

## PROPOSAL FORM (URN-RQBECO2021-09)

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

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
Intermediary Code	Branch	Sales Manager Name and Code

#### PROPOSER DETAILS

Proposer (Mr./Mrs./Ms.)			
Address 1			
District			City
Pin code			State
Nationality			Mobile No
Phone No			Email ID
Date of Birth			Gender M / F / TG
Marital Status	Married / Unmarried		
Profession:	Health Care Workers / Doctor	Salaried	Self Employed Others
PAN No			
Policy Copy	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			
Sum Insured	50000	1 Lakh	1.5 Lakh	2 Lakh	2.5 Lakh	3 Lakh	3.5 Lakh	4 Lakh	4.5 Lakh	5 Lakh
Proposed Policy Period:	From _____ To _____									

#### DETAILS OF THE PERSON PROPOSED TO BE INSURED

Sr No	Name of the Insured Person	Height (cms)	Weight (kg)	Relationship to Proposer	Gender (M/F/TG)	Date of Birth
1						DD/MM/YYYY
2						DD/MM/YYYY
3						DD/MM/YYYY
4						DD/MM/YYYY
5						DD/MM/YYYY
6						DD/MM/YYYY
7						DD/MM/YYYY
7						DD/MM/YYYY

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NOMINEE DETAILS	
Nominee Name/ Appointee Name Relationship	Relationship & Address

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. For all other persons proposed to be insured, the Proposer shall be the Nominee.

PREVIOUS INSURER DETAILS					
Insurer Name	Policy Holder Name	Sum Insured	Policy No	Policy Period	Claims in past 4 years
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	
				From: DD/MM/YYYY TO: DD/MM/YYYY	

MEDICAL AND PAST MEDICAL HISTORY							
Medical History	Insurer 1	Insurer 2	Insurer 3	Insurer 4	Insurer 5	Insurer 6	Insurer 7
Do your family Member or you have suffered from Corona Virus Disease or under any medicine related to it, currently, recently or in the past (if yes please provide details)							
Does your family Member or you have diagnosed/hospitalized/Isolated for treatment of Corona Virus Disease since November 2019? (If Yes, please provide details)							
Does your family Member or you have travel history of abroad & or have been advised to be home Quarantined by competent Authority currently, recently or earlier Since November 2019 (if yes, please provide details)							
Have you been suffering from Diabetes, Hypertension, Cardiovascular Disease (Heart Disease), Cerebrovascular Disease (Brain Disease), Asthma, COPD, Tuberculosis (Respiratory Disorder), Kidney disease (Renal Disorder) or Liver Disease, illness or disease other than Corona Virus Disease (if yes, please provide details)							
Are you under any medications or hospitalized for any illness or injury other than Corona Virus Disease? (If yes, please provide details)							

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Life Style Details							
Do you consume Alcohol?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If yes (Quantity / day) (ml/day)	_____	_____	_____	_____	_____	_____	_____
Do you Smoke?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If Yes( Quantity/day) ( number/day)	_____	_____	_____	_____	_____	_____	_____
Are you ever or currently addicted to any habit - forming substance?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If yes, please give details	_____	_____	_____	_____	_____	_____	_____

Add on Cover	
Daily Hospital Cash	Yes/No

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

### 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.

[ ]/ 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.

[ ]/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.

[ ]/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 proposer or existing policy of Company.

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

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

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

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### 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: \_\_/\_\_/\_\_\_\_

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