RAHEJA QBE

Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022-69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

PROPOSAL FORM (URN- RQBESU2024-25)

RQBE Surrogacy and Oocyte Donor Insurance Policy

(For Office Use Only)		Sr. No.	
Intermediary Name		Intermediary Code	

PROPOSER DETAILS:

Proposer Type	¨ Intending Couple		¨ Intending Woman
Name	Male:	Female:	
Please mention the Name of the Proposer			Intending women will be considered as proposer by default
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Age			
Occupation	☐ Salaried ☐ Self-Employed ☐ Others, Pls specify	☐ Salaried ☐ Self-Employed ☐ Others, Pls specify	☐ Salaried ☐ Self-Employed ☐ Others, Pls specify
*ID Proof	☐ PAN _____ ☐ Passport _____ ☐ DL No. _____ Any Other ID with No.	☐ PAN ☐ Passport ☐ DL No. Any Other ID with No.	☐ PAN _____ ☐ Passport _____ ☐ DL No. _____ Any Other ID with No.
Nationality#	☐ Resident Indian ☐ NRI ☐ Others (Please specify) _____	☐ Resident Indian ☐ NRI ☐ Others (Please specify) _____	☐ Resident Indian ☐ NRI ☐ Others (Please specify) _____
Marital Status			☐ Widow ☐ Divorcee
*Mobile No.	+91	+91	+91
Tel (R)			
Is differently abled person? (If Yes, please provide details)			
- Disability Type			
- Disability%			
#Policy can be proposed and purchased by Indian Nationals only			

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OTHER DETAILS OF THE PROPOSER:

E Repository Name:		E Insurance Account No. (if available)	
GSTIN		*Email ID	
Door / Flat No		Building No / Name	
Street Name		Landmark	
Sub Area / Village		Area / Tehsil	
City -	District -	PIN -	State -

*Mandatory fields

INFORMATION OF THE PERSONS TO BE INSURED

Type of Insured person (pls tick as applicable)			☐ Surrogate Mother			☐ Oocyte Donor		
Name of the persons to be Insured	Date of Birth	Height in Cms	Weight in Kgs	Marital Status	Occupation	No of live children (in case of surrogate mother)	Nationality	ABHA Number (14 digits)#
	DD/MM/YYYY							
	DD/MM/YYYY							

#Ayushman Bharat Health Account

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

COVERAGE DETAILS:

Policy Type: ☁ Individual	Policy Tenure (please tick): ☐ 3 years for Surrogate Mother ☐ 1 year for Oocyte Donor
Sum Insured (in Rs.) (Please Tick)	☐ 3 lakhs ☐ 5 lakhs ☐ 7.5 lakhs ☐ 10 lakhs
Coverage required from am/pm of	DD/MM/YYYY to midnight of DD/MM/YYYY

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NOMINEE DETAILS#

(Nominee details are mandatory. We do not get any separate nomination form signed.)

	1st Nominee	2nd Nominee	3rd Nominee	4th 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 Proposer				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Bank details				
Account No.				
IFSC/MICR Code				
Name of the Bank				
Account Holder Name				

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 an Appointee.*

SUPPORTING MANDATORY DOCUMENTS TO BE SUBMITTED WITH THE PROPOSAL FORM BY THE PROPOSER & INSURED

INTENDING COUPLE / WOMAN	☁ 1. Certificate of recommendation from the National Assisted Reproductive Technologyand Surrogacy Board
	☁ 2. Certificate of essentiality issued by the appropriate authority constituted as per section 35of The Surrogacy (Regulation) Act, 2021
	☁ 3. Certificate of a medical indication in favor of either or both members of the intending couple or indenting woman necessitating gestational surrogacy from a District Medical Board
	☁ 4. Eligibility certificate issued in favor of the Intending couple or woman by the appropriate authority, constituted as per section 35 of The Surrogacy (Regulation) Act, 2021
SURROGATE MOTHER	☁ 1. Eligibility certificate issued in favor of the Surrogate Mother by the appropriate authority, constituted as per section 35 of The Surrogacy (Regulation) Act, 2021
	☁ 2. Certificate of medical and psychological fitness of the Surrogate Mother for surrogacy andsurrogacy procedures from a registered medical practitioner
OOCYTE DONOR	☁ Form 13 – Consent form for the Donor of Oocytes as prescribed in The Assisted Reproductive Technology (Regulation) Rules, 2022

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PREVIOUS / EXISTING HEALTH INSURANCE DETAILS

Do any of the proposed members have any existing Health Insurance Cover? If Yes, provide following details								
Name of the Persons to be Insured	Insurance Company	Details of Coverage Source	Expiring Policy No.	Date of Commencement of cover*	Policy Expiry Date*	Sum Insured Rs.	Claim details	Claim free Bonus(if applicable)* in Rs
Date of commencement of cover for first time, please enter start date of your existing/previous health Insurance Policy * Please attach previous policy copies and renewal notices as proof for the initial commencement date								

PREMIUM PAYMENT DETAILS

Payment Option	☐ Cheque ☐ Demand Draft ☐ Fund Transfer ☐ Cash ☐ Debit Card ☐ Credit Card ☐ 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:	Single payment Mode	

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 ofthe 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 anychange 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 OF THE SURROGATE MOTHER

i. I certify that I have not born any child through Surrogacy before the commencement of this policy ii. I have been tested for HIV, Hepatitis B, and Hepatitis C and shown to be seronegative for these viruses before embryo transfer. iii. I have not provided my own gametes for the purpose of surrogacy iv. I have not act as a surrogate mother more than once in lifetime		
Signature / Thumb Impression of Proposer	Date: DD/MM/YYYY	Place:

DECLARATION OF THE OOCYTE DONOR

i. I have donated oocytes only once in lifetime ii. I am free from any of infectious disease or genetic disorder		
Signature / Thumb Impression of Proposer	Date: DD/MM/YYYY	Place:

DECLARATION OF THE INTENDING COUPLE / WOMAN

i. I/We certify that the Surrogacy procedure / Oocyte Retrieval procedure will be carried out in Registered Surrogacy Clinic / Assisted Reproductive Technology Bank/Clinic in compliance with THE SURROGACY (REGULATION) ACT, 2021 and THE ASSISTED REPRODUCTIVE TECHNOLOGY (REGULATION) ACT, 2021 respectively. ii. I/We shall not have the service of more than one surrogate at any given time iii. I/We shall not have simultaneous transfer of embryos in the woman and in a surrogate.		
Signature / Thumb Impression of Proposer	Date: DD/MM/YYYY	Place:

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 hereby accord my consent to authorize 'Raheja QBE General Insurance Company' to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount. If Amount of initial premium blocked is less than the premium to be collected, then I agree to pay the differential premium amount.
10. 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.
11. 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.

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.

Date: DD/MM/YYYY Signature of Insurance Agent/ Intermediary

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

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/Thumb impression of the Proposer Signature of Proposer/Authorized representative#

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

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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

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

1. 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 the 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.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten lakh rupees.