IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

IFFCO-TOKIO MOS-BITE PROTECTOR POLICY (UIN: IFFHLIP20071V011920)

PROPOSAL FORM (URN: MBP/IFFHLIP20071V011920/PF-01)

PROPOSER DETAILS

Name				
Address				
City		State	Pincode	
Email Address		Mobile No.	Nationality	
Policy documents will be sent to the above email-ID		Do you still need the physical Copy? Yes☐No ☐		
PAN				

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	

Emergency Contact Person ☐	**Emergency Contact No** ☐

Policy Tenure (1yr/ 2yr/ 3yr):	

NOMINATION: In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. The following section is to be filled by the proposer:

Nominee Name	Relationship	Address and Contact details of Nominee	%

Coverage Details;

S.no.	Member 1	Member 2	Member 3

Name			
DOB (DD/MM/YY)			
Gender			
Relationship With The Proposer			
Occupation			
ABHA Number			
Mobile No. registered with Aadhar			
Sum Insured *			
Fresh / ITGI Renewal /Portability/ Migration#			
No. Of Years Of Continuous Coverage			

(#please fill details in attached annexure)

Have any of the persons proposed for insurance been diagnosed for Dengue fever, Malaria, Lymphatic Filariasis, Kala-azar, Chikungunya, Japanese Encephalitis and Zika Virus in the last one year? -- Yes ☐ No☐

If YES, please fill the details in attached annexure

Have you ever been diagnosed with Lymphatic Filariasis?-- Yes ☐ No☐

If the proposal is a case of portability, then the additional proposal form relating to portability has also to be filled in (as per IRDAI draft format).

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

SECTION 41 OF THE INSURANCE ACT 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under 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 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 prospectus or tables of the Insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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."

AGENT'S DECLARATION

I, _____(Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/information/misrepresentation is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/her favor

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based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/Corporate Agent/Broker/Relationship Officer) _____

License No. and Agency Code/Broker Code/ Employee No. _____

Date: Place: Signature of Agent

ADD PAYMENT DETAILS (*PLEASE FILL DETAILS IN ATTACHED ANNEXURE)

For Office Use Only	**OFFICE CODE:** _____

Checklist:

Date of Acceptance:	_____
Approving Authority(SBU/ Regional Office/ Corporate Office)	
Approval /E-mail Approval attached Yes☐ No ☐	

Name of the Accepting Officer	**Signature of the Accepting Officer**

ANNEXURE 1

➔Details of present/previous medical insurance like Individual or Group Mediclaim, Cancer Policy, Critical Illness or any other Policy for any of the Insured Person. (Please use additional sheets if required)

S. No.	Member 1	Member 2	Member 3	Member 4
Name of Insured Person				
Policy No.				
Type of Policy (Group/ Retail/Others)				
Name of Insurance Co.				
Sum Insured				
Period of Insurance From				

Period of Insurance To				
Date of claim				
Nature and Description of claim				
Amount of claim				

ANNEXURE 2:

2.1 ➔ **Have any of the persons proposed for insurance been diagnosed for Dengue fever, Malaria, Lymphatic Filariasis, Kala-azar, Chikungunya, Japanese Encephalitis and Zika Virus in the last one year?**

S. No.	Member 1	Member 2	Member 3	Member 4
Name of Insured Person				
Name of Disease				
Date first diagnosed				
Whether fully cured?				
Did you intimate an claim under a health insurance policy				
Policy No. in which claim was intimated				
Date of claim				
Nature of claim				
Amount of claim				

2.2 ➔ **Have you ever been diagnosed with Lymphatic Filariasis?**

S. No.	Name of Insured Person	Date first diagnosed

ANNEXURE 3:

BANK DETAILS TO RECEIVE PAYMENT FROM INSURER			
Payee Name			
Account No.		IFSC/NEFT/RTGS Code:	
Bank Name:		Branch Address	

PREMIUM DETAIL:				Rs.(Including Tax)	
Mode of payment.		☐ CHEQUE	☐ DD No.	Transaction ID.	
Bank		Date		Rs.(Including Tax)	