

## PROPOSAL FORM - GROUP PERSONAL ACCIDENT INSURANCE

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**The proposal in case of dependent children may please be filled in by the Proposer.**

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

<b>Intermediary Details</b>			
Name		Code	
Contact Number			

<b>Proposer's Details (Name of the Corporate/ Group and Address for Communication)</b>	
Name	
Address	
Fixed line contact no.	
Mobile no.	
Email ID	
Profession, trade, business or occupation of the proposer. ( <i>Please describe fully with nature of duties</i> )	

<b>Period of insurance</b>	
From _____	To _____

1) Does your trade or business require employees to be engaged in manual labour?  Yes  No  
 If yes, please specify. \_\_\_\_\_

2) Do you / your employees engage in any of the following?

a) Racing on wheels or horseback	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Big game hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Mountaineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Winter sports, skiing or ice hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Ballooning or polo or sports of similar nature	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Any other adventure sports	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Has any Insurer

- a) Declined to issue a policy to you?  Yes  No
- b) Declined to continue your insurance?  Yes  No
- c) Not invited renewal of your policy?  Yes  No
- d) Imposed any restriction or special conditions?  Yes  No

If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

4) Is this proposal for insurance for your employees/group members in addition to

- a) Any other Accident Policy /Life Insurance Policy?  Yes  No

If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

- b) Any other employee benefit scheme?  Yes  No

If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

5) Please attach a list of employees/ group members you wish to cover, in either of the following formats:

In case of named Policy:

Sl. No.	Name	Employee/ Membership No.	Age	Nature of Work	Annual Income (Rs.)	Capital Sum Insured (Rs.)	Name of the Nominee* & Relationship with Employee/ Group Member

In case of corporate only:

Sl. No.	Category of Employees/ Members	Average number in each age bracket from age 20 , increasing in multiples of 10	Nature of Work	Number of Employees	Capital Sum Insured (Rs.)

Type of cover opted:

- Basic (Covers against death only)
- Wider (Covers against death, Permanent Total Disablement and Permanent Partial Disablement.)
- Comprehensive (Covers against death, Permanent Total Disablement, Permanent Partial Disablement and Temporary Total Disablement.)

Optional Covers (Applicable only if you have opted for comprehensive cover)

- a) Do you want to opt for medical expenses?  Yes  No
- b) Do you want to opt for hospital confinement allowance?  Yes  No

Please attach a list in the following format in case you wish to cover the spouse / dependent children and parents of your employees/ group members.

Sl. No.	Name	Employee/ Membership No.	Name of Family Member	Relationship with the Employee/ Group Member	Name of the Nominee* & Relationship with Employee/ Group Member	Scope of Cover	Capital Sum Insured (Rs.)

6) Please give details of claims incurred under your GPA Policy in the last two years.

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7) Any other information relevant to this insurance.

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#### Declaration

- 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 the 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 doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects my physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/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:**

**Proposer's Signature**

Intermediary's name and code \_\_\_\_\_

**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.

**\* The following Nomination Form is to be filled up by each person (including each family member) to be insured under this policy.**

Nomination Form			
<p>I, _____ (Name of the Insured Individual) do hereby nominate _____ (Name of Nominee and relation with the insured) to receive monies payable by Raheja QBE General Insurance Company Limited in the event of my death and I further declare that in the event of death of the nominee named herein all benefits shall become payable to my legal heirs and I further declare that his/her/their receipt shall be sufficient discharge to the Company.</p>			
<b>Date :</b>		<b>Place :</b>	<b>Signature:</b>
<b>Witness:</b>			
Sl. No.	Name	Address	Signature
1			
2			

**VERNACULAR DECLARATION**

Declaration in case the proposal is filled by other than the proposer / the proposer signs in vernacular language / proposer is illiterate (to be certified by someone other than the agent / employee of the company). 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.

Name of translator \_\_\_\_\_

Place \_\_\_\_\_

Date: XX/XX/XXXX