

## Group Corona Kavach Policy, Raheja QBE General Insurance Company Limited

### Proposal Form (URN- URN-RQBEGCO2021-10)

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

All details are mandatory.

(Please fill-up this form in CAPITAL LETTERS)

Intermediary Details		
Intermediary Code	Intermediary Name	Intermediary Contact No
Sales Channel Type Direct / Agency	Branch	Sales Manager Name and Code

PROPOSER DETAILS		
Name of the Company / Organisation:		
Address:		
District	City	Pin Code
State	Nationality	
Mobile No	Phone No:	Email ID
GSTN:		PAN No:
Profession: Health Care Workers / Doctor _____ Salaried _____, Self Employed _____, Others, _____		
Do you need policy copy on E Mail: (Yes/No) , Physical (Yes/No)		

PLAN DETAILS		
Type of cover: Individual / Floater		
Policy Period: 3 & 1/2 Month [ ] 6 & 1/2 Month [ ] 9 & 1/2 Month [ ]		
<b>Sum Insured</b>		
50,000 [ ], 1,00,000 [ ], 1,50,000 [ ], 2,00,000 [ ], 2,50,000 [ ], 3,00,000 [ ], 3,50,000 [ ], 4,00,000 [ ], 4,50,000 [ ], 5,00,000 [ ]		
Proposed Policy Period: From To		

Add on Cover	
Daily Hospital Cash	Yes/No

Payment Details		
Cheque No. /DD/Fund Transfer	Date	Bank Name
Bank Name	Branch	Bank A/c No:
IFSC Code		

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

[ ] 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 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/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 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.

[ ]/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 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.

**Communication:**

[ ] I agree to be contacted by Raheja QBE to make Welcome Calls / service calls or any other communication with respect to proposal or existing policy of Company.

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of Proposer:** \_\_\_\_\_

**Intermediary's Name & Code** \_\_\_\_\_

**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 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 insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to 10 Lakhs.

**INTERMEDIARY DECLARATION**

I, \_\_\_\_\_ (Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the 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 contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No./ID (Insurance Agent / Insurance Intermediary) :

Date:

Place:

Signature of Insurance Agent / Intermediary :

**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

Signature of translator \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

Place \_\_\_\_\_

Date: \_\_\_\_\_

Signature/Thumb of Proposer

### DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

We \_\_\_\_\_ (Insured Named) hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account No. \_\_\_\_\_ with \_\_\_\_\_ (Name of the Bank) \_\_\_\_\_ (Bank Branch & IFSC Code).

.....  
Place & Date

.....  
Signature of the Insured

### Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

The following documents are accepted as:

Proof of Identity:	Proof of Address:
<b>For Individuals</b>	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk 6. Employer's Certificate 7. Letter from Recognized Public Authority

### Annexure: Attached Insured member/Employee data in following format

Member Name	Grade	Gender	Date of Birth	Age	Relation	Sum Insured	Hospital Daily Cash	Nominee Name	Nominee Relation