

## PROPOSAL FORM

### INDIVIDUAL PERSONAL ACCIDENT INSURANCE

Please submit separate forms for each individual.

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

(The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Intermediary's Name	
2) Intermediary's Code	
3) Name of the Insured (Policy to be issued in favor of)	
4) Address of the Insured	
5) Phone Number	
6) Email id	
7) Bank Account No. [Optional if desired by the proposer]	
<p>8) a) Profession; Occupation, Trade or Business (Please describe in detail with nature of duties)</p> <p>b) Are you primarily engaged in Administrative function?</p> <p>c) Does your occupation requires you to engage in manual labour?</p> <p>d) Do you engage in:</p> <p style="margin-left: 20px;">i) Racing on wheels or Horseback</p> <p style="margin-left: 20px;">ii) Big game hunting</p> <p style="margin-left: 20px;">iii) Mountaineering</p> <p style="margin-left: 20px;">iv) Winter sports, skiing or ice hockey</p> <p style="margin-left: 20px;">v) Ballooning or polo or Sports of similar nature</p> <p style="margin-left: 20px;">vi) Any other adventurous sports</p> <p>e) What is your average monthly income from</p> <p style="margin-left: 20px;">i) Gainful Employment</p> <p style="margin-left: 20px;">ii) Other sources</p> <p style="margin-left: 20px;">iii) Total</p>	<p>a)</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) i) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">ii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">iii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">iv) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">v) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">vi) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) i) Rs.....</p> <p style="margin-left: 20px;">ii) Rs.....</p> <p style="margin-left: 20px;">iii) Rs.....</p>
9) Date of Birth (dd/mm/yyyy)	
10) Height (in cms)	
11) Weight (in kgs)	
<p>12) Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries)</p> <p>a) Any physical defect or infirmity</p> <p>b) Gout or Arthritis or Diabetes, Paralysis.</p> <p>c) Fits or any kind or any other chronic disease.</p> <p>d) Any other disability</p>	<p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

13) Is this proposal for insurance in addition to: a) Any other Accident Policy?[Including if covered under any Group Personal Accident Policy/Credit card schemes]. If yes, give the name of each Insurer and the amount of Insurance. b) Any other Employee Scheme? If yes, give the name of each Insurer and the amount of Insurance.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No  b) <input type="checkbox"/> Yes <input type="checkbox"/> No
14) Has any Insurer a) Declined to issue a policy to you? b) Declined to continue your Insurance? c) Not invited the renewal of your Policy? d) Imposed any restriction or special conditions? If yes, please furnish the details.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No
15) Have you ever claimed/received compensation under any Accident Policy? If yes, please furnish the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Details of coverage opted by you: a) Nature of Policy Proposed	Sum Insured
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
Permanent Total Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
Permanent Partial Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
Temporary Total Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
b) Do you like to avail additional cover against Medical Expenses? (Applicable only if you opt for all the 4 covers mentioned above) c) Do you like to avail Hospital Confinement Allowance Extension? (Applicable only if you opt for all the 4 covers mentioned above)	b) <input type="checkbox"/> Yes <input type="checkbox"/> No  c) <input type="checkbox"/> Yes <input type="checkbox"/> No
17) Period of Insurance	From..... To.....
18) Do you wish to cover your family members (spouse, children and dependent parents only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answer to item 18 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

Name of family member	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover & Sum Insured				Additional Extension	
				Death	PTD	TTD	Weekly Benefit	Medical Expenses	Hospital confinement Allowance
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** Separate "Nomination" details in the format given below have to be provided in respect of each adult member to be insured.

**Declaration:**

[ ] 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.

[ ] 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 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.

**Place**

**Date**

**Signature of Proposer**

**NOMINATION:**

I/We,.....DO HEREBY NOMINATE Mr./ Mrs. / Ms.....  
(Name & Relationship to the Insured) to receive THE MONIES PAYABLE BY Raheja QBE General Insurance Co. Ltd, in the event of my death and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this.....day of.....2000.....at.....

WITNESS:

1. Name & Address:
2. Name & Address:

**Signature/s**

**Signature of the Proposer**

**SECTION 41 OF INSURANCE ACT, 1938  
PROHIBITION OF REBATES**

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 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.

**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

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

Place \_\_\_\_\_

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

**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