IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

COMPREHENSIVE ACCIDENTAL HOSPITALISATION INSURANCE (UIN: IFFHLIP21354V032021)

PROPOSAL FORM (URN: IAH/IFFHLIP21354V032021/PF-01)

PROPOSER DETAILS

Name					
Address					
City		State		Pin Code	
Email Address		Mobile No.			
PAN					

Policy documents will be sent to the above email-ID | Do you still need the physical Copy? Yes☐ No ☐

KYC Details (Please attach self-attested photo copies)

KYC Document Name	☐ AADHAR No.** ☐ Voter ID card ☐ Passport ☐ Driving License ☐ NREGA Job card ☐ National Population Register Card
KYC Document Number	

Do you or any of your family members work in any hazardous industry that involve working at heights, underground, with electricity, hazardous substances / chemicals or on offshore locations? (If Yes, please fill annexure 1) Yes ☐ No ☐

Do you or any of your family members engage in any competitive or professional sports or any hazardous avocations like:

Racing on wheels ☐ Horseback racing ☐ Big game hunting ☐ Sea diving ☐

Any others .....please provide full details

DETAILS OF THE PERSONS TO BE INSURED

Do you wish to buy a cover for:

Yourself alone ☐ Self +Spouse ☐ Self + Spouse + Dependent Children (upto 2 children only) ☐

In case of (ii) or (iii) above, please full submit particulars of dependent family members proposed to be insured below.

Name				
Date of Birth				
Gender				
Relation				
Occupation				

ABHA Number				
Mobile No.registered with Aadhar				
Annual Income				

SUM INSURED AND PLAN

Sum Insured chosen Rs ..... Plan .....

Period of Insurance From..... To.....

Is there any health problems/ disabilities suffered by yourself or by any dependent sought to be insured? (If Yes, please fill annexure 2) : Yes ☐ No ☐

If you have any other Medical or Accident Insurance Cover, give name of each Insurance Company and Amount of Insurance.....
.....

Have you ever claimed / received compensation under any Accident Insurance Policy in the past? (If Yes, please fill annexure 3) Yes ☐ No ☐

DECLARATION

a) I 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 am authorized to propose on behalf of these other persons.

b) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "**IFFCO-Tokio**") and that the policy will come into force only after full payment of the premium chargeable.

c) I further declare that I 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 IFFCO-Tokio.

d) I declare that I consent to IFFCO-Tokio seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

e) I am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, Demographic Information and medical records/ history) of myself and on behalf of all the persons proposed to be insured under the health policy issued/ to be issued by IFFCO-Tokio voluntarily and under authorization of all the persons insured under the health policy.
I fully understand and agree that:
   i. My medical records shall be shared with Insurers, Third Party Administrator and medical service providers through ABHA.
   ii. personal information provided herein may be used or shared by IFFCO-Tokio, Health Service Provider and/or the Third Party Administrator for the purpose of:
      - identification/ authentication, underwriting/ data analysis/ taking measure to respond the medical emergency/ policy and claim servicing.
      - storage by IFFCO-Tokio and its lawful agent/ third party for the period as stipulated under the Law for the time being in force;
      - producing records and log of the consent, Information on authentication, identification, verification etc. as evidence before a court of law, any authority or in arbitration.

f) I,on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize IFFCO-Tokio to share information pertaining to my proposal including the medical records of the person to be insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement with the Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, as may be required.

g) **I voluntarily submit my Aadhar Card/Aadhar Number(including Virtual ID, e-Aadhaar) for the purpose of KYC and I understand that it is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card can also be submitted for the purpose of KYC.

h) If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

i) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein. The policy Coverage and exclusions, Rates, terms & Conditions have been explained to me in my language and have been understood by me.

☐ I/We agree IFFCO-Tokio to call, send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry

Date _____ Signature of Proposer: _____ Signature of the witness

Place: _____ Name of Proposer: _____ Name and address of the witness

ASSIGNMENT

I,……..DO HEREBY ASSIGN THE MONIES PAYABLE BY THE IFFCO-TOKIO General Insurance Co.Ltd., in the event of my death due to accident to Shri / Smt / Kum …..…….. (Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Date : Signature of the Policy holder:

Signature of the Witness: Name & Address of the Witness:

PROHIBITION OF REBATES

The following is the copy of Section 41 of the 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 or risk relating to lives or property in India any rebate of the whole or part of commission payable or any rebate or the premium shown on the policy nor shall any person taking out or renewing continuing a policy except any 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 punishable with fine, which may extend Ten Lakh rupees.

ANNEXURE 1:

If you or any of your family members work in any hazardous industry that involve working at heights, underground, with electricity, hazardous substances / chemicals or on offshore locations, please provide details below

- Profession, Occupation, Trade or Business:(Please describe clearly with nature of duties)
- Are you primarily engaged in administrative function or a desk bound job?
- Does your occupation require you to engage in manual labour and use special protective gear?

ANNEXURE 2:

Please provide the detail of any health problems/ disabilities suffered by yourself or by any dependent sought to insured. If the answer to any of (a) to (e) is "Yes" then please provide the name of the family member affected

Sr No	Question	Yes	No
	Have you or any covered family member ever suffered from or have been advised that you have any of the following conditions and/or are taking treatments for any of these conditions?		
a	Fits / Epilepsy / Stroke / Paralysis?		
b	Cerebral palsy/ Polio / Myopathy?		
c	Vertigo / Blackouts?		
d	Physical defect and deformity leading to gait instability		
e	Sleep disorder /Mental/ Psychiatric Illness.		

In case any member is suffering from any other disability or disease, kindly give full details ……
……
……
……

ANNEXURE 3:

Have you ever claimed / received compensation under any Accident Insurance Policy in the past? If so, give full particulars here below:

Name of the Claimant	Circumstances of Loss	Date of accident	Amount of Claim	Type of Injury	Name of Insurer