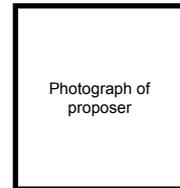


PROPOSAL FORM – PRAVASI BHARTIYA BIMA YOJANA
(URN-RQBEPBBY1920)

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 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 (Mr./Mrs/Ms.)	First Name	Middle Name	Last name
Correspondence Address	Address Line 1		
	Address Line 2		
City	State	Pin code	
Permanent Residence Address:	<input type="checkbox"/> Same as Correspondence address		
Date of Birth	Telephone/Mobile		
PAN number* (Please provide Form 60 if PAN Card is not available)	Email		
Passport No	Aadhar Card No.	XXXX-XXXX-0000	
Passport issue date	Passport Expiry Date		
Details of Work Permit	Annual Income		
Marital Status	Profession	Salaried/selfemployed	

Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Please specify) _____	Sponsor CompanyName	
Sponsor Company's Address			
Is differently abled person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type of Disability: _____	Disability %: _____		
If any of the proposed applicant /insured is Politically exposed person (PEP) or close relative of PEP:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details if PEP yes: _____		

*Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

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: _____
_____. Disability % (if applicable) _____
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
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 INSURED								
Sr No	Relationship with Insured	Height (cms)	Weight (kg)	Relation ship to Proposer	Gender (M/F/TG)	Date of Birth (DD/MM/YYYY)	Past claims/illness / Injury Details	ABHA ID number
1								
2								
3								

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

Do you wish to avail a physical copy of your policy documents? Yes No

Nominee Details#:

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____ %	_____ %	_____ %	_____ %
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Bank details				
Account No.				
IFSC/MICR Code				
Name of the Bank				
Account Holder Name				

Note: In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee as specified above, in accordance with the Policy terms and conditions. For all other persons covered under the Policy, the Proposer will be the nominee, unless differently advised.

In case you wish to add more nominees, please attach the list[#] with this form.

Details of Appointee (Details to be filled only if nominee is a minor)

Name of the Appointee*	Date of Birth	Age	Relationship with Nominee
Bank details			
Account No.		IFSC/MICR Code	
Name of the Bank		Account Holder Name	

*Note: A Minor should not be declared as Appointee.

Premium details:

Payment Option	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> ASBA (Application Supported by Blocked Amount)	Date: DD/MM/YYYY
Bank Name		Amount (INR):
Amount (in words)		
Account Holder Name:		
Instrument Number:		Instrument Amount:
UPI ID (If, ASBA option is opted):		
GSTIN (If more than one GSTIN, kindly attach an annexure with details)		PAN No (if premium is 1 Lac and above):
Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	

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

Consent for ECS:

I wish to avail the Electronic clearing facility and hereby express my unconditional consent to debit premium for my Health insurance policy applied vide proposal form no. xxxxxxxxxxxxxxxxxxxx through participation in Electronic Clearing System (ECS).

I, understand and agree that premium amount to be debited from my account may vary due to change in age bracket of the senior most member insured under the policy, claims history in expiring policy, change in applicable premium rates by the insurer, taxes and other statutory levies as may be applicable from time to time.

(Please refer to sales brochure for approximate premium details due to change in age applicable at the time of renewal)

I, hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the due date as opted by me in this form subject to the payment of premium on the policy (provided the day is a working day). If the transaction is delayed or not effective at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We have read all the terms and conditions as are applicable for availing of this ECS Debit service from/through the user institution and agree to discharge the responsibility expected of me/us as a participant under the scheme.

I/We also hereby authorize representative of Raheja QBE General Insurance Company Ltd. carrying this ECS Debit Mandate Form to get it verified and executed by my/our Bank.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative#

#Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

BANK ACCOUNT DETAILS FOR PROCESS OF REFUND

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly).

Name of Account holder	
Bank Name	
Branch Name	
Bank Account No	
IFSC Code	
MICR Code	

Note: The Proposer agrees and undertakes to intimate in writing to Raheja QBE General Insurance Company Limited about any change in bank account details.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative#

#Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

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

1. I/ We hereby 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.
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. 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.
3. 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.
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 any time 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 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.
7. 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.
8. 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.
9. I/We hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account.
10. I/We agree to be contacted by Raheja QBE to make welcome calls / Underwriting/ service calls or any other communication with respect to this proposal or an existing policy of Raheja QBE.

Date: DD/MM/YYYY

Place:

Signature of Proposer/Authorized representative#
#Only applicable where proposer is a person with a disability
and who has appointed an authorized representative.

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from 'Raheja QBE General Insurance Company Limited' to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in the language known to me, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative#
#Only applicable where proposer is a person with a disability
and who has appointed an authorized representative.

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 favor 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: DD/MM/YYYY

Place:

Signature of Insurance Agent / Intermediary

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder.

I understand that “Raheja QBE General Insurance Company Limited” has the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

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: DD/MM/YYYY

Signature of Proposer/Authorized representative#
#Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

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
Passport PAN Card Driver's License Voter's Identity Card Letter from Recognized Public Authority	Telephone/Mobile bill not older than six months on the date of commencement of insurance Bank A/c Statement with Residential address not older than six months on the date of commencement Electricity Bill Ration Card Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk Employer's Certificate Letter from Recognized Public Authority

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.

For Office Use Only:

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