

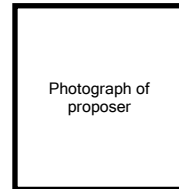
PROPOSAL FORM – PRAVASI BHARTIYA BIMAYOJANA
(URN-RQBEPBBY1920)

This is your proposal for insurance. It will be the basis of the insurance policy that Raheja QBE may issue to you. You are obliged to answer all the questions in this proposal form in order to provide Raheja QBE with a full and frank disclosure of any and all facts that are material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal and you inform Raheja QBE in writing if there is a change in the information provided in this proposal between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, please attach a separate sheet to

This proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions, and exclusions.



Proposer Details:

Name of Insured (Mr./Mrs/Ms.)	First Name	Middle Name	Last name
Address 1	Address Line 1		
	Address Line 2		
City	City	State	State
Telephone/Mobile	Pin code		
Date of Birth	PAN number* (Please provide Form 60 if PAN Card is not available)		
Email	Passport No		
Passport issue date	Passport Expiry Date		
Details of Work Permit	Annual Income		
Marital Status	Profession		Salaried/self employed

UIN: RQBTIOP25008V022425

Nationality		Aadhar Card /Pan Card No.	
Sponsor Company Name		Sponsor Company's Address	
Name of Nominee		Number of nominee	
Relationship with Nominee			
If any of the proposed applicant /insured is Politically exposed person (PEP) or close relative of PEP:		Yes/No	Details if PEP yes:_____

1. Destination country/Country of Employment: _____
2. Occupation and Designation of the Job for which the Emigrant is going: _____

3. Do you have any existing disability? If yes, please give details: _____

4. Are you suffering from any disease? If yes, please give details including the names of medicines being taken.:

5. Have you been hospitalized in the past? If so please give details.

6. Please give the name and address along with telephone no. of your family doctor: _____

7. Policy Duration: 2 Year / 3 Year

UIN: RQBTIOP25008V022425

8. Policy period required: From: DD/MM/YYYY TO: DD/MM/YYYY
9. Details of Family: Please give name of spouse and maximum two children (below 21 years) who have to be covered

DETAILS OF THE Family Member								
Sr No	Relationship with Insured	Height (cms)	Weight (kg)	Relationship to Proposer	Gender (M/F/T/G)	Date of Birth	Past claims /Illness / Injury Details	ABHA ID number
1						DD/MM/YYYY Y		
2						DD/MM/YYYY Y		
3						DD/MM/YYYY Y		

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link:
<https://healthid.ndhm.gov.in/register>

Additional KYC details*																																																													
CKYC number (Mandatory for KYC update request) :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																												
Identity Proof: A- Passport number (tick any one) B- Aadhar card C- PAN card D- Driving License E- Voter ID card Z- Others (any document notified by the central government)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																												
Proof of address: Passport (tick any one) Driving license Voter ID card Electricity or Telephone Bill Others	Please specify document name and details if Others:																																																												

Insurance Account (eIA)*	
Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an InsuranceRepository?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you already have an eIA, provide details:	
a) Name of Insurance Repository	
b) eIA account No:	
c) Name as appearing in eIA	
If you do not have an eIA, would you like to open anaccount?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, choose any one Insurance Repository:	<input type="checkbox"/> CAMS Repository Services Limited <input type="checkbox"/> NSDL Data Management Limited <input type="checkbox"/> Karvy Insurance Repository Limited <input type="checkbox"/> Central Insurance Repository Limited

Payment Details		
Cheque No. /DD/Fund Transfer	Date	Bank Name

For Office Use Only:

Intermediary's Name:	Intermediary's Code:
Sales Manager Name:	Sales Manager Code:

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

1. 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 afterfull receipt of the premium chargeable.
2. 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.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health ofthe life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

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4. 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.
5. 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.
6. I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for myself or the other persons to be insured that has not been disclosed to you.
7. I agree that this proposal and the declarations shall be the basis of the contract between me and/or the other persons to be insured and Raheja QBE General Insurance Company Limited and I/We and/or the other persons to be insured agree to accept a policy, subject to the conditions prescribed by Raheja QBE General Insurance Company Limited.
8. I consent and authorize Raheja QBE General Insurance Company Limited to seek medical information from any Hospital/Medical Practitioner who has at any time attended or may attend concerning any disease or illness, which affects my physical or mental health.
9. I/We provide my/our consent to access my/our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Raheja QBE General Insurance Company Limited and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/Regulations.

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.

I also understand the following:

This policy is available only to Indian Passport holders who requires Emigration Check and this requirement is endorsed in the passport.

Place : _____

Date : ____ Signature of the proposer: ____

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: _____

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: _____

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).

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:..... Date: _____

Signature of the Insured: _____

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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:
For Individuals	
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