13-14	Smart Health Insurance Policy	BAGI/HI/201700001
IRDA/NL-HLT/BAXAGI/P-H/V.I/92/13-14	Smart Health Critical Illness Policy	
IRDA/NL-HLT/BAXAGI/P-H/V.I/91/13-14	Smart health Essential Insurance Policy	
IRDA/NL-HLT/BAXAGI/P-H/V.I/89/13-14	Smart Health High Deductible Insurance Policy	



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